Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: YWCA OF THE HARTFORD REGION, INC.

Number and street (or P.O. box if mail is not delivered to street address): 135 BROAD STREET | Room/suite

City or town, state or country, and ZIP + 4: HARTFORD, CT 06105

D Employer identification number: 06-0646993

E Telephone number: 8605251163

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶WWW.YWCAHARTFORD.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 14,541,783.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	579,017.		
	c	Indirect public support (not included on line 1a)	1c	153,700.		
	d	Government contributions (grants) (not included on line 1a)	1d	1,159,064.		
	e	**Total** (add lines 1a through 1d) (cash $ 1,891,781. noncash $)			1e	1,891,781.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,240,815.
	3	Membership dues and assessments			3	33,350.
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	288,699.
	6 a	Gross rents SEE STATEMENT 1	6a	72,720.		
	b	Less: rental expenses SEE STATEMENT 2	6b	12,791.		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	59,929.
	7	Other investment income (describe ▶ OTHER INVESTMENT INCOME)			7	82,493.
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 9,465,504.	8a	(B) Other:		
	b	Less: cost or other basis and sales expenses — (A) 8,685,761.	8b			
	c	Gain or (loss) (attach schedule) — (A) 779,743.	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3			8d	779,743.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]				
	a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	382,644.		
	b	Less: direct expenses other than fundraising expenses	9b	166,459.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 4			9c	216,185.
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	83,777.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,676,772.
Expenses	13	Program services (from line 44, column (B))			13	3,817,114.
	14	Management and general (from line 44, column (C))			14	1,520,378.
	15	Fundraising (from line 44, column (D))			15	58,848.
	16	Payments to affiliates (attach schedule) SEE STATEMENT 5			16	15,000.
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	5,411,340.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	265,432.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	21,122,658.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6			20	-4,120,293.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	17,267,797.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 7	25a	137,383.	0.	137,383.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,518,288.	2,035,683.	462,061.	20,544.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	323,372.	210,415.	110,019.	2,938.
29 Payroll taxes	29	235,722.	184,905.	48,334.	2,483.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	214,571.	194,691.	18,854.	1,026.
34 Telephone	34	59,042.	39,330.	17,119.	2,593.
35 Postage and shipping	35	12,395.	5,782.	5,075.	1,538.
36 Occupancy	36	722,635.	433,254.	281,881.	7,500.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	60,533.	40,560.	16,015.	3,958.
39 Travel	39				
40 Conferences, conventions, and meetings	40	33,131.	25,730.	6,941.	460.
41 Interest	41	57,871.	1,396.	56,475.	
42 Depreciation, depletion, etc. (attach schedule)	42	276,574.	95,914.	179,160.	1,500.
43 Other expenses not covered above (itemize): a PROFESSIONAL FEES &	43a				
b CONTRACT SERVICES	43b	585,675.	451,963.	122,557.	11,155.
c TRANSPORTATION	43c	57,121.	55,759.	1,322.	40.
d MISCELLANEOUS	43d	55,066.	40,328.	11,683.	3,055.
e SPECIAL EVENTS	43e	1,462.	1,404.		58.
f INVESTMENT FEES	43f	45,499.		45,499.	
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,396,340.	3,817,114.	1,520,378.	58,848.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 8 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a CHILD CARE SERVICES - SERVICES INCLUDE YEAR-ROUND EARLY LEARNING CENTERS FOR INFANTS, TODDLERS AND PRESCHOOLERS AND SCHOOL-YEAR BEFORE AND AFTER-SCHOOL PROGRAMS. THE TIME OUT FOR PARENTS PROGRAM PROVIDES SUPPORTIVE CHILDCARE FOR FAMILIES IN NEED OF EXTRA ASSISTANCE DURING DIFFICULT TIMES. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,664,892.
b HOUSING - PROGRAMS INCLUDE AN EMERGENCY SHELTER FOR WOMAN AND AFFORDABLE, SUPPORTIVE TRANSITIONAL AND LONG-TERM HOUSING. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	553,907.
c CAMP SERVICES - CAMP AYA-PO IS A SUMMER DAY CAMP FOR YOUTH AGES 5-14. ACTIVITIES INCLUDE ARTS AND CRAFTS, SPORTS, SWIMMING, BOATING, ARCHERY, AND DRAMA. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	375,767.
d TEEN SERVICES: THE YOUNG WOMEN'S LEADERSHIP CORPS (YWLC) HELPS YOUNG WOMEN IN GRADES 8-11 TO BECOME ACTIVE LEADERS THROUGH COMMUNITY SERVICE LEARNING PROJECTS AND EDUCATIONAL WORKSHOPS. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	91,893.
e Other program services (attach schedule) SEE STATEMENT 9 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	130,655.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	3,817,114.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

	Line	Description			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			329,617.	45	303,902.
	46	Savings and temporary cash investments				46	
	47 a	Accounts receivable	47a	216,759.			
	b	Less: allowance for doubtful accounts	47b	46,272.	59,077.	47c	170,487.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		80,550.	48c	
	49	Grants receivable			80,181.	49	452,519.
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			25,231.	52	
	53	Prepaid expenses and deferred charges			65,367.	53	106,286.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities STMT 12 ▶ ☐ Cost ☒ FMV			11,138,011.	54b	11,272,281.
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	8,678,293.			
	b	Less: accumulated depreciation STMT 10	57b	4,475,713.	4,396,068.	57c	4,202,580.
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 11)			7,031,747.	58	2,803,853.
	59	**Total assets** (must equal line 74). Add lines 45 through 58			23,205,849.	59	19,311,908.
Liabilities	60	Accounts payable and accrued expenses			287,982.	60	342,151.
	61	Grants payable				61	
	62	Deferred revenue			201,803.	62	167,897.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable			1,593,406.	64b	1,534,063.
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			2,083,191.	66	2,044,111.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.**					
	67	Unrestricted			10,474,266.	67	10,472,469.
	68	Temporarily restricted			449,187.	68	693,824.
	69	Permanently restricted			10,199,205.	69	6,101,504.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			21,122,658.	73	17,267,797.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			23,205,849.	74	19,311,908.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	6,098,767.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-22,592.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 13	b4	490,086.		
	Add lines b1 through b4			b	467,494.
c	Subtract line b from line a			c	5,631,273.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): INVESTMENT FEES	d2	45,499.		
	Add lines d1 and d2			d	45,499.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	5,676,772.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	5,268,517.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 14	b4	179,250.		
	Add lines b1 through b4			b	179,250.
c	Subtract line b from line a			c	5,089,267.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1	45,499.		
2	Other (specify): DEPRECIATION EXPENSE	d2	276,574.		
	Add lines d1 and d2			d	322,073.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	5,411,340.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 15		136,500.	883.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 18			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SOROMUNDI COMMONS LIMITED PARTNERSHIP and check whether it is ☐ exempt or ☒ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Form **990** (2006)

623161/01-18-07

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Part VI Other Information *(continued)*

					Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A			84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members? N/A			85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A			85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
c	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A			85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A			85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.					
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X

90 a List the states with which a copy of this return is filed ▶ CT

b Number of employees employed in the pay period that includes March 12, 2006 — 90b — 121

91 a The books are in care of ▶ DEBBIE SCHNITZER, DIR. OF FINANCE Telephone no. ▶ 860-525-1163

Located at ▶ 135 BROAD STREET, HARTFORD, CT ZIP + 4 ▶ 06105

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a PROGRAM & ACTIVITY FEES					2,240,815.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					33,350.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	288,699.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	59,929.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	82,493.	
100 Gain or (loss) from sales of assets other than inventory			18	779,743.	
101 Net income or (loss) from special events			01	216,185.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC REVENUE					18,789.
b DEVELOPERS FEE					64,988.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,427,049.	2,357,942.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					3,784,991.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SOROMUNDI HOUSING, INC - 32-0098815	100% %	GP OF LIMITED PARTNERSHIP	-35.	
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI Information Regarding Transfers To and From Controlled Entities.

Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	J.H. COHN LLP 180 GLASTONBURY BOULEVARD GLASTONBURY, CT 06033	EIN	
		Phone no. (860) 633-3000	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization: YWCA OF THE HARTFORD REGION, INC.

Employer identification number: 06 0646993

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACKI GILLIGAN 135 BROAD STREET, HARTFORD, CT 06105	REGIONAL DIRECTOR 37.50	53,500.	739.	0.
MARGARET NAREFF 135 BROAD STREET, HARTFORD, CT 06105	DIR. OF PROGRAM SERV 37.50	75,048.	8,077.	0.
DEBBIE SCHNITZER 135 BROAD STREET, HARTFORD, CT 06105	DIRECTOR OF FINANCE 32.00	70,108.	9,470.	0.
CAROL O'REAGAN 135 BROAD STREET, HARTFORD, CT 06105	DIRECTOR OF HR 37.50	68,075.	10,019.	0.
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
THE CHRYSALIS CENTER 278 FARMINGTON AVENUE, HARTFORD, CT 06105	CASE MANAGEMENT SERVICES	191,702.
ANTRUM EVENTS 56 ARBOR STREET 2ND FLOOR, HARTFORD, CT 06106	EVENT CONSULTANT	73,750.
VISUAL CONCEPTS 276 ADDISON, WINDSOR, CT 06095	MEDIA	50,778.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
COMMUNITY HOUSING MANAGEMENT 2666-2 STATE STREET, HAMDEN, CT 06517, HAMDEN, CT	FACILITIES MANAGEMENT	195,157.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,832,854.	2,131,428.	2,132,950.	2,035,897.	8,133,129.
16 Membership fees received	28,836.	31,045.	43,823.	55,495.	159,199.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,038,672.	1,984,016.	2,581,498.	3,160,923.	9,765,109.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	321,712.	473,524.	412,719.	402,896.	1,610,851.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	94,116.	930,742.	SEE STATEMENT 17 36,091.	17,802.	1,078,751.
23 Total of lines 15 through 22	4,316,190.	5,550,755.	5,207,081.	5,673,013.	20,747,039.
24 Line 23 minus line 17	2,277,518.	3,566,739.	2,625,583.	2,512,090.	10,981,930.
25 Enter 1% of line 23	43,162.	55,508.	52,071.	56,730.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 219,639.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 10,981,930.

d Add: Amounts from column (e) for lines: 18 1,610,851. 19 ______ 22 1,078,751. 26b ______ ▶ 26d 2,689,602.

e Public support (line 26c minus line 26d total) ▶ 26e 8,292,328.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 75.5088%

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over \$500,000 — 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 — \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 — \$175,000 plus 10% of the excess over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000 — \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 — \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

623152 01-18-07

FORM 990	RENTAL INCOME	STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME - HARTFORD	1	72,720.
TOTAL TO FORM 990, PART I, LINE 6A		72,720.

FORM 990	RENTAL EXPENSES	STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
REAL ESTATE TAXES		12,791.	
- SUBTOTAL -	1		12,791.
TOTAL TO FORM 990, PART I, LINE 6B			12,791.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF INVEST			PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	9,465,504.	8,685,761.	0.	779,743.
TOTAL TO FM 990, PART I, LN 8	9,465,504.	8,685,761.	0.	779,743.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRING LUNCHEON	382,644.		382,644.	166,459.	216,185.
TO FM 990, PART I, LINE 9	382,644.		382,644.	166,459.	216,185.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT 5

AFFILIATE'S NAME	AFFILIATE'S ADDRESS
YWCA NORTHEAST REGIONAL COUNCIL	

PURPOSE OF PAYMENT	AMOUNT
	15,000.
TOTAL TO FORM 990, PART I, LINE 16	15,000.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-22,592.
CHANGES IN VALUE OF PERPETUAL TRUSTS	310,836.
PRIOR PERIOD ADJUSTMENT - OVERSTATED PERPETUAL TRUSTS	-4,408,537.
TOTAL TO FORM 990, PART I, LINE 20	-4,120,293.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 7
PART II, LINE 25A

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEBORAH ULLMAN	136,500.	883.		137,383.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	136,500.	883.		137,383.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	
TOTAL MANAGEMENT AND GENERAL	137,383.
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	137,383.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

THE MISSION OF THE YWCA OF THE HARTFORD REGION IS TO EMPOWER WOMEN AND GIRLS AND ELIMINATE RACISM THROUGH ITS PROGRAMMING. THIS MULTI-SERVICE, MEMBERSHIP ORGANIZATION PROVIDES CHILDCARE, SUMMER CAMP, YOUTH LEADERSHIP DEVELOPMENT, EMERGENCY SHELTER, SUPPORTIVE HOUSING, AND FINANCIAL LITERACY.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
ADULT SERVICES: THE YWCA HOSTS FINANCIAL LITERACY AND RACIAL JUSTICE TRAINING AND PROGRAMMING	0.	130,655.
TOTAL TO FORM 990, PART III, LINE E		130,655.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	909,217.	0.	909,217.
BUILDINGS AND IMPROVEMENTS	6,453,685.	4,061,693.	2,391,992.
FURNITURE AND FIXTURES	808,441.	0.	808,441.
COMPUTER EQUIPMENT	506,950.	414,020.	92,930.
TOTAL TO FORM 990, PART IV, LN 57	8,678,293.	4,475,713.	4,202,580.

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	AMOUNT
ACCRUED INVESTMENT INCOME	41,816.
BENEFICIAL INTEREST IN PERPERTUAL TRUSTS	2,689,543.
INCOME FROM SOROMUNDI COMMONS LP	72,494.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,803,853.

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MARKETABLE EQUITY AND DEBT SECURITIES	FMV	7,731,174.
BONDS	FMV	2,532,916.
MONEY MARKET FUNDS	FMV	672,755.
CERTIFICATES OF DEPOSIT	FMV	63,032.
REAL ESTATE INVESTMENT TRUST	FMV	272,404.
TO FORM 990, LINE 54B, COL B		11,272,281.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF PREPETUAL TRUSTS	310,836.
RENTAL EXPENSES	12,791.
SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE	166,459.
TOTAL TO FORM 990, PART IV-A	490,086.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE	166,459.
RENTAL EXPENSES	12,791.
TOTAL TO FORM 990, PART IV-B	179,250.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBORAH ULLMAN 135 BROAD ST HARTFORD, CT 06105	CEO 37.50	136,500.	883.	0.
DEBRA PALERMINO 135 BROAD ST HARTFORD, CT 06105	PRESIDENT 4.00	0.	0.	0.
ANN JENNINGS 135 BROAD ST HARTFORD, CT 06105	VICE PRESIDENT 4.00	0.	0.	0.
GAIL JOHNSON 135 BROAD ST HARTFORD, CT 06105	TREASURER 4.00	0.	0.	0.
ROSAIDA MORALES ROSARIO 135 BROAD ST HARTFORD, CT 06105	SECRETARY 4.00	0.	0.	0.
DONNA BERMAN 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
JANET CASTRICUM 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
VIVIAN CHOW 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
CAROL CLAPP 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
VIVIANE GRADY 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
ROBYN BELEK 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.

GINA COLLOPY O'CONNELL 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
IVON RODRIGUEZ 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
YVETTE MELENDEZ THIESFIELD 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
AMY TRAVERSA 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
JANE SEIDL 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
JEANNA DOHERTY 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
BARBARA RUBIN 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
ARDELL A WILSON D.D.S 135 BROAD ST HARTFORD, CT 06105	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		136,500.	883.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A 103A	PROGRAM FEES AND OTHER INCOME ARE RECIVED IN CONNECTION WITH THE PROVISION OF CHILDCARE, SUMMER CAMP, AND SUPPORTIVE HOUSING PROGRAMS, WHICH ARE ALL PART OF THE ORGANIZATION'S EXEMPT PURPOSE.
94	MEMBERSHIP DUES ARE EARNED IN THE PROVISION OF MEMBERSHIP SERVICES, TO MEMBERS, WHICH IS PART OF OUR EXEMPT PURPOSE
103B	DEVELOPER FEE EARNED IN CONNECTION WITH THE DEVELOPMENT OF SOROMUNDI COMMONS, A SUPPORTIVE HOUSING PROJECT.

SCHEDULE A OTHER INCOME STATEMENT 17

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISC REVENUES	94,116.	930,742.	36,091.	17,802.
TOTAL TO SCHEDULE A, LINE 22	94,116.	930,742.	36,091.	17,802.

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time.** You **must** file original and one copy.

Type or print		
Type or print	Name of Exempt Organization YWCA OF THE HARTFORD REGION, INC.	**Employer identification number** 06-0646993
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 135 BROAD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DEBBIE SCHNITZER, DIR. OF FINANCE
  Telephone No. ▶ 860-525-1163 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2007.

5 For calendar year 2006 , or other tax year beginning ______, and ending ______.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO COMPLETE AND FINALIZE THE FINANCIAL STATEMENT TO PREPARE THE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Notice to Applicant. (To Be Completed by the IRS)

[ ] We **have** approved this application. Please attach this form to the organization's return.

[ ] We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

[ ] Other

By:

Director Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name J.H. COHN LLP ATTN: PRB
	Number and street (include suite, room, or apt. no.) or a P.O. box number 180 GLASTONBURY BOULEVARD
623832 05-01-07	**City or town, province or state, and country (including postal or ZIP code)** GLASTONBURY, CT 06033

YWCA of the Hartford Region, Inc.
EIN #06-0646993

STATEMENT 18

MANAGEMENT AND GENERAL EXPENSES:

135 BROAD STREET FACILITIES	$	412,269
ADMIN (INCLUDES INVESTMENT MANAGEMENT FEES)		1,078,776
MEMBERSHIP & MARKETING		29,333
TOTAL	$	1,520,378