

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

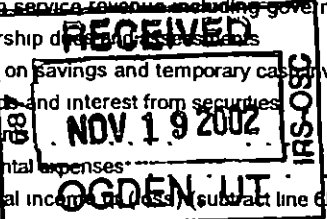
Part I: Organization information including name (UNITED WAY OF THE CAPITAL AREA, INC.), address (30 LAUREL STREET, HARTFORD, CT 06106-1374), and EIN (06-0646653).

Part II: Organization type (501(c)(3)), website (WWW.UWCACT.ORG), and gross receipts (33,758,996).

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

SCANNED DEC 05 2002

Main table with 21 rows detailing revenue (Total: 29,136,721) and expenses (Total: 27,213,955), resulting in a net asset increase of 1,922,766.



For Paperwork Reduction Act Notice, see the separate instructions

G13

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 21)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (attach schedule) (cash \$ 21,492,986 noncash \$), 23 Specific assistance to individuals (attach schedule), 24 Benefits paid to or for members (attach schedule), 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation depletion, etc (attach schedule), 43 Other expenses not covered above (itemize) STMT 4, 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15

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 [X] 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 24)

What is the organization's primary exempt purpose? STMT 5
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)

Table with 2 columns: Description, Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others). Rows include: a THE ORGANIZATION RAISES SUPPORT FOR ALLOCATION TO PARTICIPATING AGENCIES (Grants and allocations \$ 21,492,986) 24,109,955, b, c, d, e Other program services (attach schedule) (Grants and allocations \$), f Total of Program Service Expenses (should equal line 44, column (B), Program services) 24,109,955

Part IV Balance Sheets (See Specific Instructions on page 24)

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
45	Cash - non-interest-bearing	228,841	45	NONE
46	Savings and temporary cash investments	4,514,497	46	5,475,109
47a	Accounts receivable	47a 863,711		
b	Less allowance for doubtful accounts	47b	47c	863,711
48a	Pledges receivable	48a 15,654,102		
b	Less allowance for doubtful accounts	48b 3,044,000	48c	12,610,102
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	26,250	53	127,134
54	Investments - securities (attach schedule) STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	18,027,282	54	16,364,761
55a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments - other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 3,607,133		
b	Less accumulated depreciation (attach schedule) STMT 6A	57b 1,585,067	57c	2,022,066
58	Other assets (describe STMT 7)	41,146	58	NONE
59	Total assets (add lines 45 through 58) (must equal line 74)	37,651,528	59	37,462,883
60	Accounts payable and accrued expenses	2,221,635	60	1,044,683
61	Grants payable	2,768,892	61	4,896,887
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) STMT 8	619,875	64b	471,216
65	Other liabilities (describe STMT 9)	15,545,557	65	14,419,935
66	Total liabilities (add lines 60 through 65)	21,155,959	66	20,832,721
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	8,786,054	67	9,662,577
68	Temporarily restricted	45,017	68	143,857
69	Permanently restricted	7,664,498	69	6,823,728
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)	16,495,569	73	16,630,162
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	37,651,528	74	37,462,883

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 VI Other Information (See Specific Instructions on page 27)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note 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	850,105.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531190	5,184.	16	11,804.	
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	-279,440	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b ADMIN. FEES					277,600
c MISCELLANEOUS REV			01	627,214.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		5,184.		1,209,683.	277,600.
105 Total (add line 104, columns (B), (D), and (E))					1,492,467

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 32)

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 33)

(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 33)

- (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 it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

[Handwritten signature]

Date

11/14/02

JR, VP - FINANCE + MIS

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF THE CAPITAL AREA, INC.

Employer identification number

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
SUSAN DUNN C/O UNITED WAY	SENIOR VICE PRES 37.5 HRS/WK	98,142	12,260	NONE
PAULA GILBERTO C/O UNITED WAY	VP-COMMUNITY SRVCS 37.5 HRS/WK	71,112	12,352	NONE
LAURIE SYLLA C/O UNITED WAY	COMMUNITY COORDINATR 37.5 HRS/WK	55,000	14,575	NONE
MICHELLE HALE C/O UNITED WAY	FINANCE DIRECTOR 37.5 HRS/WK	52,001	13,437	NONE
CHRISTOPHER PHELPS C/ UNITED WAY	NETWORK ADMIN 37.5 HRS/WK	51,723	6,670	NONE
Total number of other employees paid over \$50,000 ▶	ONE			

Part II 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
KPMG LLP HARTFORD, CT	AUDIT & TAX SVCS	82,700
Total number of others receiving over \$50,000 for professional services ▶	NONE	

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

Schedule A (Form 990 or 990-EZ) 2001

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

		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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A or line I or Part VI-B) 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		X
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)		
	STMT 16		
a	Sale, exchange or leasing of property?	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
	STMT 17		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships student loans etc ? (See Note below)	X	
4	Do you have a section 403(b) annuity plan for your employees?	X	
Note 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			
	STMT 18		

Part IV: Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 7 of the instructions)

(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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

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)		

34a 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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- 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
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	41	
	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		
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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 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

Schedule of Contributors

2001

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization

Employer identification number

UNITED WAY OF THE CAPITAL AREA, INC

06-0646653

Organization type (check one)

Filers of

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note. Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

UNITED WAY OF THE CAPITAL AREA, INC

06-0646653

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		<u>1,251,775</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		<u>1,021,998.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		<u>675,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		<u>604,105.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		<u>49,057.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	OTHER CONTRIBUTIONS LESS THAN 2% OF CURRENT YEAR TOTAL	<u>24,042,319</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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
EXCESS CONTRIBUTIONS	9,862,532.	2,109,986.	7,752,546.
TOTAL	9,862,532.		7,752,546.

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

Description

Proceeds from the Sale of Publicly Held Securities	\$4,183,133
Basis	<u>\$4,462,573</u>
Realized Loss on the Sale of Publicly Held Securities	<u><u>(\$279,440)</u></u>

FORM 990, PART I - PAYMENTS TO AFFILIATES
=====

DESCRIPTION

AMOUNT

PAYMENTS TO NATIONAL
ORGANIZATION

194,531.

TOTAL

194,531.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSS ON INVESTMENTS	1,788,173.
TOTAL	----- 1,788,173. =====

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
AGENCY GRANTS & ALLOCATIONS SEE STATEMENT 3A	EXEMPT ORGANIZATION		10,956,142
COMMUNITY HEALTH CHARITIES			3,954,618
AMOUNTS DESIGNATED BY DONORS			6,582,226
TOTAL CONTRIBUTIONS PAID			21,492,986

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 Maternal Needs 2,172,348

Mobilization and Resource Development 2,635,767

Health & Health Related 1,971,704

Family and Individual 792,066

Social Group Services 1,957,644

Affiliate Organizations 1,426,613Total Contributions Paid 10,956,142

Community Health Charities 3,954,618

Amounts Designated by Donors 6,582,226Total to Part II, Line 22 21,492,986

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	168,621.	40,277.	43,774.	84,570.
PROMOTIONS	503,362.	73,495.	3,416.	426,451.
VOLUNTEER & AGENCY DEVELOPMENT	3,535.	893.	NONE	2,642.
DUES & SUBSCRIPTIONS	20,383.	11,607.	4,417.	4,359.
INSURANCE	42,088.	14,397.	7,972.	19,719.
MISCELLANEOUS AND OTHERS	62,747.	6,501.	45,830.	10,416.
ESTIMATED UNCOLLECTABLE	1,161,979.	1,161,979.		
INVESTMENT FEES	61,447.		61,447.	
LESS ALLOCATED RENTAL EXPENSES	-130,793.		-130,793.	
OTHER THAN DEPRECIATION				
TOTALS	1,893,369.	1,309,149.	36,063.	548,157.

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	9,324,845.	2,851,764.
U.S. GOVERNMENT SECURITIES	1,642,822.	1,539,074.
COMMON AND PREFERRED STOCKS	7,059,615.	6,282,278.
INVESTMENTS HELD IN TRUST		5,691,645.
	-----	-----
TOTALS	<u>18,027,282.</u>	<u>16,364,761.</u>

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

Description	<u>6/30/2001</u>	<u>6/30/2002</u>
Building	2,299,051	2,313,554
Improvements	332,976	332,976
Equipment	<u>910,772</u>	<u>960,603</u>
Total	3,542,799	3,607,133
Less Accumulated Depreciation	<u>(1,478,758)</u>	<u>(1,585,067)</u>
Net Assets Total to Line 57	<u><u>2,064,041</u></u>	<u><u>2,022,066</u></u>

Current Year Depreciation	222,904
Less Amount Allocated to Rental Expense	<u>107,740</u>
Total to Line 42	<u><u>115,164</u></u>

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
OTHER ASSETS	41,146.	NONE
TOTALS	41,146.	NONE

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: FLEET BANK
ORIGINAL AMOUNT: 1,600,000.
INTEREST RATE: 0.000660
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	619,875.
ENDING BALANCE DUE	471,216.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	619,875.
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	471,216.
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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO COMBINED HEALTH APPEAL	2,568,433.	2,229,807.
NET UNEXPENDED AGENCY ALLOC.	12,977,124.	12,190,128.
TOTALS	<u>15,545,557.</u>	<u>14,419,935.</u>

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

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	159,702.
TOTAL	----- 159,702. =====

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

DESCRIPTION -----	AMOUNT -----
ESTIMATE OF UNCOLLECTIBLES	1,161,979.
DESIGNATIONS TO OTHERS	10,536,844.

TOTAL	11,698,823.
	=====

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

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	159,702.

TOTAL	159,702.
	=====

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

DESCRIPTION -----	AMOUNT -----
ESTIMATE OF UNCOLLECTIBLES	1,161,979.
DESIGNATIONS TO OTHERS	10,536,844.

TOTAL	11,698,823.
	=====

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/WEEK	143,463.	43,965.	2,132.
SEE ATTACHED STATEMENT FOR OFFICERS, DIRECTORS, & TRUSTEES WHO DO NOT RECEIVE COMPENSATION	AS NEEDED	NONE	NONE	NONE
GRAND TOTALS		143,463.	43,965.	2,132.

United Way of the Capital Area, Inc.
06-0646653
Board of Directors
2002 – 2003

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

(a) Board Chairman

(b) Treasurer

All of the above Board members are volunteers and are not compensated

All directors may be reached through

United Way of the Capital Area, Inc
30 Laurel Street
Hartford, Ct 06106
(860) 493-6800

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

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

SEE FORM 990, PART V.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

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	2000	1999	1998	1997	TOTAL
MISCELLANEOUS REVENUE	751,371.	649,755.	459,460.	746,191.	2,606,777.
TOTALS	751,371.	649,755.	459,460.	746,191.	2,606,777.