

# Return of Organization Exempt From Income Tax

**2000**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

A For the 2000 calendar year OR tax year period beginning **07/01**, 2000, and ending **06/30/2001**

- B Check if applicable:
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amend return

C Name of organization  
**UNITED WAY OF THE CAPITAL AREA, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**30 LAUREL STREET**

City or town, state or country, and ZIP code  
**HARTFORD, CT 06106-1374**

D Employer identification number  
**06-0646653**

E Telephone number  
**(860) 493-6800**

F Check  if application pending

G Organization type (check only one)  501(c) ( **3** ) (insert no )  527 OR  4947 (a)(1)

Note (H and I are not applicable to section 527 orgs)

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

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

H(c) Are all affiliates included? (If "No" attach a list See inst )  Yes  No

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

I Enter 4-digit group exemption no (GEN) **▶**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

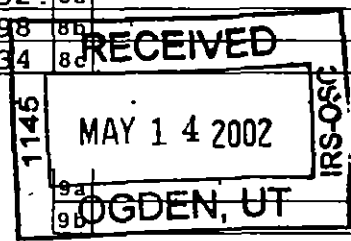
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method  Cash  Accrual  Other (specify) **▶**

K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

Revenue	Expenses	Net Assets
1 Contributions gifts grants, and similar amounts received <b>STMT 1</b>		
a Direct public support		
b Indirect public support		
c Government contributions (grants)		
d Total (add lines 1a through 1c) (cash \$ <b>25,513,774.</b> noncash \$ <b>0.</b> )		1d <b>25,513,774.</b>
2 Program service revenue including government fees and contracts (from Part VII line 93)		2
3 Membership dues and assessments		3
4 Interest on savings and temporary cash investments		4
5 Dividends and interest from securities		5 <b>1,040,923.</b>
6 a Gross rents		
b Less rental expenses		
c Net rental income or (loss) (subtract line 6b from line 6a)		6c <b>-34,759.</b>
7 Other investment income (describe <b>▶</b> )		7
8 a Gross amount from sales of assets other than inventory		
b Less cost or other basis and sales expenses		
c Gain or (loss) (attach schedule) <b>STMT 1A</b>		
d Net gain or (loss) (combine line 8c columns (A) and (B))		8d <b>402,434.</b>
9 Special events and activities (attach schedule)		
a Gross revenue (not including \$ <b>1145</b> of contributions reported on line 1a)		
b Less direct expenses other than fundraising expenses		
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c
10 a Gross sales of inventory less returns and allowances		
b Less cost of goods sold		
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 <b>751,371.</b>
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 <b>27,673,743</b>
13 Program services (from line 44, column (B))		13 <b>30,947,781.</b>
14 Management and general (from line 44 column (C))		14 <b>547,885</b>
15 Fundraising (from line 44 column (D))		15 <b>2,059,420</b>
16 Payments to affiliates (attach schedule) <b>SEE STATEMENT 2</b>		16 <b>190,370.</b>
17 Total expenses (add lines 16 and 44 column (A))		17 <b>33,745,456</b>
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18 <b>-6,071,713.</b>
19 Net assets or fund balances at beginning of year (from line 73 column (A))		19 <b>23,792,761.</b>
20 Other changes in net assets or fund balances (attach explanation) <b>STMT 3</b>		20 <b>-1,225,479</b>
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 <b>16,495,569.</b>



SCANNED JUN 06 '02

**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. (See Specific Instructions on page 20.)

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
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 27,406,466	27,406,466	STMT 4	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 243,635	78,816	44,512	120,307
26 Other salaries and wages	26 1,564,733	506,237	285,855	772,641
27 Pension plan contributions	27 104,669	35,300	15,550	53,819
28 Other employee benefits	28 208,109	71,445	29,041	107,623
29 Payroll taxes	29 132,962	44,362	21,681	66,919
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 124,788	32,800	14,629	77,359
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 282,124	107,157	61,599	113,368
37 Equipment rental and maintenance	37 133,360	27,888	32,324	73,148
38 Printing and publications	38 225,332	18,990	8,421	197,921
39 Travel	39 98,913	29,110	15,663	54,140
40 Conferences, conventions, and meetings	40			
41 Interest	41 46,908	17,736	9,611	19,561
42 Depreciation, depletion, etc (attach schedule)	42 179,257	69,533	26,889	82,835
43 Other expenses (itemize) a STMT 5	43a 2,803,830	2,501,941	-17,890	319,779
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 33,555,086	30,947,781	547,885	2,059,420

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)**

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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.)

	Grants and allocations \$	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a THE ORGANIZATION RAISES SUPPORT FOR ALLOCATION TO PARTICIPATING AGENCIES.	(Grants and allocations \$ 27,406,466)	30,947,781
b	(Grants and allocations \$ )	
c	(Grants and allocations \$ )	
d	(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		30,947,781

**Part IV** Balance Sheets (See Specific Instructions on page 23 )

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		193,914.	45	228,841.
	46	Savings and temporary cash investments		9,287,253.	46	4,514,497.
	47a	47a	402,529			
	b	47b		242,523.	47c	402,529.
	48a	48a	16,126,942.			
	b	48b	3,780,000.	11,047,616.	48c	12,346,942.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)				
	b	51b			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		9,629	53	26,250.
	54	Investments - securities (attach schedule) <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		15,130,961.	54	18,027,282.
	55a	55a				
	b	55b			55c	
56	Investments - other (attach schedule)			56		
57a	57a	3,542,799				
b	57b	1,478,758.	2,163,728	57c	2,064,041.	
58	Other assets (describe ► <b>SEE STATEMENT 8</b> )			58	41,146.	
59	Total assets (add lines 45 through 58) (must equal line 74)		38,075,624.	59	37,651,528	
Liabilities	60	Accounts payable and accrued expenses		2,481,993.	60	2,221,635
	61	Grants payable		1,859,921	61	2,768,892.
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) <b>STMT 9</b>		772,270.	64b	619,875
	65	Other liabilities (describe ► <b>SEE STATEMENT 10</b> )		9,168,679.	65	15,545,557
66	Total liabilities (add lines 60 through 65)		14,282,863	66	21,155,959.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		15,427,684.	67	8,786,054
	68	Temporarily restricted		51,062.	68	45,017
	69	Permanently restricted		8,314,015.	69	7,664,498
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)		23,792,761	73	16,495,569.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		38,075,624.	74	37,651,528.

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25 )**

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

a	Total revenue, gains, and other support per audited financial statements	a	15,524,312
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -1,225,479		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	<b>STMT 11</b> \$ 182,583		
	Add amounts on lines (1) through (4)	b	-1,042,896
c	Line a minus line b	c	16,567,208
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$ 53,090		
(2)	Other (specify)		
	<b>STMT 12</b> \$ 11,053,445		
	Add amounts on lines (1) and (2)	d	11,106,535
e	Total revenue per line 12, Form 990 (line c plus line d)	e	27,673,743

a	Total expenses and losses per audited financial statements	a	22,821,504
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20 Form 990 \$		
(3)	Losses reported on line 20 Form 990 \$		
(4)	Other (specify)		
	<b>STMT 13</b> \$ 182,583		
	Add amounts on lines (1) through (4)	b	182,583
c	Line a minus line b	c	22,638,921
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 \$ 53,090		
(2)	Other (specify)		
	<b>STMT 14</b> \$ 11,053,445		
	Add amounts on lines (1) and (2)	d	11,106,535
e	Total expenses per line 17, Form 990 (line c plus line d)	e	33,745,456

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25 )**

(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	(E) Expense account and other allowances
SEE STATEMENT 15		243,635.	66,459.	2,199.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes" attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		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		X
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	X	
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes" attach a statement		X
80a	Is the organization related (other than by association with a state-wide or nationwide organization) through common membership governing bodies trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization <u>STMT 16</u>	X	
and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	NONE
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?	X	
82b	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 for reporting in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? 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		N/A
85c	Dues assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
87b	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	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	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
89b	501(c)(3) and 501(c)(4) orgs 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		NONE
	d Enter Amount of tax on line 89c above reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed <u>CONNECTICUT</u>		
90b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	39
91	The books are in care of <u>ANTHONY J. MASCARO, JR</u> Telephone no <u>860-493-6810</u> Located at <u>30 LAUREL ST., HARTFORD, CT</u> ZIP code <u>06106</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> 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 Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,040,923	
97 Net rental income or (loss) from real estate					
a debt-financed property	531190	-12,983	16	-21,776	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	402,434	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b ADMIN FEES					279,713
c MISCELLANEOUS REV.			01	471,658	
d _____					
e _____					
104 Subtotal (add columns (B), (D) and (E))		-12,983		1,893,239	279,713
105 Total (add line 104 columns (B) (D) and (E))					2,159,969

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31)

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)
103B	ADMINISTRATIVE FEES ON AMOUNTS RAISED ON BEHALF OF OTHERS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31)

(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)

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 the information reported hereon is true and correct. I am a preparer (other than officer) is based on all information of which preparer has any knowledge

Date: 5/9/02  
 Type or print name and title: A-J MASCARE JR  
 ASSY. VP - FINANCE & MIS

Date	Check if	Preparer's SSN or PTIN

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545 0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (See separate instructions)

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

Name of the organization

Employer identification number

**UNITED WAY OF THE CAPITAL AREA, INC**

**06-0646653**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 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
LAURIE SYLLA C/O UNITED WAY 30 LAUREL ST., HARTFORD, CT	HIV INITIATIVE COORD 37.5 HRS/WK	67,490.	15,457.	NONE
PAULA GILBERTO C/O UNITED WAY 30 LAUREL ST., HARTFORD, CT	VP-COMMUNITY SERVICE 37 5 HRS/WK	64,631.	9,971.	NONE
MELANIE FARRELL C/O UNITED WAY 30 LAUREL ST., HARTFORD, CT	ASST VP-FINANCE&MIS 37.5 HRS/WK	59,900.	7,502.	NONE
VALERIE DESANTIS C/O UNITED WAY 30 LAUREL ST., HARTFORD, CT	ASST VP-RESOURCE DEV 37.5 HRS/WK	59,366.	13,358.	NONE
Total number of other employees paid over \$50 000 ▶		NONE		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 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
NONE		
Total number of others receiving over \$50 000 for professional services ▶		NONE

**Part III** Statements About Activities

	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 ▶ \$ _____ 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	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
a Sale exchange, or leasing of property? . . . . . <b>SEE STATEMENT 17</b>	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)? <b>SEE STATEMENT 18</b>	2d	X
e Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships fellowships student loans etc ?	3	X
4a Do you have a section 403(b) annuity plan for your employees? . . . . .	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)	<b>STMT 19</b>	

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

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 page 5)
- 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  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 supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5), or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	25888071.	24893682	22972472	21830987.	95585212
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
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	976,456.	818,653	640,685	550,836.	2,986,630.
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	STMT 20 649,755.	459,460	746,191.	695,600.	2,551,006.
23 Total of lines 15 through 22	27514282.	26171795	24359348.	23077423.	101122848.
24 Line 23 minus line 17	27514282.	26171795.	24359348.	23077423.	101122848.
25 Enter 1% of line 23	275,143.	261,718	243,593	230,774.	
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 2,022,457.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	STMT 21				26b 14618008.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 101122848.
d Add Amounts from column (e) for lines 18 2,986,630 19 26b 14618008					26d 20155644.
e Public support (line 26c minus line 26d total)					26e 80967204.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 80.0682 %
27 Organizations described on line 12	a For amounts included in lines 15, 16 and 17 that were received from a "disqualified person" attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year				NOT APPLICABLE
	(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person attach a list 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 11, as well as individuals.) 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	(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23 column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

	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?		
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?		
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? 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  a  if the organization belongs to an affiliated group  
 Check here  b  if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
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 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	41	
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 9 of the instructions )

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

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

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 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)			

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 9 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

Table with columns 'Yes' and 'No'. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked with an 'X'.

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The first row contains 'N/A'.

52a 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 (X) No

b If "Yes" complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The first row contains 'N/A'.

**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

Employer identification number

**UNITED WAY OF THE CAPITAL AREA, INC**

**06-0646653**

Organization type (check only one) - Section  501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note: This form is generally not open to public inspection except for section 527 organizations**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General Rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

Name of organization

Employer identification number

**UNITED WAY OF THE CAPITAL AREA, INC**

**06-0646653**

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		1,305,798.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
2		655,000.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
3		620,664	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
4		575,025	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
5		515,000.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
6	OTHER CONTRIBUTIONS	21,800,370.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

**UNITED WAY OF THE CAPITAL AREA, INC**

**06-0646653**

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7	GRANTS	41,917.	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

GOVERNMENT  
GRANTS  
-----

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
-----

VAR 1,305,798.

VAR 655,000.

VAR 620,664.

VAR 575,025.

VAR 515,000.

VAR 21,800,370.

41,917.

OTHER CONTRIBUTIONS

GRANTS

TOTAL CONTRIBUTION AMOUNTS  
-----  
25,471,857.  
=====

-----  
41,917.  
=====

SCH A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11  
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	8,334,400.	2,022,457.	6,311,943.
	3,073,427.	2,022,457.	1,050,970.
	3,951,827.	2,022,457.	1,929,370.
	5,387,263.	2,022,457.	3,364,806.
	3,309,869.	2,022,457.	1,287,412.
	2,514,234.	2,022,457.	491,777.
	2,204,187.	2,022,457.	181,730.
TOTAL	28,775,207.		14,618,008.

Form 990, Part 1, Line 8, Sale of Assets

Description

Proceeds from the Sale of Publicly Held Securities	\$5,479,932
Basis	<u>\$5,077,498</u>
Gain on the Sale of Publicly Held Securities	<u><u>\$402,434</u></u>

FORM 990, PART I - PAYMENTS TO AFFILIATES

DESCRIPTION

AMOUNT

PAYMENTS TO NATIONAL  
ORGANIZATION

190,370.

TOTAL

190,370.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

---

---

DESCRIPTION

---

AMOUNT

---

UNREALIZED LOSS ON INVESTMENTS

1,225,479.

---

TOTAL

1,225,479.

---

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FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

AGENCY GRANTS & ALLOCATIONS  
SEE STATEMENT 4A

EXEMPT ORGANIZATION

18,752,405

AMOUNTS DESIGNATED TO COMBINED HEALTH APPEAL

3,814,410

AMOUNTS DESIGNATED BY DONORS

4,839,651

-----

TOTAL CONTRIBUTIONS PAID

27,406,466

=====

Form 990, Part II - Grants & Allocations Paid during the Year

The United Way of the Capital Area, Inc Grants & Allocations benefit 125 agencies

Employment, Legal & Basic Material Needs	3,722,767
Mobilization and Resource Development	4,033,635
Health & Health Related	3,787,716
Family and Individual	1,568,774
Social Group Services	3,358,635
Youth and Other Priority Initiatives	
Affiliate Organizations	2,250,878
Special Projects	<u>30,000</u>
Total Contributions Paid	<u><u>18,752,405</u></u>

FORM 990, PART II - OTHER EXPENSES  
=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	99,293.	19,368.	20,729.	59,196.
PROMOTIONS	249,405.	34,565.	14,011.	200,829.
VOLUNTEER & AGENCY DEVELOPMENT	4,805.	1,428.	2,367.	1,010.
DUES & SUBSCRIPTIONS	32,150.	11,213.	14,079.	6,858.
INSURANCE	67,060.	23,128.	11,947.	31,985.
MISCELLANEOUS AND OTHERS	43,908.	12,855.	11,152.	19,901.
ESTIMATED UNCOLLECTABLE	2,399,384.	2,399,384.		
INVESTMENT FEES	53,090.		53,090.	
LESS ALLOCATED RENTAL EXPENSES	-145,265.		-145,265.	
OTHER THAN DEPRECIATION				
TOTALS	2,803,830.	2,501,941.	-17,890.	319,779.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

ASSESS ON A CONTINUING BASIS THE NEED FOR HUMAN SERVICE PROGRAMS; TO  
SEEK SOLUTIONS TO HUMAN PROBLEMS; TO ASSIST IN THE DEVELOPMENT OF NEW  
OR THE EXPANSION OR MODIFICATION OF EXISTING HUMAN SERVICE PROGRAMS;  
TO PROMOTE PREVENTIVE ACTIVITIES, AND FOSTER COOPERATION AMONG LOCAL,  
STATE AND NATIONAL ORGANIZATIONS SERVING THE COMMUNITY.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CORPORATE BONDS	7,910,795.	9,324,845.
U.S. GOVERNMENT SECURITIES	5,105,215.	1,642,822.
COMMON AND PREFERRED STOCKS	2,114,951.	7,059,615.
TOTALS	<u>15,130,961.</u>	<u>18,027,282.</u>

## Form 990, Part IV, Land, Buildings, and Equipment, Line 57

Description	<u>6/30/00</u>	<u>6/30/01</u>
Building	\$ 2,251,476	\$ 2,299,051
Improvements	332,976	332,976
Equipment	<u>841,457</u>	<u>910,772</u>
Total	3,425,909	3,542,799
Less Accumulated Depreciation	<u>(1,262,181)</u>	<u>(1,478,758)</u>
Net Assets Total to Line 57	<u>\$ 2,163,728</u>	<u>\$ 2,064,041</u>

Current Year Depreciation	\$ 216,575
Less Amount Allocated to Rental Expense	<u>37,318</u>
Total to Line 42	<u>\$ 179,257</u>

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
OTHER ASSETS	41,146.
TOTALS	----- 41,146. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: FLEET BANK  
 ORIGINAL AMOUNT. 1,600,000.  
 INTEREST RATE: 0.066000  
 DATE OF NOTE: 12/29/1992  
 MATURITY DATE: 01/01/2005  
 REPAYMENT TERMS: 16,604/MONTH  
 SECURITY PROVIDED: ENDOWMENT FUND PLEDGE AGREEMENT  
 PURPOSE OF LOAN: NOTE PAYABLE ON PURCHASE OF BUILDING

BEGINNING BALANCE DUE .....	772,270.
ENDING BALANCE DUE .....	619,875.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	772,270.
---	----------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	619,875.
--	----------

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO COMBINED HEALTH APPEAL	2,252,916.	2,568,433
NET UNEXPENDED AGENCY ALLOC.	6,915,763.	12,977,124.
TOTALS	9,168,679.	15,545,557.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

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---

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES	182,583
	-----
TOTAL	182,583.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

---

---

DESCRIPTION	AMOUNT
-----	-----
ESTIMATE OF UNCOLLECTIBLES	2,399,384.
DESIGNATIONS TO OTHERS	8,654,061
	-----
TOTAL	11,053,445.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	182,583.
	-----
TOTAL	182,583.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

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---

DESCRIPTION -----	AMOUNT -----
ESTIMATE OF UNCOLLECTIBLES	2,399,384.
DESIGNATIONS TO OTHERS	8,654,061.
	-----
TOTAL	11,053,445.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GEORGE BAHAMONDE C/O THE UNITED WAY OF THE CAPITAL AREA, INC. 30 LAUREL STREET HARTFORD, CT 06106	PRES/CEO 40HRS/WK	151,410.	55,501.	2,199.
SUSAN DUNN C/O THE UNITED WAY OF THE CAPITAL AREA, INC. 30 LAUREL STREET HARTFORD, CT 06106	SENIOR VP 40HRS/WK	92,225.	10,958.	NONE
SEE ATTACHED STATEMENTS FOR OFFICERS, DIRECTORS, & TRUSTEES WHO DO NOT RECEIVE COMPENSATION	AS REQ'RD. NONE	NONE	NONE	NONE
GRAND TOTALS		243,635.	66,459.	2,199.

United Way of the Capital Area  
Board of Directors  
2001-2002

Sylvia Alexander	Sally King
Phillip Arnold	Betty Kuehnel
Allan Baker	Thomas Mahar
Chester Paul Beach	William Malchodi
Beverly Boyle	Shawn J Maynard
Craig F Buhrendorf	Pnscilla D McManus
Clarence E Byers	John J Meehan
Joseph Byrka	Robert J Metzler II
Howard L Carver	William Newton
David A Chabot	Louis B Obermeier, Board Chairman
Michael Cheshire	Rodney, D Powell
Susan Christensen	The Rt Rev Wilfrido Ramos-Orench
Ronald A Copes	Leslie Robertson
Timothy Coppage	Lewis J Robinson
Harry DerAsadounan	Marc Romanow
Joel Freedman	Penny Sanchez-Burruss
Elizabeth S Gagne	Susan Sappinton, Secretary
James F Gleason	Earl Schofield
Lou J Golden	James E Searson
Samuel C Hamilton	Helene H Shay
Robert J Hoey	Mane M Spivey
Chandler J Howard	Margaret Steeves
Lorraine S Hritcko	Edward G Sullivan, Board Treasurer
Richard M Kaplan	Edwin Vargas, Jr
Barbara King	William B Weber
Clarke King	Lindsey Wellman

All directors maybe reached through  
United Way of the Capital Area  
30 Laurel Street  
Hartford, CT 06106  
(860) 493-6800

Statement 15A

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

NAME OF ORGANIZATION	STATUS
UNITED WAY OF NORTH CENTRAL CONNECTICUT	EXEMPT
WINDHAM REGION UNITED WAY	EXEMPT
UNITED WAY OF NEW BRITAIN/BERLIN	EXEMPT
AVON UNITED FUND	EXEMPT
CANTON UNITED FUND	EXEMPT
FARMINGTON COMMUNIITY CHEST	EXEMPT
UNITED WAY OF MANCHESTER	EXEMPT

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

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ANY AND ALL SALES, EXCHANGES, OR LEASING OF PROPERTY WERE ENTERED AT  
ARMS LENGTH AND IN THE ORDINARY COURSE OF BUSINESS.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

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APPLICATIONS FROM INDIVIDUALS OR ORGANIZATIONS SEEKING GRANTS OR LOANS ARE REVIEWED TO DETERMINE THAT THE INDIVIDUAL OR ORGANIZATION WILL USE THE FUNDS FOR CHARITABLE PURPOSES AS DESCRIBED IN THE INTERNAL REVENUE CODE SECTION 170(C)(1) AND 170(C)(2). THE UNITED WAY OF THE CAPITAL AREA, INC. SUPPORTS ORGANIZATIONS AND INDIVIDUALS IN THE AREAS OF HEALTH AND HEALTH RELATED SUPPORT, FAMILY AND SOCIAL GROUP SERVICES, YOUTH AGENCIES AND OTHER PRIORITY INITIATIVES.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	1999	1998	1997	1996	TOTAL
MISCELLANEOUS REVENUE	649,755.	459,460.	746,191.	695,600.	2,551,006
TOTALS	649,755.	459,460.	746,191.	695,600.	2,551,006.

If filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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 - Must File Original and One Copy

Name of Exempt Organization: T-E UNITED WAY OF THE CAPITAL AREA, INC
Employer Identification number: 06-0646653
Number street, and room or suite no: 30 LAUREL STREET
City, town or post office state, and ZIP code: HARTFORD, CT 06106

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.

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)
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 MAY 15, 2002
5 For calendar year, or other tax year beginning JULY 1, 2000 and ending JUNE 30, 2001
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 NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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 \$ 0
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 \$ 0
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 \$ 0

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: Robert J. Butley Jr
Title: CPA
Date: 2-5-02
KPMG LLP I D #13-5565207
99 HIGH STREET, BOSTON MA 02110-237'

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 due date of the return for which an extension was requested
Other

EXTENSION APPROVED
FEB 21 2002

LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

RECEIVED
FEB 13 2002
OGDEN III

Director: LINDA WEISKOPF
Date: FEB 21 2002

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

Name: KPMG LLP / P CONNELLY
Number and street (include suite, room, or apt no) Or a P O box number: 99 HIGH STREET, SUITE 2300
City or town, province or state, and country (including postal or ZIP code): BOSTON, MA 02110

Form **8868**

(December 2000)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II on page 2 of this form

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	THE UNITED WAY OF THE CAPITAL AREA, INC.	06-0646653
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	30 LAUREL STREET City, town or post office, state, and ZIP code For a foreign address, see instructions	
	HARTFORD, CT 06106	

### Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning JULY 1, 2000, and ending JUNE 30, 2001

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

3a 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 \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c Balance Due Subtract line 3b from line 3a. 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 \$ 0

### 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 ▶

CPMG LLP, D #13-5565207  
75 STATE STREET, BOSTON, MA 02111-3227  
Title ▶ AGENT

Date ▶

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12 2000)