

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE CAPITAL AREA, INC	D Employer identification number 06-0646653
	Number and street (or P O box if mail is not delivered to street address) Room/suite 30 LAUREL STREET	E Telephone number (860) 493-6800
	City or town, state or country and ZIP + 4 HARTFORD, CT 06106-1374	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	Please use IRS label or print or type See Specific Instructions	

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

G Web site **WWW.UWCACT.ORG**

J Organization type (check only one) 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates ▶

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

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

I Enter 4-digit GEN ▶

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

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶ **37,916,130**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1				
	a Direct public support	1a	26,649,890		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 26,649,890 noncash \$)	1d			26,649,890
	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			774,848
	6 a Gross rents	6a	104,880		
	b Less rental expenses	6b	224,880		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			-120,000
7 Other investment income (describe ▶)	7				
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		9,601,810	8a		
	b Less cost or other basis and sales expenses	9,788,143	8b		
	c Gain or (loss) (attach schedule) STMT 1A	-186,333	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			-186,333	
	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	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	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11			784,702
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			27,903,107
	Expenses	13 Program services (from line 44 column (B))	13		
14 Management and general (from line 44 column (C))		14			685,246
15 Fundraising (from line 44, column (D))		15			2,326,259
16 Payments to affiliates (attach schedule) STMT 2		16			237,721
17 Total expenses (add lines 16 and 44 column (A))		17			28,692,698
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-789,591
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			16,630,162
	20 Other changes in net assets or fund balances (attach explanation) STMT 3	20			-82,325
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			15,758,246

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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 page 21 of the instructions)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance to individuals, Benefits paid to or for members, Compensation of officers, directors, etc, Other salaries and wages, Pension plan contributions, Other employee benefits, Payroll taxes, Professional fundraising fees, Accounting fees, Legal fees, Supplies, Telephone, Postage and shipping, Occupancy, Equipment rental and maintenance, Printing and publications, Travel, Conferences, conventions and meetings, Interest, Depreciation, depletion etc, Other expenses not covered above, and Total functional expenses.

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 page 24 of the instructions)

Table with 2 columns: Description of program service accomplishments and Program Service Expenses. Row a: THE ORGANIZATION RAISES SUPPORT FOR ALLOCATION TO PARTICIPATING AGENCIES (Grants and allocations \$ 23,241,245) 25,443,472. Row b: (Grants and allocations \$) Row c: (Grants and allocations \$) Row d: (Grants and allocations \$) Row e: Other program services (attach schedule) (Grants and allocations \$) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 25,443,472

Part IV Balance Sheets (See page 24 of the instructions)

Note				(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing			45		
	46	Savings and temporary cash investments		5,475,109	46	3,363,459	
	47a	Accounts receivable	47a	215,469			
	b	Less allowance for doubtful accounts	47b		863,711	47c	215,469
	48a	Pledges receivable	48a	14,886,435			
	b	Less allowance for doubtful accounts	48b	2,450,000	12,610,102	48c	12,436,435
	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		127,134	53	311,122	
	54	Investments - securities (attach schedule) STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		16,364,761	54	17,304,907	
	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	3,648,481				
b	Less accumulated depreciation (attach schedule) STMT 6A	57b	1,797,686	2,022,066	57c	1,850,795	
58	Other assets (describe <input type="checkbox"/>)			58			
59	Total assets (add lines 45 through 58) (must equal line 74)		37,462,883	59	35,482,187		
Liabilities	60	Accounts payable and accrued expenses		1,044,683	60	1,108,682	
	61	Grants payable		1,757,466	61	1,261,099	
	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		471,216	64b	298,151	
	65	Other liabilities (describe <input type="checkbox"/>) STMT 9		17,559,356	65	17,056,009	
66	Total liabilities (add lines 60 through 65)		20,832,721	66	19,723,941		
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		9,662,577	67	9,019,194	
	68	Temporarily restricted		143,857	68	67,826	
	69	Permanently restricted		6,823,728	69	6,671,226	
	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, column (B) must equal line 21)		16,630,162	73	15,758,246	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		37,462,883	74	35,482,187	

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 page 27 of the instructions)

		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 statewide 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 15</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	X	
81a	Enter direct or indirect political expenditures. See line 81 instructions		
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? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	X	
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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
84b		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	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts included on line 12 for public use of club facilities	N/A	
87a	501(c)(12) orgs Enter a Gross income from members or shareholders	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)	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		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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
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, 2002 (See instructions)	49	
91	The books are in care of <u>A J MASCARO, JR</u> Telephone no <u>860-493-6810</u> Located at <u>30 LAUREL ST, HARTFORD, CT</u> ZIP + 4 <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 <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

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	774,848	
97 Net rental income or (loss) from real estate					
a debt-financed property . . .	531190	-27,365	16	-92,635	
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	-186,333	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b ADMIN FEES					156,267
c MISCELLANEOUS REV			01	628,435	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-27,365		1,124,315	156,267
105 Total (add line 104, columns (B), (D), and (E))					1,253,217

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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103B	ADMINISTRATIVE FEES ON AMOUNTS RAISED ON BEHALF OF OTHERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

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

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

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 Sign



Date 11/11/03

VICE PRESIDENT, FINANCE & MIS

Date _____ Check if self- Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

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

OMB No 1545-0047

2002

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 VP 37 5HRS/WK	106,339	13,469	NONE
PAULA GILBERTO C/O UNITED WAY	VP-COMMUNITY SERVICE 37 5HRS/WK	77,135	13,428	NONE
ANTHONY J MASCARO, JR C/O UNITED WAY	VP-FINANCE & MIS 37 5HRS/WK	77,590	9,494	NONE
KATHRYN ANDREWS C/O UNITED WAY	DIR -MKTG & COMMN 37 5HRS/WK	66,555	13,336	NONE
MICHELLE HALE C/O UNITED WAY	FINANCE DIRECTOR 37 5HRS/WK	54,693	14,548	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
ON-SITE SUPPORT SERVICES CORP ROCKY HILL, CT 06067	IT SUPPORT & CONSULT	83,575.
ACCESS INTERNATIONAL CAMBRIDGE, MA 02141	SOFTWARE SUPPORT	57,707
JACI CARROLL STAFFING WATERBURY, CT 06702	EMPLOYMENT AGENCY	57,031
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) 2002

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

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities (1), organizational structure (2), grants (3), and annuity plans (4). Includes sub-rows for STMT 16 and STMT 17.

Part IV Reason for Non-Private Foundation Status (See pages 3 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)
7 [] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [] A community trust Section 170(b)(1)(A)(vii) (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.)

Table with 2 columns: (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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	27,644,254	25,513,774	25,888,071	24,893,682	103,939,781
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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	1,026,795	1,188,747	976,456	818,653	4,010,651
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 19 904,814	751,371	649,755	459,460	2,765,400
23 Total of lines 15 through 22	29,575,863	27,453,892	27,514,282	26,171,795	110,715,832
24 Line 23 minus line 17	29,575,863	27,453,892	27,514,282	26,171,795	110,715,832
25 Enter 1% of line 23	295,759	274,539	275,143	261,718	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	2,214,317
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	4,357,858
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	110,715,832
d Add: Amounts from column (e) for lines 18 <u>4,010,651</u> 19 <u>2,765,400</u> 22 <u>2,765,400</u>		26d	111,339,099
e Public support (line 26c minus line 26d total)		26e	99,581,923
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	89.9437%

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

(2001) _____ (2000) _____ (1999) NOT APPLICABLE (1998) _____

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

(2001) _____ (2000) _____ (1999) _____ (1998) _____

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 from 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 1998 through 2001, prepare a list for your records to show, for each year the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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?		
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 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		(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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

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

Description

Proceeds from the Sale of Publicly Held Securities	\$9,601,810
Basis	<u>\$9,788,143</u>
Realized Loss on the Sale of Publicly Held Securities	<u>(\$186,333)</u>

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

DESCRIPTION -----	AMOUNT -----
PAYMENTS TO NATIONAL AND STATE ORGANIZATIONS	237,721.
TOTAL	----- 237,721. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	82,325.
TOTAL	----- 82,325. =====

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

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

Ensuring Children are Successful	4,472,724
Strengthening Families	1,217,056
Fostering Healthy & Safe Neighborhoods	2,172,861
Providing Basic Human Needs	838,956
Increasing Self-Sufficiency	1,633,820
Supporting Older Individuals	782,159
Affiliate Organizations	<u>1,127,947</u>
Total Contributions Paid	<u><u>12,245,523</u></u>
Community Health Charities	3,897,759
Grants & initiatives	127,666
Amounts Designated by Donors	<u>6,970,297</u>
Total to Part II, Line 22	<u><u>23,241,245</u></u>

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

RECIPIENT NAME AND ADDRESS

GRANTS PAID

AGENCY GRANTS & ALLOCATIONS
SEE STATEMENT 3A

EXEMPT ORGANIZATION

SEE STMT 3A

12,245,523

COMMUNITY HEALTH CHARITIES

3,897,759

AMOUNTS DESIGNATED BY DONORS

6,970,297

GRANTS & INITIATIVES

127,666

TOTAL CONTRIBUTIONS PAID

23,241,245

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROFESSIONAL FEES	229,848.	111,770.	39,760.	78,318.
PROMOTIONS	378,288.	9,341.	3,142.	365,805.
VOLUNTEER & AGENCY DEVELOPMENT	17,507.	4,815.	582.	12,110.
DUES & SUBSCRIPTIONS	31,061.	14,710.	11,638.	4,713.
INSURANCE	79,999.	69,426.	10,573.	NONE
MISCELLANEOUS AND OTHERS	8,002.	-1,299.	8,011.	1,290.
ESTIMATED UNCOLLECTABLE INVESTMENT FEES	571,600.	571,600.		
LESS ALLOCATED RENTAL EXPENSES OTHER THAN DEPRECIATION	78,364.	78,364.		
	-186,727.	-186,727.		
TOTALS	1,207,942.	672,000.	73,706.	462,236.

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, Land, Buildings, and Equipment, Line 57

Description	<u>6/30/2002</u>	<u>6/30/2003</u>
Building	2,313,554	2,313,554
Improvements	332,976	332,976
Equipment	<u>960,603</u>	<u>1,001,951</u>
Total	3,607,133	3,648,481
Less Accumulated Depreciation	<u>(1,585,067)</u>	<u>(1,797,686)</u>
Net Assets Total to Line 57	<u><u>2,022,066</u></u>	<u><u>1,850,795</u></u>

Current Year Depreciation	245,973
Less Amount Allocated to Rental Expense	<u>38,153</u>
Total to Line 42	<u><u>207,820</u></u>

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CORPORATE BONDS	2,851,764.	4,259,534.
U.S. GOVERNMENT SECURITIES	1,539,074.	103,688.
COMMON AND PREFERRED STOCKS	6,282,278.	7,402,542.
INVESTMENTS HELD IN TRUST	5,691,645.	5,539,143.
TOTALS	16,364,761.	17,304,907.

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	471,216.
ENDING BALANCE DUE	298,151.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	471,216.
---	----------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	298,151.
--	----------

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CAMPAIGN SUPPORT DUE TO COMMUNITY HEALTH CHARITIES	2,229,807.	1,907,571.
UNDISTRIBUTED AGENCY SUPPORT	12,190,128.	12,267,846.
DONOR DESIGNATIONS PAYABLE	3,139,421.	2,880,592.
	-----	-----
TOTALS	17,559,356.	17,056,009.
	=====	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
RENTAL EXPENSES	224,880.

TOTAL	224,880.
	=====

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

DESCRIPTION -----	AMOUNT -----
ESTIMATE OF UNCOLLECTIBLES	571,600.
DESIGNATIONS TO OTHERS	10,868,056.

TOTAL	11,439,656.
	=====

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

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES	224,880.
TOTAL	----- 224,880. =====

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

DESCRIPTION -----	AMOUNT -----
ESTIMATE OF UNCOLLECTIBLES	571,600.
DESIGNATIONS TO OTHERS	10,868,056.

TOTAL	11,439,656.
	=====

UNITED WAY OF THE CAPITAL AREA, INC.

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 37.5HRS/WK	160,097.	39,209.	1,789.
SEE ATTACHED STATEMENT FOR OFFICERS, DIRECTORS, & TRUSTEES WHO DO NOT RECEIVE COMPENSATION	AS NEEDED	NONE	NONE	NONE
GRAND TOTALS		160,097.	39,209.	1,789.

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

Sylvia Alexander	Joel Freedman	Louis B Obermeier
Allan Baker	Elizabeth S Gagne	Nancy Onken
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	Lewis J Robinson
Clarence E Byers	Richard M Kaplan	Susan J Sappington (a)
Joseph Byrka	Barbara King	Earl Schofield
Howard L Carver	Sally King	James E Searson
Michael Cheshire	Betty Kuehnel	Helene H Shay
Susan Christensen	Thomas Mahar	Marie M Spivey
Ronald A Copes	William Malchodi	Margaret Steeves
Paul D'Addabbo	Shawn J Maynard	Edward J Sullivan (b)
Harry DerAsadourian	John J Meehan	Dionn Tron
Mark Espinosa	William Newton	William B Weber
		Lindsley Wellman
		Paul Zimmerman

(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	2001	2000	1999	1998	TOTAL
MISCELLANEOUS REVENUE	904,814.	751,371.	649,755.	459,460.	2,765,400.
TOTALS	904,814.	751,371.	649,755.	459,460.	2,765,400.