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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

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)

Open to Public Inspection

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 period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ATLANTIC COAST CONFERENCE		D Employer identification number 56-0599082
		Number and street (or P.O. box if mail is not delivered to street address) P.O. DRAWER ACC		Room/suite E Telephone number 336-854-8787
		City or town, state or country, and ZIP + 4 GREENSBORO, NC 27417		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? **N/A** Yes No (If "No," attach a list.)

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

I Enter 4-digit GEN _____

G Web site: _____

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.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **110,148,013.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	491,408.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 491,408. noncash \$ _____)	1d	491,408.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	107,041,104.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	300,769.	
5	Dividends and interest from securities	5	24,584.	
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe UNREALIZED GAIN ON SECURITIES)	7	229,965.	
8 a	Gross amount from sale of assets other than inventory	(A) Securities	764,860.	8a
b	Less: cost or other basis and sales expenses		1,030,339.	8b
c	Gain or (loss) (attach schedule)		<265,479.>	8c
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1	8d	<265,479.>	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 93)	11	1,295,323.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	109,117,674.	
13	Program services (from line 44, column (B))	13	103,074,450.	
14	Management and general (from line 44, column (C))	14	4,645,253.	
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	107,719,703.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,397,971.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	14,920,289.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	16,318,260.	

223001 01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

SCANNED Revenue FEB 24 '04

RECEIVED
 FEB 17 2004
 GREENSBORO, NC

613

7

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 (attach schedule) cash \$ 97660313 noncash \$	22 97,660,313.	97,660,313.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 447,277.	0.	447,277.	0.
26	Other salaries and wages	26 1,576,901.		1,576,901.	
27	Pension plan contributions	27 262,379.		262,379.	
28	Other employee benefits	28 212,593.		212,593.	
29	Payroll taxes	29 133,523.		133,523.	
30	Professional fundraising fees	30			
31	Accounting fees	31 27,186.		27,186.	
32	Legal fees	32 43,722.		43,722.	
33	Supplies	33 40,915.		40,915.	
34	Telephone	34 83,885.		83,885.	
35	Postage and shipping	35 55,705.		55,705.	
36	Occupancy	36 24,768.		24,768.	
37	Equipment rental and maintenance	37 75,869.		75,869.	
38	Printing and publications	38 41,758.		41,758.	
39	Travel	39			
40	Conferences, conventions, and meetings	40 580,248.		580,248.	
41	Interest	41 11,604.		11,604.	
42	Depreciation, depletion, etc. (attach schedule)	42 179,218.		179,218.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 6,261,839.	5,414,137.	847,702.	
44	<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 107,719,703.	103,074,450.	4,645,253.	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 (A) BELOW

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a	SEE STATEMENT 3	(Grants and allocations \$ 97,660,313.)	103,074,450.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		103,074,450.

Part IV Balance Sheets

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	11,480,750.	46	12,224,773.
	47 a Accounts receivable	47a 7,124,927.		
	b Less: allowance for doubtful accounts	47b	47c	7,124,927.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 5 STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,591,247.	54	2,796,551.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 3,081,818.			
b Less: accumulated depreciation	57b 1,151,115.	2,015,526.	57c	1,930,703.
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	20,699,218.	59	24,076,954.	
Liabilities	60 Accounts payable and accrued expenses	5,697,837.	60	7,677,602.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe CAPITAL LEASES)	81,092.	65	81,092.
66 Total liabilities (add lines 60 through 65)	5,778,929.	66	7,758,694.	
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	13,708,392.	67	15,224,327.
	68 Temporarily restricted	1,211,897.	68	1,093,933.
	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)	14,920,289.	73	16,318,260.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	20,699,218.	74	24,076,954.	

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

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	106828418.	a	Total expenses and losses per audited financial statements	▶	a	105312483.
b	Amounts included on line a but not on line 12, Form 990:					b	Amounts included on line a but not on line 17, Form 990:		
(1)	Net unrealized gains on investments	\$ _____			(1)	Donated services and use of facilities	\$ _____		
(2)	Donated services and use of facilities	\$ _____			(2)	Prior year adjustments reported on line 20, Form 990	\$ _____		
(3)	Recoveries of prior year grants	\$ _____			(3)	Losses reported on line 20, Form 990	\$ _____		
(4)	Other (specify):	\$ _____			(4)	Other (specify):	\$ _____		
	Add amounts on lines (1) through (4)	▶	b	0.		Add amounts on lines (1) through (4)	▶	b	0.
c	Line a minus line b	▶	c	106828418.	c	Line a minus line b	▶	c	105312483.
d	Amounts included on line 12, Form 990 but not on line a:					d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	\$ _____			(1)	Investment expenses not included on line 6b, Form 990	\$ _____		
(2)	Other (specify):				(2)	Other (specify):			
	STMT 7	\$ 2,289,256.				STMT 8	\$ 2,407,220.		
	Add amounts on lines (1) and (2)	▶	d	2,289,256.		Add amounts on lines (1) and (2)	▶	d	2,407,220.
e	Total revenue per line 12, Form 990 (line c plus line d)	▶	e	109117674.	e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	107719703.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(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
JOHN SWOFFORD ----- GREENSBORO, NC SEE ATTACHED LIST -----	COMMISSIONER 40+	447,277.	91,092.	0.
----- ----- ----- -----	OTHER OFFICERS/DIRECTORS			
----- ----- -----	<10	0.	0.	0.
----- ----- ----- ----- ----- ----- ----- ----- -----				
----- ----- ----- -----				
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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? If "Yes," attach schedule. Yes No Form 990 (2002)

Part VI Other Information		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	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	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 		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
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	85b	
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		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
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	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
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.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NOT REQUIRED		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 31		
91	The books are in care of <input type="checkbox"/> JOHN SWOFFORD Telephone no. <input type="checkbox"/> 336-854-8787		

Located at GREENSBORO, NC

ZIP + 4 27419

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 9					107,041,104.
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			14	300,769.	
96 Dividends and interest from securities			14	24,584.	
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 personal property					
99 Other investment income			18	229,965.	
100 Gain or (loss) from sales of assets other than inventory			18	<265,479.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTIES / SPONSORSHIPS			15	1,295,323.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,585,162.	107,041,104.
105 Total (add line 104, columns (B), (D), and (E))					108,626,266.

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).
▼	SEE STATEMENT 10

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
N/A	%			
	%			
	%			
	%			

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).

Please Sign Here: 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.

Signature of officer: *[Signature]* Date: 12/8/03 Type or print name and title: *John D. Swafford, Commissioner*

Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11/21/03 Check if self-employed: Preparer's SSN or PTIN: N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: SHARRARD, MCGEE & CO., P.A. P.O. BOX 5869 HIGH POINT, NC 27262

EIN: N/A Phone no.: (336) 884-0410

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

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 ATLANTIC COAST CONFERENCE	Employer identification number 56 0599082
--	---

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>FREDERICK E. BARAKAT</u> ----- GREENSBORO, NC	ASSOC. COMM. 40+ HOURS	200,693.	33,083.	
<u>JEFF ELLIOTT</u> ----- GREENSBORO, NC	ASSOC. COMM. 40+ HOURS	129,068.	24,795.	
<u>BERNADETTE MCGLADE</u> ----- GREENSBORO, NC	ASSOC. COMM. 40+ HOURS	141,084.	19,554.	
<u>SHANE LYONS</u> ----- GREENSBORO, NC	ASST. COMM. 40+ HOURS	114,062.	25,127.	
<u>MIKE FINN</u> ----- GREENSBORO, NC	ASST. COMM. 40+ HOURS	98,494.	22,601.	
Total number of other employees paid over \$50,000 ▶	5			

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>SMITH MOORE, LLP</u> ----- PO BOX 21927, GREENSBORO, NC 27420	LEGAL	208,805.
<u>BLUEGRASS PROMOTIONAL MARKETING</u> ----- 8334-L ARROW RIDGE BLVD, CHARLOTTE, NC 28273	50TH ANNIVERSARY CELEBRATION	56,350.
<u>MOORE, EPSTEIN, MOORE</u> ----- 4830 W KENNEDY BLVD, SUITE 340, TAMPA FL 33609	MARKETING AND ADVERTISING	126,503.
<u>REVOLUTION MARKETING, LLC</u> ----- 343 W. ERIE, SUITE 320, CHICAGO, IL 60610	50TH ANNIVERSARY CELEBRATION	212,841.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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.		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	X	
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments. SEE STATEMENT 12		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE STATEMENT 11	

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
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.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
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	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
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 sum of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
- (ii) Other assets
- b** 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
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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: **N/A**

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a 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: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS INVESTMENT ACCOUNTS	764,860.	1,030,339.	0.	<265,479.>
TO FORM 990, PART I, LINE 8	764,860.	1,030,339.	0.	<265,479.>

FORM 990 **OTHER EXPENSES** **STATEMENT** **2**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ATHLETIC EVENTS & TEAM REIMBURSEMENT	3,396,234.	3,396,234.		
VIDEO SERVICES	273,622.	273,622.		
SALES TAX	167,955.	167,955.		
DUES & MEMBERSHIPS	27,153.		27,153.	
OFFICIATING	285,347.	285,347.		
INSURANCE & BONDING	55,829.		55,829.	
MOVING EXPENSE	10,184.		10,184.	
BANK & INVESTMENT FEES	30,744.	11,079.	19,665.	
INTERNET FEES	43,600.		43,600.	
CONTRIBUTIONS	22,875.		22,875.	
MISCELLANEOUS	81,487.		81,487.	
CONTINGENCY	495,053.		495,053.	
AUTOMOBILE LEASING	15,619.		15,619.	
BUILDING MAINTENANCE	49,064.		49,064.	
MANAGEMENT COUNCIL	70,000.	70,000.		
MEDIA RELATIONS	328,529.	328,529.		
EXTERNAL RELATIONS	172,758.	172,758.		
COMPLIANCE	27,173.		27,173.	
CORPORATE DEVELOPMENT	42,471.	42,471.		
BOWL EXPENSES	475,949.	475,949.		
STUDENT ATHLETE WELFARE	110,837.	110,837.		
GAMBLING & DRUG EDUCATION	35,802.	35,802.		
ENHANCEMENTS	43,554.	43,554.		
TOTAL TO FM 990, LN 43	6,261,839.	5,414,137.	847,702.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

THE CONFERENCE EXISTS TO PROMOTE AND REGULATE INTER-COLLEGIATE ATHLETIC PROGRAMS FOR AND BETWEEN NINE MEMBER INSTITUTIONS, ALL OF WHICH ARE NON-PROFIT EDUCATIONAL INSTITUTIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	97,660,313.	103,074,450.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE ATTACHED STATEMENT			NONE	97660313.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				97660313.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES			1,878,955.		1,878,955.
TO 990, LN 54 COL B			1,878,955.		1,878,955.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	6
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY SECURITIES	917,596.		917,596.
TOTAL TO FORM 990, LINE 54, COL B	917,596.		917,596.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
NEEDY STUDENT FUNDS FROM NCAA	286,358.
SCHOLARSHIP FUND REVENUE	25,050.
REDUCTION IN BOWL REVENUES FOR CONFERENCE BOWL EXPENSES	475,949.
ACC BASKETBALL TOURNAMENT EXPENSES	1,477,617.
NEEDY STUDENT & SCHOLARSHIP INVESTMENT GAINS	24,282.
TOTAL TO FORM 990, PART IV-A	2,289,256.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
NEEDY STUDENT FUND ASSISTANCE	400,075.
ACC BASKETBALL TOURNAMENT EXPENSES	1,477,617.
SCHOLARSHIPS AWARDED AND EXPENSES	53,579.
CONFERENCE BOWL EXPENSES	475,949.
TOTAL TO FORM 990, PART IV-B	2,407,220.

FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	9
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
FOOTBALL BOWL GAMES					23,946,708.
FOOTBALL TELEVISION					22,186,000.
BASKETBALL TELEVISION					28,186,813.
NCAA BASKETBALL TOURN.					17,203,572.
OTHER FOOTBALL REVENUE					7,033,730.

ATLANTIC COAST CONFERENCE

56-0599082

ACC BASKETBALL TOURN.
OTHER BASKETBALL REV.

5,592,945.
2,891,336.

TO FORM 990, PART VII, LINE 93

107,041,104.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 REVENUES FROM VARIOUS ATHLETIC PROGRAMS ARE COLLECTED AND
DISTRIBUTED TO MEMBER INSTITUTIONS SUBJECT TO A BUDGET
PROVISION RETAINED BY THE CONFERENCE TO COVER MANAGEMENT AND
ADMINISTRATIVE EXPENSES OF PROMOTING AND REGULATING
INTERCOLLEGIATE ATHLETICS.

SCHEDULE A SUPPORTED ORGANIZATIONS - PART IV, LINE 13 STATEMENT 11

NAME OF SUPPORTED ORGANIZATION

LINE NO.

CLEMSON UNIVERSITY, DUKE UNIVERSITY, FLORIDA STATE UNIVERSITY,
GEORGIA INSTITUTE OF TECH., NC STATE UNIVERSITY, UNIVERSITY OF
MARYLAND; UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, UNIVERSITY
OF VIRGINIA, WAKE FOREST UNIVERSITY

13
13

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 12
PART III, LINE 3

LINE 4 - FUNDS ARE GRANTED ONLY TO MEMBER INSTITUTIONS OF HIGHER LEARNING
AND TO STUDENTS WHO ATTEND THE MEMBER INSTITUTIONS. ALL COLLEGES AND
UNIVERSITIES INVOLVED ARE 501 (C) (3) ORGANIZATIONS.

ATLANTIC COAST CONFERENCE
FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
YEAR ENDED JUNE 30, 2003
EIN 56-0599082

PART II, LINE 22 - GRANTS AND ALLOCATIONS

MEMBER INSTITUTIONS:	GENERAL	NEEDY STUDENT	TOTAL
CLEMSON UNIVERSITY	11,033,658	40,680	11,074,338
DUKE UNIVERSITY	9,854,921	53,437	9,908,358
FLORIDA STATE UNIVERSITY	11,384,921	50,964	11,435,885
GEORGIA INSTITUTE OF TECH.	11,234,921	45,041	11,279,962
NC STATE UNIVERSITY	10,819,921	36,584	10,856,505
UNIVERSITY OF MARYLAND	11,050,556	53,475	11,104,031
UNIVERSITY OF NORTH CAROLINA	9,784,920	49,532	9,834,452
UNIVERSITY OF VIRGINIA	10,784,920	47,194	10,832,114
WAKE FOREST UNIVERSITY	11,269,000	23,168	11,292,168
	<u>97,217,738</u>	<u>400,075</u>	<u>97,617,813</u>
 SCHOLARSHIPS:			
KYLEEN BELL			5,000
ZACHARY BREITENBACH			5,000
JENNY EVERETT			5,000
DIANA HENDERSON			2,500
ELIZABETH KELLER			5,000
CHARLES LENHARDT			5,000
JENNIFER POTZMAN			5,000
COURTNEY SOMMERS			2,500
JENNIFER STRASBURGER			5,000
GARY VISSER			2,500
			<u>42,500</u>
TOTAL			<u><u>97,660,313</u></u>

ATLANTIC COAST CONFERENCE
FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
YEAR ENDED JUNE 30, 2003
EIN 56-0599082

PART IV, LINE 57 - LAND, BUILDINGS, AND EQUIPMENT

DESCRIPTION:	<u>COST</u>	<u>ACCUM. DEPRECIATION</u>	<u>NET BOOK VALUE</u>
LAND	350,000	-	350,000
BUILDINGS	1,443,230	230,473	1,212,758
OFFICE FURNITURE & EQUIPMENT	547,277	361,098	186,180
VIDEO SERVICES EQUIPMENT	639,725	477,989	161,736
SPORTS/ATHLETIC EQUIPMENT	87,484	78,736	8,748
AUTOMOBILES	14,102	2,820	11,281
	<u>3,081,818</u>	<u>1,151,115</u>	<u>1,930,703</u>

ATLANTIC COAST CONFERENCE

ATLANTIC COAST CONFERENCE
OFFICERS

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Edwin G Wilson Wake Forest University

VICE-PRESIDENT

Carolyn M. Callahan University of Virginia

SECRETARY-TREASURER

Donn Ward North Carolina State University

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Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization ATLANTIC COAST CONFERENCE	Employer identification number 56-0599082
	Number, street, and room or suite no. If a P O box, see instructions. P.O. DRAWER ACC	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GREENSBORO, NC 27417	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 17, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2002**, and ending **JUN 30, 2003**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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 \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. 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 \$ **N/A**

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 ▶ *Jan A. Skelly* Title ▶ CPA Date ▶ 9/17/03

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)