

Department of the Treasury  
Internal Revenue Service

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

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

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

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - 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** **COPY**

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

City or town, state or county, and ZIP+4  
**HARTFORD, CT 06106-1374**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates \_\_\_\_\_

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

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).

**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.**

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received: <b>STMT 1</b>			
	<b>a</b> Direct public support	<b>1a</b>	<b>26,649,890.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>26,649,890.</b> noncash \$ _____)	<b>1d</b>		<b>26,649,890.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>774,848.</b>
	<b>6a</b> Gross rents	<b>6a</b>	<b>104,880.</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>	<b>224,880.</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>-120,000.</b>
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>9,601,810.</b>	<b>8a</b>		
	<b>9,788,143.</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule) <b>STMT 1A</b>	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<b>-186,333.</b>	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>784,702.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>27,903,107.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>25,443,472.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>685,246.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>2,326,259.</b>	
	<b>16</b> Payments to affiliates (attach schedule) <b>STMT 2</b>	<b>16</b>	<b>237,721.</b>	
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		<b>28,692,698.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-789,591.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>16,630,162.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>STMT 3</b>	<b>20</b>	<b>-82,325.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>15,758,246.</b>

For Paperwork Reduction Act Notice, see the separate instructions.

**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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 15 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>23,241,245</u> , noncash \$ _____)	23,241,245.	23,241,245.	STMT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	160,097.	112,067.	24,015.	24,015.
26	Other salaries and wages	1,965,021.	868,485.	38,373.	1,058,163.
27	Pension plan contributions				
28	Other employee benefits	715,487.	219,988.	246,791.	248,708.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	330,220.	21,905.	4,198.	304,117.
34	Telephone	48,857.	21,892.	6,204.	20,761.
35	Postage and shipping	58,837.	9,608.	1,620.	47,609.
36	Occupancy	241,679.	51,044.	124,159.	66,476.
37	Equipment rental and maintenance	210,694.	137,502.	17,424.	55,768.
38	Printing and publications				
39	Travel	40,896.	16,080.	8,734.	16,082.
40	Conferences, conventions, and meetings				
41	Interest	26,182.	26,182.		
42	Depreciation, depletion, etc. (attach schedule)	207,820.	45,474.	140,022.	22,324.
43	Other expenses not covered above (itemize): <u>STMT 5</u>	1,207,942.	672,000.	73,706.	462,236.
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	28,454,977.	25,443,472.	685,246.	2,326,259.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (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.)

What is the organization's primary exempt purpose? <u>STMT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>THE ORGANIZATION RAISES SUPPORT FOR ALLOCATION TO PARTICIPATING AGENCIES.</u>  (Grants and allocations \$ <u>23,241,245</u> )	<u>25,443,472.</u>
b _____  (Grants and allocations \$ _____)	
c _____  (Grants and allocations \$ _____)	
d _____  (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services).	<b>25,443,472.</b>

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

**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		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 ▶)			58	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		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 ▶ STMT 9)	17,559,356.	65	17,056,009.
<b>66 Total liabilities (add lines 60 through 65)</b>		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.
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		37,462,883.	74

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 page 26 of the instructions.)

**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	16,527,642.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		-82,325.
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify):		
	<u>STMT 10</u> \$		224,880.
	Add amounts on lines (1) through (4) ▶	b	142,555.
c	Line a minus line b . . . . . ▶	c	16,385,087.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		78,364.
(2)	Other (specify):		
	<u>STMT 11</u> \$		11,439,656.
	Add amounts on lines (1) and (2) . . ▶	d	11,518,020.
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	27,903,107.

a	Total expenses and losses per audited financial statements . . . . ▶	a	17,399,558.
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):		
	<u>STMT 12</u> \$		224,880.
	Add amounts on lines (1) through (4) . . ▶	b	224,880.
c	Line a minus line b . . . . . ▶	c	17,174,678.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		78,364.
(2)	Other (specify):		
	<u>STMT 13</u> \$		11,439,656.
	Add amounts on lines (1) and (2) . . ▶	d	11,518,020.
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	28,692,698.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 14		160,097.	39,209.	1,789.

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 page 26 of the instructions.

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? STMT 15	X	
b If "Yes," enter the name of the organization _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions 81a		
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	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
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
b 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	b 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	c Dues, assessments, and similar amounts from members		N/A
85d	d Section 162(e) lobbying and political expenditures		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	b 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	b 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 NONE; section 4912 NONE; section 4955 NONE		
89b	b 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 CONNECTICUT		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90b 49			
91	The books are in care of A. J. MASCARO, JR Telephone no. 860-493-6810 Located at 30 LAUREL ST., HARTFORD, CT ZIP + 4 06106		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See 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 <u>ADMIN. FEES</u> . . . . .					156,267.
c <u>MISCELLANEOUS REV.</u> . . . . .			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 Here**

Signature of officer: [Signature] Date: 11/11/03

Type or print name and title: A. J. MASCARO JR., VICE PRESIDENT, FINANCE & MIS

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**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 11-10-03 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP  
99 HIGH STREET  
BOSTON, MA 02110-2371

Preparer's SSN or PTIN (See Gen. Inst. W): P00037953  
EIN: 13-5565207  
Phone no.: 617-988-1000

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3),**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 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
<u>SUSAN DUNN</u> C/O UNITED WAY	SENIOR VP 37.5HRS/WK	106,339.	13,469.	NONE
<u>PAULA GILBERTO</u> C/O UNITED WAY	VP-COMMUNITY SERVICE 37.5HRS/WK	77,135.	13,428.	NONE
<u>ANTHONY J. MASCARO, JR</u> C/O UNITED WAY	VP-FINANCE & MIS 37.5HRS/WK	77,590.	9,494.	NONE
<u>KATHRYN ANDREWS</u> C/O UNITED WAY	DIR. -MKTG & COMMUN 37.5HRS/WK	66,555.	13,336.	NONE
<u>MICHELLE HALE</u> 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
<u>ON-SITE SUPPORT SERVICES CORP</u> ROCKY HILL, CT 06067	IT SUPPORT & CONSULT	83,575.
<u>ACCESS INTERNATIONAL</u> CAMBRIDGE, MA 02141	SOFTWARE SUPPORT	57,707.
<u>JACI CARROLL STAFFING</u> 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

JSA  
2E1210 1.000

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...
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts...
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?
4 Do you have a section 403(b) annuity plan for your employees?

Table with 3 columns: Question, Yes, No. Contains 'X' marks for questions 1, 2a, 2b, 2c, 2e, 3, and 4.

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.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b A community trust.
12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts...
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).

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 Schedules (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 for years (a) 2001, (b) 2000, (c) 1999, (d) 1998, and (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; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 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; 28 Unusual Grants.

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)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and compliance with Rev. Proc. 75-50.

**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.

<b>Limits on Lobbying Expenditures</b>		(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 -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(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:	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 12 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?

Table with columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; 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; 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. Row 1 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

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2002

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

[X] 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 -

[X] 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

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
1	[REDACTED]	1,019,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	1,090,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	[REDACTED]	680,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	[REDACTED]	496,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	LEGACIES AND REQUESTS	23,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	OTHER CONTRIBUTIONS LESS THAN 2% OF CURRENT YEAR TOTAL	23,341,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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><u>(\$186,333)</u></u>



FORM 990, PART I - PAYMENTS TO AFFILIATES

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DESCRIPTION

AMOUNT

PAYMENTS TO NATIONAL AND STATE  
ORGANIZATIONS

237,721.

TOTAL

237,721.

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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>12,245,523</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>23,241,245</u>

UNITED WAY OF THE CAPITAL AREA, INC.

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	SEE STMT. 3A	12,245,523.
COMMUNITY HEALTH CHARITIES			3,997,759.
AMOUNTS DESIGNATED BY DONORS			6,970,297.
GRANTS & INITIATIVES			127,686.
		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

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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	<u>16,364,761.</u>	<u>17,304,907.</u>



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

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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

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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.
	=====

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 COMMUNITY 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.

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	6,572,175.	2,214,317.	4,357,858.
TOTAL	6,572,175.		4,357,858.