

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning , 2002, and ending

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

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 [X] Accrual

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? [X] No
H (b) If Yes enter number of affiliates
H (c) Are all affiliates included? [X] No
H (d) Is this a separate return filed by an organization covered by a group ruling? [X] No
I Enter 4-digit GEN

G Web site: N/A

J Organization type (check only one): [X] 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.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,410,574

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue and expenses. Includes a 'RECEIVED' stamp from NOV 17 2005, OGDEN, UT.

SCANNED DEC 0 1 '03

UNAUTHORIZED DISCLOSURE

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	66,782	66,782		
26	Other salaries and wages	26	1,496,667.	1,149,418	347,249	
27	Pension plan contributions	27	17,379	11,115	6,264	
28	Other employee benefits	28	163,128	109,454	53,674	
29	Payroll taxes	29	125,830	92,734	33,096	
30	Professional fundraising fees	30				
31	Accounting fees	31	12,479	10,800	1,679	
32	Legal fees	32				
33	Supplies	33	127,571	105,681	21,890	
34	Telephone	34	22,595	17,092	5,503	
35	Postage and shipping	35	3,608	1,646	1,962	
36	Occupancy	36	69,884.	54,048.	15,836	
37	Equipment rental and maintenance	37	10,316.	7,777	2,539	
38	Printing and publications	38	2,501.	1,335	1,166	
39	Travel	39				
40	Conferences, conventions, and meetings	40	13,454	5,129	8,325	
41	Interest	41	6,993		6,993	
42	Depreciation, depletion, etc (attach schedule)	42	80,092		80,092.	
43	Other expenses not covered above (itemize)					
a	SEE STATEMENT 4	43a	302,012	185,750	42,418	73,844.
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	2,521,291.	1,751,979	695,468	73,844.

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	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)
a YOUTH RECREATION AND SOCIAL ACTIVITIES IN ORDER TO BUILD SELF-ESTEEM, VALUES AND PREVENT DRUG AND ALCOHOL INVOLVEMENT (Grants and allocations \$ _____)	1,751,979.
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)	1,751,979.

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)		(B)		
		Beginning of year		End of year		
ASSETS	45 Cash – non interest bearing		24,062	45	155,718.	
	46 Savings and temporary cash investments		32,047.	46		
	47a Accounts receivable	47a	25,000			
	b Less allowance for doubtful accounts.	47b		47c	25,000.	
	48a Pledges receivable	48a	12,925.			
	b Less allowance for doubtful accounts.	48b		48c	12,925.	
	49 Grants receivable		124,403	49	161,010.	
	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		9,497	53	10,990.	
	54 Investments – securities (attach schedule)		5,891	54	7,696.	
	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	57a	1,940,034			
	b Less accumulated depreciation (attach schedule) STATEMENT 6	57b	961,080.	1,002,269	57c	978,954.
	58 Other assets (describe ▶ _____)		2,816	58		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,200,985	59	1,352,293		
LIABILITIES	60 Accounts payable and accrued expenses		23,103	60	290,389	
	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)		51,066	64b	118,151	
	65 Other liabilities (describe ▶ _____)			65		
66 Total liabilities (add lines 60 through 65)		74,169	66	408,540.		
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		1,126,816	67	943,753.	
	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, column (B) must equal line 21)		1,126,816	73	943,753.	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,200,985	74	1,352,293.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See 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	2,467,550
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 7 \$ 126,002		
	Add amounts on lines (1) through (4)	b	126,002
c	Line a minus line b	c	2,341,548
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,341,548

a	Total expenses and losses per audited financial statements	a	2,650,613
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 \$ 3,320		
(4)	Other (specify)		
	SEE STMT 8 \$ 126,002		
	Add amounts on lines (1) through (4)	b	129,322
c	Line a minus line b	c	2,521,291
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,521,291

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9				
-----		66,782	2,003	0

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 instructions

Part VI Other Information (See 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?		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
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	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b	N/A
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			
c Dues, assessments and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	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	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See 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 FACILITY CHARGES					2,765.
b PLAYER FEES & SPONSOR					242,602.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					3,897
95 Interest on savings & temporary cash invmnts			14	404	
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					177,289.
102 Gross profit or (loss) from sales of inventory			3	21,658.	
103 Other revenue a _____					
b FLOOD LOSS REIMBURSEM					25,000.
c MISC REVENUE					9,063.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				22,062	460,616.
105 Total (add line 104, columns (B), (D), and (E))					482,678.

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 10

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	0			
	0			
	0			
	0			

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.

Please  Date 11/14/03

EO

Date _____ Check if _____ Preparer's SSN or PTIN (see instructions) _____

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

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization

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 and 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
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> (Must equal amounts on line 38, Part VI A, or line 1 of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

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)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,699,974.	254,764.	462,945	383,362	2,801,045.
16 Membership fees received	6,816	4,296.	3,332	1,062	15,506
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	1,451	1,921	2,452	3,835	9,659.
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.					
23 Total of lines 15 through 22	1,708,241	260,981	468,729	388,259.	2,826,210
24 Line 23 minus line 17	1,708,241	260,981.	468,729	388,259	2,826,210
25 Enter 1% of line 23	17,082	2,610.	4,687	3,883	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24	26a	56,524.
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	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	2,826,210.
d Add Amounts from column (e) for lines 18 <u>9,659</u> 19 <u> </u> 22 <u> </u> 26b <u> </u>	26d	9,659.
e Public support (line 26c minus line 26d total)	26e	2,816,551
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.66%

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 (2001) _____ (2000) _____ (1999) _____ (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 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>	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 instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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 instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –			
Not over \$500,000	The lobbying nontaxable amount is –		
Over \$500,000 but not over \$1,000,000	20% of the amount on line 40.		
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
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)

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 non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

CLIENT 41955

BOYS & GIRLS CLUB OF KENOSHA, INC.

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**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	218,416	0	218,416.	41,127.	177,289
TOTAL	<u>\$ 218,416</u>	<u>\$ 0</u>	<u>\$ 218,416</u>	<u>\$ 41,127.</u>	<u>\$ 177,289</u>

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

CONCESSIONS	\$ 49,557.
GROSS SALES	\$ 49,557.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 49,557.
LESS COST OF GOODS SOLD	27,899.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 21,658.</u>

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

UNREALIZED SECURITY LOSSES	TOTAL \$ -3,320
	<u>\$ -3,320</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DRUG TESTING	4,110	640.	3,470.	
FUNDRAISING	73,844			73,844
INSURANCE	33,728	29,390.	4,338	
MEMBERSHIPS & DUES	12,469	75.	12,394.	
MISCELLANEOUS	4,406.	310.	4,096.	
PROGRAM ACTIVITES	120,503.	120,503.		
PUBLIC RELATIONS	5,007.		5,007.	
STAFF TRAINING	15,053.	11,942.	3,111.	
SUBSCRIPTIONS & ADVERTISING	3,051.	2,514	537.	
VEHICLE	12,696.	8,207	4,489.	
WORKERS COMP	17,145.	12,169	4,976.	
TOTAL	<u>\$ 302,012.</u>	<u>\$ 185,750</u>	<u>\$ 42,418.</u>	<u>\$ 73,844</u>

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BOYS & GIRLS CLUB OF KENOSHA, INC.

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**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 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 96,639.	\$ 73,445	\$ 23,194
FURNITURE AND FIXTURES	196,876	131,203	65,673.
BUILDINGS	964,678	576,358	388,320.
IMPROVEMENTS	349,890	180,074	169,816.
LAND	331,951		331,951
TOTAL	\$ 1,940,034	\$ 961,080	\$ 978,954

**STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

DIRECT EXPENSES	\$ 69,026
PASS THRU GRANTS	56,976
TOTAL	\$ 126,002

**STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

DIRECT EXPENSES	\$ 69,026.
PASS THRU GRANTS	56,976.
TOTAL	\$ 126,002

**STATEMENT 9
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	\$ 66,782.	\$ 2,003	\$ 0

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STATEMENT 9 (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
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
RADE DIMITRIJEVIC	TRUSTEE NONE	0	0	0.

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STATEMENT 9 (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
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.
GLENN MADRIGRANO 2437 CHICORY RD RACINE, WI 53403	TRUSTEE NONE	0.	0	0.

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BOYS & GIRLS CLUB OF KENOSHA, INC.

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STATEMENT 9 (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
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
TOM CUCCIARE	VICE PRESIDENT NONE	0.	0.	0.

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BOYS & GIRLS CLUB OF KENOSHA, INC.

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STATEMENT 9 (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 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 \$ 66,782.	\$ 2,003	\$ 0

STATEMENT 10
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
93B	PLAYER AND SPONSOR FEES FOR SPORTS PROGRAMS

STATEMENT 10 (CONTINUED)
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
101	NET INCOME FROM FUNDRAISING EVENTS
102	GROSS PROFIT FROM CONCESSIONS SALES
103C	MISCELLANEOUS REVENUE
93A	GYM RENT

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

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: BOYS & GIRLS CLUB OF KENOSHA, INC.
Employer identification number: 39-1732935
P O BOX 1761
KENOSHA, WI 53141-1761

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

Form 990 [X] Form 990-EZ [] Form 990-T [] Form 1041-A [] Form 5227 [] Form 8870 []
Form 990-BL [] Form 990-PF [] Form 990 T (trust other than above) [] Form 4720 [] Form 6069 []

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box []

If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN)
whole group check this box [] If it is part of the group, check this box [] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2003
5 For calendar year 2002, or other tax year beginning 20 and ending 20
6 If this tax year is for less than 12 months, check reason [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension: ADDITIONAL TIME NEEDED TO COMPLETE AUDIT OF FINANCIAL RECORDS

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
8c Balance due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 8/13/03

Notice to Applicant - To be Completed by the IRS

[X] We have approved this application. Please attach this form to the organization's return
[] We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return
[] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
[] We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
[] Other

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: VILLANI & BECKER S.C.
Number and street (include suite, room, or apartment number) or a P O box number: 6535 GREEN BAY ROAD
City or town, province or state, and country (including postal or ZIP code): KENOSHA, WI 53142