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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2023 calendar year, or tax year beginning $$ JUL $1,2023$ $$ and end	ال ding	UN 30, 2024	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
Г	Addre chang	YWCA GREENWICH, CONNECTICUT, INC.			
	Name ohang	Doing business as YWCA GREENWICH		06-06469	
	return Final return.	259 EAST PUTNAM AVENUE	om/suite	E Telephone numbe (203) 86	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,601,096.
	Amen return	GREENWICH, CI 00030		H(a) Is this a group re	eturn
	Applic tion	I F Name and address of principal officer: MAIX I DEE IX LEIXIAM		for subordinates	? Yes X No
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list, See instructions
	Websi			H(c) Group exemptio	n number
K	Form of	organization; X Corporation Trust Association Other	L Year c	of formation: 1919 N	M State of legal domicile; CT
P	art I	Summary			
۵	1	Briefly describe the organization's mission or most significant activities: TO ELIM			
Activities & Governance		WOMEN AND PROMOTE PEACE, JUSTICE, FREEDOM A			
ži k	2	Check this box if the organization discontinued its operations or disposed of			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			30
O at	4	Number of independent voting members of the governing body (Part VI, line 1b)			30
S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			196
ž.	6	Total number of volunteers (estimate if necessary)		<u>6</u>	120
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	}		1	Prior Year	Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)		2,904,265.	3,366,769.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,948,213.	4,005,654.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		151,854.	1,877,684.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-81,544.	-200,863.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,922,788.	9,049,244.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		345,513.	334,837.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,639,046.	5,047,884.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	142,641.
Š	. b	Total fundraising expenses (Part IX, column (D), line 25) 711, 367			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,974,443.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,959,002.	8,493,331.
	19	Revenue less expenses, Subtract line 18 from line 12		-1,036,214.	555,913.
Net Assets or	4		<u> </u>	jinning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		<u>19,930,321.</u>	20,073,135.
AS	21	Total liabilities (Part X, line 26)		1,565,972.	1,525,430.
2	22	Net assets or fund balances. Subtract line 21 from line 20		<u>18,364,349.</u>	18,547,705.
-	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge.	
		Circulation of Alican		D-t-	
Sig	n	Signature of officer		Date	
Her	'e	MARY LEE KIERNAN, PRESIDENT AND CEO			
	·	Type or print name and title		lata La F	T DTIN
		Print/Type preparer's name Preparer's signature		late Check [PTIN
Pair		GARRETT M. HIGGINS GARRETT M. HIGGINS	<u>೮ 0</u>	2/20/25 "seif-emplo	
	parer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC		Firm's EIN 8	7-3231666
Use	Only	Firm's address ONE CORPORATE DRIVE, SUITE 725			2 222 255
	·	SHELTON, CT 06484-6241		Phone no. 20	3-929-3535
Ma	y the II	AS discuss this return with the preparer shown above? See instructions		*********************	X Yes No
1 1.1.	۸ E	Bananyark Badyatian Act Notice and the congrete instructions			Farm UU I (0000)

	990 (2023) YWCA GREENWICH, CONNECTICUT, INC. 06-0646992 Page 2
Pa	tt 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:
	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
2	
	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?
•	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.
	1 412 220
4b	
	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.
	HOCAL TEAM WITH THE DESIGNATION.
46	(Code:) (Expenses \$1, 271, 420 . including grants of \$127, 363 .) (Revenue \$\$
40	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
	WIN TOOPING BEKATCED. COMMONITI EDUCATION, IKHININGS WIN EKEARITION
	PROGRAMS ARE ALSO CRITICAL COMPONENTS OF OUR PROGRAM.

Total program service expenses 6,561,086.

6,405.) (Revenue \$

Other program services (Describe on Schedule O.)

1,272,976. including grants of \$

1,136,116.)

Form **990** (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	.5		(Sec.)
• • •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	82. 1850en	5660.01	
а		11a	Х	
ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
IJ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
نہ ۔	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	He	23	
f	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		4.5	
1Za	- '	12a	x	
1	Schedule D, Parts XI and XII	128		
D		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		 ^
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
4-		10	·····	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	47	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
40	1c and 8a? # "Yes," complete Schedule G, Part II	18		
19			х	
00-	complete Schedule G, Part III	19	<u> </u>	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	<u>^</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		A

Page 4

2002 (0000)	Continued)		Van	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		21
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	32,622		
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ##	1.7 Aurani		WEELER.
a		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u></u>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pai	Note: All Form 990 filers are required to complete Schedule O **TV Statements Regarding Other IRS Filings and Tax Compliance	38	⊥ ≏_	l
ı di				
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>
_ و	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	LE STATE	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		09.400 h
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	10		1000
33200	(garibing) warnings to prize winters:		990	(2023

332004 12-21-23

09050220 756359 2080015.001

Form 990 (2023) YWCA GREENWICH, CONNECTICUT, INC.

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

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		196			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?			2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			.	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	,,,,,,,	4a		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).				30 S.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solic	it			
	any contributions that were not tax deductible as charitable contributions?				6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions d	or gifts				
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						38 33
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the	payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	quired				
	to file Form 8282?	·			7c	Same Same	X
d		<u>7d</u>					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control				_7f_		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			8-C?	7h	SOCOS	102000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by ti	ne			9/1///3	
_	sponsoring organization have excess business holdings at any time during the year?				8	9094094	- 100 (100 (100 (100 (100 (100 (100 (100
9	Sponsoring organizations maintaining donor advised funds.				52420		186400
a					9a		
b	, , , , , , , , , , , , , , , , , , , ,	• • • • •		•••••	9b		
10	Section 501(c)(7) organizations. Enter:	1.0	J				
a	Initiation fees and capital contributions included on Part VIII, line 12	102	i i				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k	2.1		1		
11	Section 501(c)(12) organizations. Enter:	144	. 1				
	Gross income from members or shareholders	112	1				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	 11k				postalija.	
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	-			12a	Residente	Magnific 1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	l l			366173	189.0E
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	LIEL					
	Is the organization licensed to issue qualified health plans in more than one state?				13a	E1178271786	130601/36317
a	Note: See the instructions for additional information the organization must report on Schedule O.						(20/10)
h	Enter the amount of reserves the organization is required to maintain by the states in which the					\$ 13 7 10 30	
-	organization is licensed to issue qualified health plans	138	,		1.7 (1875) B 1.7 (2873)		
С	Enter the amount of reserves on hand						
14a					14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?				15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		,-,-,,,		14.00	\$45.E	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	me?		16		х
	If "Yes," complete Form 4720, Schedule O.		** ********				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivitie	es			Ì	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes," complete Form 6069.						

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	<u></u>					X
<u>Sec</u>	tion A, Governing Body and Management						
				6		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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	1b		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				20000000 2000000
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision	ĺ			
					3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			·····	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····			
,	more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
-	persons other than the governing body?				7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····			
а	The governing body?				8a	X	1465E-11650
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				<u> </u>		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
		venue (2006.7			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v hefore	filing the for	m?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,		····	11.540		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	Production of the con-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? # ")				12.0		
·					12c	X	
13	The state of the s				13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			ľ	14	X	
15	Did the process for determining compensation of the following persons include a review and approva				13,5%		200,20
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		оронаси				
_	The organization's CEO, Executive Director, or top management official				15a	Х	10.00 Servi
ēl La					15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	••••••			UU	44	4,875
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont wit	th a				
Iba					40-	Les Paris ser	Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				16a		72.
Ð	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization the organizati						
					16h	11.102.100	124 12
Sec	exempt status with respect to such arrangements?tion C. Disclosure	*********		*****	16b	L	<u>. </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			,			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd gan.	T (section 50	1(c)(3)e	onto	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. (0000110111010	درداردا.	J. 119)	a valia	2.0
	[a an Oct	andula (1)				
10	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			~, ~~	finan	اداد	
19		JI HIIGE O	urrerest hom	cy, and	an (df)(JOH	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's both	nke and	recorde				
20	BETH DEXTER - (203) 869-6501	una diiU	icoolua				
	259 EAST PUTNAM AVENUE, GREENWICH, CT 06830						

Form 990 (2023) YWCA GREENWICH, CONNECTICUT, INC. 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.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c , unie: cer an	ss per	ition more son k	than d s both	an an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARY LEE KIERNAN PRESIDENT AND CEO	40.00	-		Х				315,096.	0.	22 056
(2) BETH DEXTER	40.00			Δ		\vdash		313,030.	0.	32,956.
CHIEF FINANCIAL OFFICER	40.00	┨		x				186,952.	0.	14 525
(3) KATHLEEN SEIDEN	40.00			Λ	-	-	-	100,934.	U.	14,525.
CHIEF ADVANCEMENT OFFICER	40.00			x				175,481.	0.	25,975.
(4) GERI SMILES, DIRECTOR EARLY	40.00	\Box						,		,
CHILDHOOD EDUCATION		1				х		129,370.	0.	11,047.
(5) NICHOLAS CAVATARO	40.00									
HEAD COACH, SWIM TEAM		1				X		108,020.	0.	7,421.
(6) JANE BATKIN	1.00									
CHAIR		X		X				0.	0.	0.
(7) LAUREN WALSH	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(8) DAWN ISRAEL	1.00]								
TREASURER		X		X				0.	0.	0.
(9) MARIA MERRILL	1.00									
SECRETARY		X		X		匚		0.	0.	0.
(10) TOLAND SHERRIFF	1.00									
V.C., DEVELOPMENT	ļ	X		X				0.	0.	0.
(11) LOUISA WINTHROP	1.00									•
V.C., HARMONY PROJECT	<u> </u>	X		X	<u> </u>			0.	0.	0.
(12) EMILIE POWERS	1.00								_	_
CHAIR, GOVERNANCE (THRU JAN 2024)		X		X			ļ	0.	0.	0.
(13) STEPHANIE KRUSE	1.00								_	
CHAIR, GOVERNANCE/DIRECTOR (THRU JAN		X		X			<u> </u>	0.	0.	0.
(14) MICHELE WOLFRAM	1.00		l	l					_	_
V.C., PROGRAMS AND MEMBERSHIP		X		X		ļ		0.	0.	0.
(15) CELESTE BALDWIN	1.00									
DIRECTOR	1 00	X	ļ	<u> </u>		ļ	┞	0.	0.	0.
(16) STEPHANIE FRANKEL	1.00								_	_
DIRECTOR	1 00	X	_	_		<u> </u>	ऻ—	0.	0.	0.
(17) MELISSA GRAHAM	1.00	١.,							_	
DIRECTOR	<u> </u>	X	<u> </u>					0.	0.	0.

Form **990** (2023) 332007 12-21-23

	ENWICH,	CC	TATA	<u> EC</u>	1.1	.00	Ι,	INC.	00-0040	772 Page 0
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(4-		Posi				Reportable	Reportable	Estimated
	hours per	box	not cl	ss per	son i	is both	n an	compensation	compensation	amount of
	week	offi	cer an	d a di	recto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				peq		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee		24.0	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itatio	Officer	emp	hest (Former			organizations
<u> </u>	line)	ip In	Inst	JJL 0	Key	Hig	For			
(18) TRACY GUARNERA	1.00					- 15			_	
DIRECTOR		Х				- 1	_	0.	0.	0.
(19) BRI HART	1.00								1	
DIRECTOR		X				_		0.	0.	0.
(20) DEBORAH HODYS	1.00							200	10.86	
DIRECTOR (THRU FEB 2024)		X						0.	0.	0.
(21) LAUREN JONES	1.00									
DIRECTOR		X						0.	0.	0.
(22) JENNIFER KAALUND	1.00			10					1.00	
DIRECTOR		X						0.	0.	0.
(23) ALLISON KINGSLEY	1.00									
DIRECTOR		X						0.	0.	0.
(24) KASHA KONOPKA	1.00									
DIRECTOR		х						0.	. 0.	0.
(25) CECILIA LIEBERMAN	1.00									
DIRECTOR		X						0.	0.	0.
(26) JENNIFER LINARDOS	1.00									
DIRECTOR		X		8				0.	0.	0.
1b Subtotal	5							914,919.	0.	91,924.
c Total from continuation sheets to Part	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								914,919.	0.	91,924.
2 Total number of individuals (including but								ceived more than \$100.	000 of reportable	

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

Yes No
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

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

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

Yes No

X

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.	HVAC MAINTENANCE	
40 HATHAWAY DRIVE, STRATFORD, CT 06615	SERVICES	343,336.
RS GRANOFF ARCHITECTS, PC	ARCHITECTURAL	
330 RAILROAD AVENUE, GREENWICH, CT 06830	SERVICES	153,951.
LAN & PC SERVICES, INC., 100 MELROSE	9	
AVENUE, SUITE 206, GREENWICH, CT 06830	IT SERVICES	128,764.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

5

(A) Name and title Name and title Position (check all that apply) per week (list any hours for related organizations below line) Position (check all that apply) per week (list any hours for related organizations below line) Per week (list any hours for related organizations below line) Per week (list any hours for related organizations below line) Per week (list any hours for related organizations below line) Per week (list any hours for related organizations below line) Per week (list any hours for related organizations with the organizations of the organizations organ	Form 990 YWCA GRI	SENWICH,	CC	NN	EC	<u>TT:</u>	CU	Τ,	INC.	06-064	6992
(27) SYSULY TRETTER LYNCH 1.00 INSCRIPTOR 1.00	Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)	
week	(A)	(B) Average hours			(e Pos	C) ition	l		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of
X		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
IRECTOR	(27) SHELLY TRETTER LYNCH DIRECTOR	1.00	x						0.	0.	0.
1.00 X	(28) ASHLEE MORNINGSTAR DIRECTOR	1.00	x						0.	0.	0.
1.00 X	(29) MIRA MUHTADIE	1.00									0.
STATESTOR STAT	(30) ANDREA SABITSANA	1.00									
1.00 X	(31) HEATHER SAHRBECK	1.00									
1.00 X	OIRECTOR (32) CYNTHIA CHANG SCANLAN	1.00									
DIRECTOR	DIRECTOR (33) ANDREA C. SISCA	1.00	X		ļ		<u> </u>		0.	0.	0.
DIRECTOR	DIRECTOR		x	_	_		_		0.	0.	0.
X	DIRECTOR		х		_				0.	0.	0.
DIRECTOR X 0. 0. 0. 0	(35) JANETTE VAN DER WEIJDEN DIRECTOR		х						0.	0.	0.
	(36) FELICE ZWAS DIRECTOR	1.00	x						0.	0.	0.
					-			-			
				_							
					ļ	ļ			[
Fotal to Part VII. Section A. line 1c											
Total to Part VII. Section A. line 1c											
	Total to Part VII. Section A. line 1c										

06-0646992

			Check if Schedule O contains a respons	e or note to any lii	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revende	function revenue	business revenue	from tax under sections 512 - 514
9 9	1	a	Federated campaigns 1a	50,000.				
ani			Membership dues 1b		1			
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	1,369,025.				
			Related organizations 1d			\$15,000,000,000	0.0000000	
s, G			Government grants (contributions) 1e	1,036,970.				
Ö			All other contributions, gifts, grants, and			800 B 500 80		6.0000000000000000000000000000000000000
but the			similar amounts not included above 1f	910,774.	30 Maria			
뎔		g	Noncash contributions included in lines 1a-1f 1g \$	95,062.				
Co		h	Total. Add lines 1a-1f		3,366,769.	0.55.95.65	8898823	
				Business Code				
ģ	2	а	PROGRAM SERVICE FEES	624100	4,005,654.	4,005,654.		
Program Service Revenue		b						
Sign		¢		_				
am		d						
ogi F		е						
ď			All other program service revenue			Management of the state of the		
	,	g	Total. Add lines 2a-2f		4,005,654.			
	3		Investment income (including dividends, inte	*				
			other similar amounts)		275,555.			275,555.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
			(i) Real	(ii) Personal	4			
	6		Gross rents 6a			\$2.50 to \$5.00 to \$1.00		
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)	(i) Other				
	7	а	Gross amount from sales of (i) Securities		-			
			assets other than inventory 7a 13,751,40	y .		(S) 30 (S188) (S) (8) (S) (8		
a)		D	Less: cost or other basis and sales expenses 7b 12,149,27	,				
Ž		_	and sales expenses 7b 12,149,27		1			
Revenue			Net gain or (loss)		1,602,129.			1602129.
her R			Gross income from fundraising events (not					
oth	0	a	including \$ 1,369,025. of					
			contributions reported on line 1c). See					
			·	3a 175,480.				
		h		3b 396,847.			0.000	\$ 60 KH 60 60 KK 81
			Net income or (loss) from fundraising events	 1	-221,367.			-221,367.
			Gross income from gaming activities. See					
				9a 24,790.				
		b		9b 5,734.				
			Net income or (loss) from garning activities	***************************************	19,056.			19,056.
	10	а	Gross sales of inventory, less returns					
			and allowances	0a				
		b	Less: cost of goods sold1	0b				
		¢	Net income or (loss) from sales of inventory					
£ħ.				Business Code				
Ď e	11	a	MISCELLANEOUS	900099	1,448.			1,448.
ane		b						
le K		С	***************************************					
Miscellaneous Revenue			All other revenue				8 (3 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	
		e	Total. Add lines 11a-11d		1,448.			
	12		Total revenue. See instructions		9,049,244.	4,005,654.	0.	1676821.

	Check if Schedule O contains a respons		r organizations must con		
	not include amounts reported on lines 6b, 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,	757 257	164 070	420 020	162 540
_	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)	3,646,734.	3,243,464.	252,027.	151,243.
7	Other salaries and wages Pension plan accruals and contributions (include	3,040,/34.	J, 44J, 404.	474,041.	131,44J·
8	section 401(k) and 403(b) employer contributions)	110,235.	89,818.	19,280.	1,137.
α.		174,893.	141,829.	28,364.	4,700.
9	Other employee benefits	358,665.	254,730.	81,620.	22,315.
10	Payroll taxes Fees for services (nonemployees):	330,003.	234,130*	011,020.	22,040.
11_					
a b	ManagementLegal	46,228.		46,228.	
		40,000.		40,000.	
d					
e	m a la da la	142,641.			142,641.
f	Investment management fees	52,633.		52,633.	
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	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 0.) SUPPLIES	363,594.	296,227.	29,627.	37,740.
a	FOOD & BEVERAGE	40,073.	33,177.	6,896.	37,740.
b	STAFF TRAINING	17,020.	5,121.	10,712.	1,187.
ç		±1,020°	٠ <u>٢ </u>	±4/1±21	ه/بدرند
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	8,493,331.	6,561,086.	1,220,878.	711,367.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	0,501,0001		, , , ,
ÆU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			I .		

ra.	TΧ	Balance Sneet	, ,		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	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,		(E) (E)	
		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	······································
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	125,002.	9	125,118
	10a				
		basis. Complete Part VI of Schedule D 10a 13,383,929.			and an administration of the second second
	b	Less: accumulated depreciation 10b 6,721,357.	5,946,475.	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
	17	Accounts payable and accrued expenses	561,853.	17	454,941
	18	Grants payable	000 000	18	055 406
	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	
e S	22	Loans and other payables to any current or former officer, director,		30 Phil	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		6/42/5/8	
텯		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	145,847.	25	113,003
		of Schedule D	1,565,972.	26	1,525,430
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	1,000,772.	20	1,525,450
ģ					
20	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	16,610,702.	27	16,781,607
9	27	Net assets with donor restrictions	1,753,647.	28	1,766,098
<u> </u>	28	Organizations that do not follow FASB ASC 958, check here	27,00,70		_/
Ę		and complete lines 29 through 33.			
ö	20	Capital stock or trust principal, or current funds		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	***************************************
Š	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	1	Total net assets or fund balances	18,364,349.	32	18,547,705
Z	32		19,930,321.		20,073,135
	33	Total liabilities and net assets/fund balances		33	_ 20,0,0,1

Form **990** (2023)

Form 990 (2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open
Ins

ZUZJOpen to Public

OMB No. 1545-0047

Inspection
Employer identification number

YWCA GREENWICH, CONNECTICUT, INC. 06-0646992 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

332021 12-21-23

(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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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				28 0 0 0 0 0 0		
	amount shown on line 11,						
	column (f)				180338383		
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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.)			and a Unideal astrophysical			
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the						
C	organization, check this box and sto	o here					
	tion C. Computation of Publi			(D)			
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022					<u> </u>	<u>%</u>
ıoa	33 1/3% support test - 2023. If the estop here. The organization qualifies	=					
L		, , ,	•			or more shook this	
O	33 1/3% support test - 2022. If the and stop here. The organization qual						
17~	10% -facts-and-circumstances test					and line 14 is 10% o	
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			· · · · · · · · · · · · · · · · · · ·			
.	10% -facts-and-circumstances test	_			• ,,,,,		
U	more, and if the organization meets the						573 OI
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization		-			***************************************	
		s.cc. oncort u			-,		Form 990) 2023

06-0646992 Page 3 YWCA GREENWICH, CONNECTICUT INC. 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 3366769.22386922. 3547757 7791371 4776760 2904265 include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 2620674. 2078420. 3442564. 3948213. 4005654.16095525. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6168431 9869791 8219324 6852478. 7372423.38482447. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 286,995 1297488 487,711 195,867 193,514 2461575. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 286,995 1297488 487,711 195,867 193,514 2461575 c Add lines 7a and 7b 36020872 8 Public support. (Subtract line 7c from line 6.) 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, 222,656. 180,857 226,654. 392,033. 275,555 1297755. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 222,656 180,857. 226,654. 392,033. 275,555. 1297755. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital 87,566. 52,006. 45,793. 816. 1,448. 187,629. assets (Explain in Part VI.) 6478653.10102654. 8491771. 7245327. 7649426.39967831. Total support. (Add lines 9, 10c, 11, and 12.) 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 Section C. Computation of Public Support Percentage 90.12 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 89.86 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 3.25 17 % Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization _____X

18 Investment income percentage from 2022 Schedule A, Part III, line 17

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

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

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

332023 12-21-23

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3.14

Schedule A (Form 990) 2023

<u>%</u>

Part V

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "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).
- 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?
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line ?? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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8 9a 9b		
9a 9b 9c		
8 9a 9b 9c		

Pa	rt IV Supporting Organizations (continued)			<u>.g</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	V alloyaldone 7 deg	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	100 150 65	120.00	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in	5 8 8	(5), (6), (1)	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	0.00		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	2.55.65		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	0.26		
	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	377000000000 577570000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how	75 35 29 55 36 49		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		200 00 00 00 00 00 00 00
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? If "Yes," describe in Part VI the role the organization's	146		
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;}.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.	NETVSEQUENCE	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1000000	10710000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	1 2523000000	19055-000-
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1.0	R. 7.7.17	Mark :
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	2008.7.00	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

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.

2023 Open to Public Inspection

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number 06-0646992

Pa	Organizations Maintaining Donor Advise		or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, Iir			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a		·	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose		
0 - 200				
Pa			Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea	· —	f a historically important land area	
	Protection of natural habitat	Preservation of	f a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form		
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements			
b	•			
С	Number of conservation easements on a certified historic str	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2c	
đ	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax	
	year			
4	Number of states where property subject to conservation ea	<u> </u>		
5				
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year	
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserva	tion easements during the year	
_	Dana and annuation annuation and annual annu		. \(A \ (()) \ () \	
8	Does each conservation easement reported on line 2d above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's linancial statem	ents triat describes the	
Pa	organization's accounting for conservation easements. Till Organizations Maintaining Collections o	f Art. Historical Treasures, or Of	ther Similar Assets	
	Complete if the organization answered "Yes" on Form	•		
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works	
12	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
h	If the organization elected, as permitted under FASB ASC 95			
U	art, historical treasures, or other similar assets held for public			
	-	c exhibition, education, of research in forth	relatice of public service,	
	provide the following amounts relating to these items.		e	
	(i) Revenue included on Form 990, Part VIII, line 1			
_		anguran, or other similar appote for frame	<i>**</i> · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical tre		u gam, provide	
_	the following amounts required to be reported under FASB A		· •	
a	Revenue included on Form 990, Part VIII, line 1			
-	needle nammad at Morri Morr Mart 1			

Schedule D (Form 990) 2023

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

		EENWICH, CO						<u>46992</u>	
Pai	t III Organizations Maintaining C						***************************************	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that ma	ake signi	ificant use	of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	·					in Part	XIII.	
5	During the year, did the organization solicit of							_	
-	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		e if the organization	answered "Yes	on For	m 990, Pa	art IV, Iii	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi		•					7	
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					<u> </u>		1	
	Did the organization include an amount on F				_	?	L	Yes	∐ No
P***	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if								
ır al	t V Endowment Funds Complete if	(a) Current year		m 990, Part IV, I (c) Two years b		Three year	rc hack	(a) Four	years back
	Designation of consultations	11,617,326.	(b) Prior year 10,593,699.	12,343,4			,000.		850,000.
1a	Beginning of year balance	12,017,320.	10,333,033.	12,343,4		9,276	_	`	150,000.
	Contributions	1,451,012.	1,035,700.	-1,660,9	67	2,280			22,847.
	Net investment earnings, gains, and losses	1,431,012.	1,035,700.	-1,000,5	***	2,200	,055.		22,047,
	Grants or scholarships				-				
e	Other expenditures for facilities	1,196,028.	12,073.	23,0	193				16,887.
	and programs	1,150,020.	22,070;	65.6		6.4	,157.	***************************************	5,960.
	Administrative expenses End of year balance	11,872,310.	11,617,326.	<u> </u>		12,343	<u> </u>		850,000.
	End of year balance Provide the estimated percentage of the curr			· · ·		,	, 2001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Board designated or quasi-endowment	88.4000	s (line 19, column (a, %) Held as.					
	Permanent endowment 11.6000	%	_76						

·	The percentages on lines 2a, 2b, and 2c sho	• 7 7							
32	Are there endowment funds not in the posse		tion that are held ar	nd administered	for the				
Va	organization by:	Societion are organiza	alon indicato note di	ia darriiriistorea	101 1110			٦	Yes No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as require	ed on Schedule R?	******************	**********			3b	
4	Describe in Part XIII the intended uses of the							L_35_L	
	t VI Land, Buildings, and Equipm								
1,2.2.0.0.2	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, lin	e 10.			
	Description of property	(a) Cost or o		or other		umulated	T.	(d) Book	value
	a observation or property	basis (investr	1 , ,	(other)		eciation		(-,	
	Land	· · · · · · · · · · · · · · · · · · ·		8,982.				418	,982.
	Buildings	i		3,995.	6,41	5,086	5.		,909.
	Leasehold improvements			-					
	Equipment		56	0,096.	30	06,271		253	8,825.
	Other			0,856.					,856.
***************************************	. Add lines 1a through 1e. (Column (d) must e								2,572.

Schedule D (Form 990) 2023

7411					————
Pa	irt VII	Inves	tments	- Other	Securities

Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(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)		NAMES OF THE PROPERTY OF THE P	
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(2)			
(3)			·····
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part X Other Assets			
Part IX Other Assets Complete if the organization answered "Yes" of	on Form COO Bort IV line	a 11d See Form 990 Port V line 15	
	Description	e ITu. See Form 550, Fait A, line 15.	(b) Book value
	Description		(b) Dook value
(1)			
(2)			
(3)			·
(4)		www.min.	
(5)			
(6)			
(7)			
(8) (9)			:
Total. (Column (b) must equal Form 990, Part X, line 15, col.	/D))		
Part X Other Liabilities	. (D))		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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)			1100 11 1 10 1 10

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

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

113,003.

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.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

YWCA GREENWICH, CONNECTICUT, INC.

| Convertible of the intermediate information in the latest information. | Convertible of the intermediate information in the latest information. | Convertible of the intermediate information in the latest information. | Convertible of the intermediate information in the latest information. | Convertible of the intermediate information in the latest information in the latest information. | Convertible of the intermediate in the latest information in the latest information

Fundraising Activities required to complete this pa	Complete if the organization answert	red "Y	es" or	Form 990, Part IV, i	ine 17, Form 990-EZ	filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	sed funds through any of the followin e X Solicita s f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entitles (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising o ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did alser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
COMMUNITY COUNSELING SERVICE	CAPITAL CAMPAIGN FOR	Yes	No			
CO., LLC - 527 MADISON	BUILDING ADDITION		Х	0.	132,614.	-132,614.
SHAKTI WRITING SERVICES, INC. - 169 SOUTH MAIN STREET,	GRANT RESEARCHER/WRITER		x	0.	10,027.	-10,027.
Fotal 3 List all states in which the organizati or licensing.	on is registered or licensed to solicit			or has been notified	142,641. It is exempt from re	

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

SEE PART IV FOR CONTINUATIONS

Pa			e organization answered		IV, line 18, or reported r	
		or tandraising over a commoducite and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OLD BAG	THE FALL		(add col. (a) through
			LUNCHEON	PARTY	3	col. (c))
je Je			(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.
	4	Cash prizes				
	5	Noncash prizes				***************************************
sesuec	6	Rent/facility costs		39,532.		39,532.
Direct Expenses	7	Food and beverages	38,171.	35,750.	81,512.	155,433.
Ö				15 000		1 = 000
		Entertainment	440 000	15,000.	34,373.	15,000.
	9	Other direct expenses	***************************************	12,216.	34,3/3.	186,882.
	10	Direct expense summary. Add lines 4 through		***************************************		396,847. -221,367.
Pa	11 -4	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		- 000 Det IV line 10 or	reported mars than	-221,307.
2.8.5		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 950, Fait IV, little 15, Or i	eported more than	
		\$13,000 Of 1 Giff 330-LZ, file 0a.	<u></u>	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
윤	4	Gross revenue			24,790.	24,790.
		Gross Tovolido				
ses	2	Cash prizes			5,400.	5,400.
ect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
Ö	5	Other direct expenses			334.	334.
		Volunteer labor	Yes %	Yes%	Yes .00 %	
:		Direct expense summary. Add lines 2 through				5,734.
		· · · · · · · · ·	, .			
<i></i>	8	Net gaming income summary. Subtract line 7	r trom line 1, column (d)			19,056.
9	En	ter the state(s) in which the organization condu	icts gaming activities. (or Or		
		he organization licensed to conduct gaming a	_			X Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes X No
b	If "	Yes," explain:				
		And the second s				
3320	2 09	9-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 YWCA GREENWICH, CONNECTICUT, INC. 06-0646992 Page 3
11	Does the organization conduct gaming activities with nonmembers? X 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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
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 X 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 X 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?
D	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 \$
Pa	Tri IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
92,000,000	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
<u>(I</u>) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC
(I) ADDRESS OF FUNDRAISER:
7 =	, ADDRESS OF TORDIETISHIC.
<u>52</u>	7 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022
(I) NAME OF FUNDRAISER: SHAKTI WRITING SERVICES, INC.
<u>, </u>	
<u>(I</u>) ADDRESS OF FUNDRAISER: 169 SOUTH MAIN STREET, #358, NEW YORK, NY 10956

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047	2023	Open to Public Inspection

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

Name of the organization YWCA GREENWICH,		CONNECTICUT,	INC.				Employer identification number 06-0646992
Part General Information on Grants and Assistance	nd Assistance						
Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	o substantiate the tance?	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organiz 55,000, Part II can	zations and Domestic be duplicated if additi	Governments. (Complete if the orgaind.	anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	nd government or	ons	listed in the line 1 table				
Į a.	e Instructions for	. Form 990.					Schedule I (Form 990) 2023

YWCA GREENWICH, CONNECTICUT, INC.

Schedule I (Form 990) 2023

Part

06-0646992

Page 2

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.

(f) Description of noncash assistance SHELTER, FOOD, CLOTHING (e) Method of valuation (book, FMV, appraisal, other) 36,799. FAIR MARKET VALUE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. AS ON FINANCIAL NEED (d) Amount of non-cash assistance Ö 90.564. 207,474. (c) Amount of cash grant ASSISTANCE BASED 359 155 (b) Number of recipients THE ORGANIZATION OFFERS FINANCIAL DOMESTIC ABUSE AND SEXUAL VIOLENCE SERVICES (a) Type of grant or assistance ASSISTANCE TO INDIVIDUALS LINE FINANCIAL AID PART I,

THIS INCLUDES SUPPORTING DOCUMENTATION. DOCUMENTED IN AN APPLICATION WITH

COSTS AND AID ON PROGRAM FEES AS WELL AS EMERGENCY SHELTER FINANCIAL

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

FINANCIAL CONSTRAINTS, INCLUDING AQUATICS AND AFTERSCHOOL ACTIVITIES.

332102 11-01-23

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part | Questions Regarding Compensation

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number

OMB No. 1545-0047

06-0646992

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use	641065		100
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	20.00	3 SL 7	
	Districtionary sporting account.			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
U	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	E85542	WEST-
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			966864
2		2	50,000,00	9884660
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			188066
_			1000	45.65
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.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			37
а	Receive a severance payment or change-of-control payment?	_4a_		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c	SOUSVAB VAS	X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.		0.00	
		05.00		
	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		6 63 6	
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
þ	Any related organization?	5b	37.70	X
	If "Yes" on line 5a or 5b, describe in Part III.	68.767		
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:			
а	The organization?	6a		X
b	Any related organization?	6b	<u> </u>	X
	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		\$955.9	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8	<u> </u>	Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2023

CONNECTICUT,

YWCA GREENWICH,

Do not list any individuals that aren't listed on Form 990, Part VII.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY LEE KIERNAN	E	273,75	41,340.	0	15,985.	16,971.	348,052.	0
	<u> </u>	,	0	0	0	0	- 1	•
(2) BETH DEXTER	E	180,95	6,000.	0	000	14,525.	201,477.	
CHIEF FINANCIAL OFFICER (3) KATHLEEN SRIDEN		169.481.	6.000.		9.004.	16.971	201.456	
CHIEF ADVANCEMENT OFFICER	3 3	3	0.0	0	0	0.		0.
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											Schedule J (Form 990) 202
	'IONARY BONUSES BASED ON PERFORMANCE TO	1	JRS.								
PART I, LINE 7:	THE ORGANIZATION AWARDED DISCRETIONARY	SERTAIN INDIVIDUALS REPORTED IN	APPROVED BY THE BOARD OF DIRECTORS.			a markana a					

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Open to Pu

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Attach to Form 990.

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

YWCA GREENWICH, CONNECTICUT, INC.

Employer identification number 06-0646992

Pai	t 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 de noncash contribu		:s
1	Art - Works of art						,
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		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)	Х	124	93,600.	COST		
26 26	Other (JEWELRY)	X	1		COST		
27	Other (FOOD AND BEVERA)	X	2		COST		
28	Other (GIFT CARD)	X	1		COST		
29	Number of Forms 8283 received by the organiz	<u> </u>	1				
	for which the organization completed Form 82			1 1		0	
	To who had diguillation completed form of	00, 1 11, 1, 1	,0,100 / 10.410 H100g			Yes	T
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	nh 28 that it	103	
UU a	must hold for at least 3 years from the date of						
	exempt purposes for the entire holding period:			•		30a	x
h	If "Yes," describe the arrangement in Part II.	•				30a	
31	Does the organization have a gift acceptance	nolicy that re	onuires the review	of any nonstandard contribu	tions?	31 X	1005965
	Does the organization have a gift acceptance plant accept	-	•	-	uona:	31 4	
UEd			_	•		32a	x
b	contributions? If "Yes," describe in Part II,					920	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is sho	rked		
	describe in Part II.	osumii (O) IO	i a type of property	To which column (a) is the	onou,		
	GOOGING III I MILII.					2000 CONTRACTOR (\$100 CONTRACTOR)	A CV220/09/05/

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

Schedule M (Form 990) 2023

Sched	ule M	(Form 99	90) 2023	YWC.	A GREEN	WICH,	CC	DNNECTI	CUT	, INC.		0.6	<u>5-0646</u>	<u> 5992 </u>	Page 2
Part		Suppl is repor this par	emental ting in Part t for any ad	Infor I, colui ditiona	mation. Promn (b), the null information.	ovide the i mber of c	inforn ontrib	nation require outions, the nu	d by F umber	Part I, lines 30 of items rec	Ob, 32b, and 3 eived, or a cor	33, and v	whether th on of both.	e organiz Also com	ation plete
SCHI	EDU	LE M	PART	I,	COLUMN	(B):									
THE	OR	JANIZ	ZATION	IS	REPORT	ING T	HE	NUMBER	OF	CONTRI	BUTIONS	IN	PART	I,	
COLU	JMN	(B).													
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Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** YWCA GREENWICH, CONNECTICUT, INC. 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 Schedule O (Form 990) 2023 332212 11-14-23