

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

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 2001 calendar year, or tax year beginning 2001, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return (checked), Application pending

Please use IRS label or print or type See specific instructions BOYS & GIRLS CLUB OF KENOSHA, INC P O BOX 1761 KENOSHA, WI 53141-1761

D Employer identification number 39-1732935 E Telephone number 262 654-6200 F Accounting method Cash (checked) 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? No (checked) H(b) If yes, enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? No (checked) I Enter 4 digit group GEN M Check (checked) if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

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 1,974,575

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

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Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	60,227		60,227	
26 Other salaries and wages	26	1,258,403	1,055,103	203,300	
27 Pension plan contributions	27	12,772	5,725	7,047	
28 Other employee benefits	28	91,824	27,175	64,649	
29 Payroll taxes	29	116,074	93,090	22,984	
30 Professional fundraising fees	30				
31 Accounting fees	31	11,791		11,791	
32 Legal fees	32				
33 Supplies	33	56,133	31,320	24,813	
34 Telephone	34	24,316	6,510	17,806	
35 Postage and shipping	35	3,611	36	3,575	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	8,394	705	7,689	
39 Travel	39				
40 Conferences, conventions, and meetings	40	15,418	2,040	13,378	
41 Interest	41	3,737		3,737	
42 Depreciation, depletion, etc (attach schedule)	42	57,930	52,137	5,793	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	316,716	264,550	52,166	
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	2,037,346	1,538,391	498,955	0

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

What is the organization's primary exempt purpose? **SEE STATEMENT 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a <u>YOUTH RECREATION AND SOCIAL ACTIVITIES IN ORDER TO BUILD SELF-ESTEEM, VALUES AND PREVENT DRUG AND ALCOHOL INVOLVEMENT</u>	(Grants and allocations \$ _____)	1,538,391
b -----	(Grants and allocations \$ _____)	
c -----	(Grants and allocations \$ _____)	
d -----	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)		1,538,391

Part IV Balance Sheets (See 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	39,526	45	24,062
	46 Savings and temporary cash investments		46	32,047.
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable	178,863	49	124,403
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	7,170	53	9,497
	54 Investments — securities (attach schedule) SEE ST 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54	5,891
	55a Investments — land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	1,883,258	57a		
b Less accumulated depreciation (attach schedule) STATEMENT 7	880,989	57b	57c	
58 Other assets (describe ► SEE STATEMENT 8)	287,781	58	1,002,269.	
59 Total assets (add lines 45 through 58) (must equal line 74)	513,340	59	2,816.	
LIABILITIES	60 Accounts payable and accrued expenses	35,914	60	23,103
	61 Grants payable		61	
	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) SEE STATEMENT 9	18,913	64b	51,066
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	54,827	66	74,169	
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	458,513	67	1,126,816
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	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)	458,513	73	1,126,816.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	513,340	74	1,200,985.	

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.

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Part VI Other Information (See specific 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	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
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?		X
81a	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	b Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	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	30,000
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	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 85f 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	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	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.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>WISCONSIN</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	122
91	The books are in care of <u>WALLY GRAFFEN</u> Telephone number <u>262 654-6200</u> Located at <u>P O BOX 1761 KENOSHA, WI</u> ZIP + 4 <u>53141-1761</u>		
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 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 PLAYER FEES & SPONSOR					123,104
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					6,816
95 Interest on savings & temporary cash invmnts			14	1,451	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					88,938
102 Gross profit or (loss) from sales of inventory					7,825
103 Other revenue					
a _____					
b MISC REVENUE					5,314
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				1,451	231,997
105 Total (add line 104, columns (B), (D), and (E))					233,448

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 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)
1	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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.

Date 5/8/03

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

BOYS & GIRLS CLUB OF KENOSHA, INC

Employer Identification Number

39-1732935

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

(See 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
NONE				

Total number of other employees paid over \$50,000 ▶

0

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

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>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)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>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</p>		

Part IV Reason for Non-Private Foundation Status (See 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)
- 11 a 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)
- 11 b 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	254,764	462,945	383,362	468,812	1,569,883
16 Membership fees received	4,296	3,332	1,062	888	9,578
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	1,921	2,452	3,835	2,555	10,763
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. SEE STMT 13	845	1,790	218	397	3,250
23 Total of lines 15 through 22	261,826	470,519	388,477	472,652	1,593,474
24 Line 23 minus line 17	261,826	470,519	388,477	472,652	1,593,474
25 Enter 1% of line 23	2,618	4,705	3,885	4,727	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	31,869
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for Section 509(a)(1) test. Enter line 24, column (e)		26c	1,593,474
d Add Amounts from column (e) for lines 18 <u>10,763</u> 19 _____		26d	14,013
22 <u>3,250</u> 26b _____		26e	1,579,461
e Public support (line 26c minus line 26d total)		26f	99.12%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12	N/A
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	(2000) _____ (1999) _____ (1998) _____ (1997) _____
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	(2000) _____ (1999) _____ (1998) _____ (1997) _____
c Add Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____ 21 _____
d Add Line 27a total _____ and line 27b total _____	27c _____
e Public support (line 27c total minus line 27d total)	27d _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27g _____
	27h _____

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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.

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

**STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
FUNDRAISING EVENTS	112,341	0	112,341	23,403	88,938
TOTALS	<u>\$ 112,341</u>	<u>\$ 0</u>	<u>\$ 112,341</u>	<u>\$ 23,403</u>	<u>\$ 88,938</u>

**STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

CONCESSIONS	\$ 25,575
GROSS SALES	\$ 25,575
LESS RETURNS & ALLOWANCES	0
NET SALES	\$ 25,575
LESS COST OF GOODS SOLD	17,750
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 7,825</u>

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CONTRIBUTION NET ASSETS CYC	\$ 772,227
TOTAL	<u>\$ 772,227</u>

**STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DRUG TESTING	5,535	4,429	1,106	
INSURANCE	22,351	18,577	3,774	
MAINTENANCE	38,414	32,963	5,451	
MEMBERSHIPS & DUES	10,794		10,794	
MISCELLANEOUS	5,944		5,944	
PROGRAM ACTIVITES	147,263	147,263		
PUBLIC RELATIONS	1,850		1,850	
STAFF TRAINING	18,523	11,845	6,678	
SUBSCRIPTIONS & ADVERTISING	5,238	2,332	2,906	
UTILITIES	41,927	36,320	5,607	
VEHICLE	13,248	6,317	6,931	
WORKERS COMP	5,629	4,504	1,125	
TOTAL	<u>\$ 316,716</u>	<u>\$ 264,550</u>	<u>\$ 52,166</u>	<u>\$ 0.</u>

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

**STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROGRAMS FOR YOUTH RECREATION AND SOCIAL ACTIVITIES IN ORDER TO WORK TOWARD THE ORGANIZATION'S MISSION STATEMENT OF BUILDING SELF-ESTEEM, VALUES, AND PREVENTING GANG AND DRUG AND ALCOHOL INVOLVEMENT

**STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
150SH APPLERA CORP	COST	\$ 5,891
	TOTAL	\$ 5,891
TOTAL INVESTMENTS - SECURITIES		<u>\$ 5,891</u>

**STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC.</u>	<u>BOOK VALUE</u>
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 96,639	\$ 63,744	\$ 32,895
FURNITURE AND FIXTURES	185,911	111,741	74,170
BUILDINGS	964,678	546,572	418,106
IMPROVEMENTS	304,079	158,932	145,147
LAND	331,951		331,951
TOTAL	<u>\$ 1,883,258</u>	<u>\$ 880,989</u>	<u>\$ 1,002,269</u>

**STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS**

OVERPAYMENT PAYROLL TAXES		\$ 2,816
TOTAL		<u>\$ 2,816</u>

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

STATEMENT 9
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME	BANK ONE		
PURPOSE OF LOAN	LINE OF CREDIT		
BALANCE DUE		\$	36,765
LENDER'S NAME	US BANK		
SECURITY PROVIDED	VAN		
PURPOSE OF LOAN	VAN		
BALANCE DUE		\$	14,301
		\$	<u>51,066</u>
TOTAL		\$	<u><u>51,066</u></u>

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

CONTRIBUTION OF ASSETS		\$	772,227
TOTAL		\$	<u><u>772,227</u></u>

STATEMENT 11
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

COST OF SALES & SPECIAL EVENTS		\$	-41,152
TOTAL		\$	<u><u>-41,152</u></u>

STATEMENT 12
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

COST OF SALES & SPECIAL EVENTS		\$	-41,152
TOTAL		\$	<u><u>-41,152</u></u>

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

STATEMENT 13
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
WALTER GRAFFEN 3519 KENTUCKY ST RACINE, WI 53405	EXECUTIVE DIREC 40	\$ 60,227	\$ 1,780	\$ 0
EVERETT BUTLER 4127 32ND AVE KENOSHA, WI 53144	PRESIDENT NONE	0	0	0
SANDY WHITE 7505 41ST AVE KENOSHA, WI 53142	VICE PRESIDENT NONE	0	0	0.
CORY ANN ST MARIE-CARLS 625 52ND ST KENOSHA, WI 53140	VICE PRESIDENT NONE	0	0	0
RON STEVENS 5455 SHERIDAN RD KENOSHA, WI 53140	SECRETARY NONE	0	0	0
GARY HUTCHINS 4237 GREEN BAY RD KENOSHA, WI 53142	TREASURER NONE	0	0	0
MARK BORQUE	TRUSTEE NONE	0	0	0.
JOE ANDREA 2405 45TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
OLEN ARRINGTON 3925 32ND AVE KENOSHA, WI 53144	TRUSTEE NONE	0	0	0
CINDY BARBER 7500 GREEN BAY RD KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
BARBARA CAVALIERI 8700 12TH ST SOMERS, WI 53171	TRUSTEE NONE	0	0	0
TOM CARLS 5522 6TH AVE KENOSHA, WI 53140	TRUSTEE NONE	0	0	0

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RADE DIMITRIJEVIC	TRUSTEE NONE	\$ 0	\$ 0	\$ 0
STEVE GRIFFITHS	TRUSTEE NONE	0	0	0
HELEN HUNTOON	TRUSTEE NONE	0	0	0
JEFF MILKIE	TRUSTEE NONE	0	0	0
TONY GARCIA 3600 52ND ST KENOSHA, WI 53144	TRUSTEE NONE	0	0	0
JON PALMEN	TRUSTEE NONE	0	0	0
DAVID HOUGHTON 6233 39TH AVE KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
PAT QUILLING	TRUSTEE NONE	0	0	0
DAN KUGLER P O BOX 1430 KENOSHA, WI 53141-1430	TRUSTEE NONE	0	0	0
WILLIAM LABA 8700 75TH ST KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
CHARLES LABANOWSKY 7500 GREEN BAY RD #203 KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
NANA LOCICERO 3322 ROOSEVELT RD KENOSHA, WI 53142	TRUSTEE NONE	0	0	0

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GLENN MADRIGRANO 2437 CHICORY RD RACINE, WI 53403	TRUSTEE NONE	\$ 0	\$ 0	\$ 0
KATHERINE MARKS 1821 65TH ST KENOSHA, WI 53143	TRUSTEE NONE	0	0	0
MARK MCCARTHY 625 52ND ST #98 KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
ANITA MC MILLER 4316 39TH AVE KENOSHA, WI 53144	TRUSTEE NONE	0	0	0
JOHN MORRISSEY 4308 80TH ST KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
DONALD ORTH 1000 58TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
LOUIS PERRINE 5145 SHERIDAN RD KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
JACK RICE 1619 21ST ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
ADELENE ROBINSON 1010 56TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
JEFFREY VALERI P O BOX 575 KENOSHA, WI 53141	TRUSTEE NONE	0	0	0
MICHAEL WEISS 7803 60TH AVE KENOSHA, WI 53142	TRUSTEE NONE	0	0	0
FRITZ SCHNEIDER	TRUSTEE NONE	0	0	0

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

39-1732935

4/30/03

04 27PM

STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM CUCCIARE	VICE PRESIDENT NONE	\$ 0	\$ 0	\$ 0
TOM TENUTA	TRUSTEE NONE	0	0	0
JIM VENTURA	TRUSTEE NONE	0	0	0
JOHN ANTARAMIAN 625 52ND ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
ROBERT JAMBOIS 912 56TH ST #312 KENOSHA, WI 53140	TRUSTEE NONE	0	0	0.
ALLAN KEHL 1010 56TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
DANIEL WADE 1000 55TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
LARRY ZARLETTI 1000 55TH ST KENOSHA, WI 53140	TRUSTEE NONE	0	0	0
DAVID BARNES	SECRETARY NONE	0	0	0
JACK WATERS	CHAIRMAN NONE	0	0	0
TOTAL		\$ 60,227	\$ 1,780	\$ 0

4/30/03

04 27PM

STATEMENT 14
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
94	NOMINAL MEMBERSHIP DUES PAID TO OBTAIN FULL USE OF ORGANIZATIONS PROGRAMS AND FACILITIES
93A	PLAYER AND SPONSOR FEES FOR SPORTS PROGRAMS
101	NET INCOME FROM FUNDRAISING EVENTS
102	GROSS PROFIT FROM CONCESSIONS SALES
103B	MISCELLANEOUS REVENUE