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**Return of Organization Exempt From Income Tax**

**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>B</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	<b>C</b> Name of organization <b>THE BIG EAST CONFERENCE</b>		<b>D</b> Employer identification number <b>51-0244593</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>222 RICHMOND STREET 110</b>		<b>E</b> Telephone number <b>401-272-9108</b>
		City or town, state or country, and ZIP + 4 <b>PROVIDENCE, RI 02903</b>		<b>F</b> 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).

**G** Web site: **WWW.BIGEAST.ORG**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? **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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **68,465,385.**

**I** Enter 4-digit GEN: \_\_\_\_\_  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>775,081.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>775,081.</b> noncash \$ _____)	<b>1d</b>	<b>775,081.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>67,254,473.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>200,000.</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>220,858.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	<b>8a</b>		
	(B) Other	<b>8b</b>		
	Less: cost or other basis and sales expenses	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>14,973.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>68,465,385.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>67,615,544.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>1,443,841.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>69,059,385.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>&lt;594,000.&gt;</b>		
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>4,675,711.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>4,081,711.</b>	

SCANNED JUN 04 2004

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

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 \$ <b>61611004</b> noncash \$	22 61,611,004.	61,611,004.	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.	25 490,500.	294,300.	196,200.	0.
26 Other salaries and wages	26 1,309,398.	785,639.	523,759.	
27 Pension plan contributions	27 176,650.	105,990.	70,660.	
28 Other employee benefits	28 178,041.	106,825.	71,216.	
29 Payroll taxes	29 116,106.	69,664.	46,442.	
30 Professional fundraising fees	30			
31 Accounting fees	31 13,300.		13,300.	
32 Legal fees	32 46,575.	37,260.	9,315.	
33 Supplies	33 58,739.	35,243.	23,496.	
34 Telephone	34 70,092.	56,074.	14,018.	
35 Postage and shipping	35 71,382.	42,829.	28,553.	
36 Occupancy	36 288,290.	172,974.	115,316.	
37 Equipment rental and maintenance	37 21,291.	17,033.	4,258.	
38 Printing and publications	38 133,263.	133,263.		
39 Travel	39 176,784.	106,070.	70,714.	
40 Conferences, conventions, and meetings	40 396,523.	237,914.	158,609.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 22,409.	13,445.	8,964.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 1</b>	43e 3,879,038.	3,790,017.	89,021.	
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 69,059,385.	67,615,544.	1,443,841.	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? <b>SEE STATEMENT 2</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
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.)	
a <b>SEE STATEMENT 3</b>	
(Grants and allocations \$ _____)	67,615,544.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>67,615,544.</b>

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	4,122,259.	45	3,235,071.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 1,743,920.			
	b Less: allowance for doubtful accounts	47b	60,219.	47c 1,743,920.	
	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		50,148.	53 46,791.	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a Investments - land, buildings, and equipment; basis	55a			
	b Less: accumulated depreciation	55b		55c	
56 Investments - other	SEE STATEMENT 5	429,793.	56	525,465.	
57 a Land, buildings, and equipment; basis	57a 291,422.				
b Less: accumulated depreciation	STMT 6 57b 259,047.	54,784.	57c	32,375.	
58 Other assets (describe <input type="checkbox"/> )			58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>4,717,203.</b>	<b>59</b>	<b>5,583,622.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	23,617.	60	184,324.	
	61 Grants payable		61		
	62 Deferred revenue	17,875.	62	1,300,000.	
	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 <input type="checkbox"/> <b>DEPOSITS PAYABLE</b> )			65	17,587.
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>41,492.</b>	<b>66</b>	<b>1,501,911.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted	4,651,990.	67	4,019,804.	
	68 Temporarily restricted	23,721.	68	61,907.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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		
	<b>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)</b>		<b>4,675,711.</b>	<b>73</b>	<b>4,081,711.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>4,717,203.</b>	<b>74</b>	<b>5,583,622.</b>

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

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements 68,465,385. Row 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. Total 0. Row c: Line a minus line b 68,465,385. Row 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. Total 0. Row e: Total revenue per line 12, Form 990 (line c plus line d) 68,465,385.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements 69,059,385. Row b: Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities, (2) Prior year adjustments reported on line 20, Form 990, (3) Losses reported on line 20, Form 990, (4) Other. Total 0. Row c: Line a minus line b 69,059,385. Row 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. Total 0. Row e: Total expenses per line 17, Form 990 (line c plus line d) 69,059,385.

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

Table with 5 columns: (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. Row 1: SEE STATEMENT 7, [blank], 490,500., 45,546., 0. Rows 2-10: [blank].

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 [X] No Form 990 (2002)

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct or indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
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?
82b 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.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
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?
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87a 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of Telephone no.

Located at 222 RICHMOND STREET, PROVIDENCE, RI ZIP + 4 02903

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

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

	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	
<b>93</b> Program service revenue:					
<b>a</b> <b>SEE STATEMENT 8</b>				28,931,708.	38,322,765.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					200,000.
<b>95</b> Interest on savings and temporary cash investments			14	220,858.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> <b>MISCELLANEOUS INCOME</b>				14,973.	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		29,167,539.	38,522,765.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					67,690,304.

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).
<b>93</b>	REVENUES EARNED ARE FROM PARTICIPATION IN POST SEASON TOURNAMENTS. APPEARANCES BY MEMBER SCHOOLS PROMOTE THE PARTICIPATION IN INTERCOLLEGIATE ATHLETICS, THE MEMBER SCHOOLS & THE BIG EAST CONFERENCE

**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	%	OGDEN, UT		

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michael A. Tranquiere Date: May 14, 2004 Type or print name and title: MICHAEL A. TRANQUIERE

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 5-12-2004 Check if self-employed:  Preparer's SSN or PTIN: 037-92-8421

Firm's name (or yours if self-employed), address, and ZIP + 4: MULLEN, SCORPIO & CERILLI  
222 RICHMOND ST., SUITE 401  
PROVIDENCE, RI 02903

EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

**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

**THE BIG EAST CONFERENCE**

Employer identification number

**51 0244593**

**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>STANLEY WILCOX</u> ----- <u>222 RICHMOND STREET</u>	ASSOC. COMM. 40	136,000.	26,729.	
<u>TOM ODJAKJIAN</u> ----- <u>222 RICHMOND STREET</u>	ASSOC. COMM. 40	114,000.	23,953.	
<u>NICHOLAS CARPARELLI</u> ----- <u>222 RICHMOND STREET</u>	ASSOC. COMM. 40	110,000.	23,435.	
<u>W JOHN PAQUETTE</u> ----- <u>222 RICHMOND STREET</u>	ASSOC. COMM. 40	85,000.	20,199.	
<u>DONNA D. EGAN</u> ----- <u>222 RICHMOND STREET</u>	ASSOC. COMM. 40	82,000.	19,798.	
Total number of other employees paid over \$50,000 ▶	6			

**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>NONE</u> ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
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)? <b>SEE PART V, FORM 990</b>	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	
<b>Note:</b> 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 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

- 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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)		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 -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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

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

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
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.)

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
		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

**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:

	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

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER SOFTWARE	010197SL		3.00	16	4,200.			4,200.	4,200.		0.
2	COMPUTER SOFTWARE	010198SL		3.00	16	7,628.			7,628.	7,628.		0.
3	COMPUTER SOFTWARE	010100SL		3.00	16	1,267.			1,267.	1,056.		211.
4	COMPUTER SOFTWARE	080101SL		3.00	17	8,495.			8,495.	1,416.		2,832.
5	EQUIPMENT	010194SL		7.00	16	82,945.			82,945.	82,945.		0.
6	EQUIPMENT	010195SL		7.00	16	28,728.			28,728.	26,728.		2,000.
7	EQUIPMENT	010196SL		7.00	16	21,640.			21,640.	20,093.		1,547.
8	EQUIPMENT	010197SL		5.00	16	31,242.			31,242.	31,411.		0.
9	EQUIPMENT	010198SL		5.00	16	22,054.			22,054.	19,849.		2,205.
10	EQUIPMENT	010199SL		5.00	16	4,118.			4,118.	2,883.		824.
11	EQUIPMENT	010100SL		5.00	16	38,803.			38,803.	19,402.		7,761.
12	EQUIPMENT	010101SL		5.00	16	8,528.			8,528.	2,559.		1,706.
13	COMPUTER SOFTWARE	010199SL		3.00	16	8,885.			8,885.	8,885.		0.
14	FURNITURE	010197SL		7.00	16	2,650.			2,650.	2,084.		379.
15	FURNITURE	010100SL		7.00	16	14,950.			14,950.	5,340.		2,134.
16	RECEPTION DESK	061902SL		7.00	16	4,338.			4,338.			620.
17	DESK	090501SL		5.00	16	951.			951.	159.		190.
* TOTAL 990 PAGE 2						291,422.		0.	291,422.	236,638.	0.	22,409.
DEPR												

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PUBLIC RELATIONS COMPUTER & WEB-SITE MAINTENANCE	191,043.	154,837.	36,206.	
OFFICIATING	111,970.	89,576.	22,394.	
PHOTOGRAPHY	241,487.	241,487.		
AWARDS	11,393.	11,393.		
NCAA COMPLIANCE	55,706.	55,706.		
INSURANCE	211,564.	211,564.		
COSTS OF TOURNAMENTS - MBB & MFB	133,611.	106,889.	26,722.	
MISCELLANEOUS	1,002,312.	1,002,312.		
CROSSOVER FEES	9,547.	5,848.	3,699.	
NCAA GRANTS EXPENSE	25,000.	25,000.		
SCHOLARSHIPS	60,000.	60,000.		
COSTS OF NON BB & FB TOURNAMENTS	48,122.	48,122.		
WOMEN'S BASKETBALL BROADCAST	1,019,818.	1,019,818.		
CONTINGENCY	227,478.	227,478.		
SPECIAL ASSISTANCE GRANTS	73,093.	73,093.		
TOTAL TO FM 990, LN 43	456,894.	456,894.		
	3,879,038.	3,790,017.	89,021.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

## EXPLANATION

THE PURPOSE AND FUNCTION OF THE BIG EAST CONFERENCE (THE CONFERENCE) IS TO ESTABLISH AN ORGANIZATION TO SUPERVISE AND CONTROL INTERCOLLEGIATE ATHLETICS WITHIN THE SCOPE OF THE CONFERENCE, TO ENCOURAGE SOUND ACADEMIC PRACTICES FOR STUDENT-ATHLETES, TO ESTABLISH FRIENDLY RELATIONSHIPS AND HIGH STANDARDS

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

TO SUPERVISE AND CONTROL INTERCOLLEGIATE ATHLETES WITHIN THE SCOPE OF THE EDUCATIONAL PURPOSE OF THE CONFERENCE. ENCOURAGE SPORTSMANSHIP AND SOUND ACADEMIC PRACTICES FOR STUDENT ATHLETES & HIGH STANDARDS OF COMPETITIVE PERFORMANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		67,615,544.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
FOOTBALL ALLOCATION	BOSTON COLLEGE (FB)		NONE	4214484.
FOOTBALL ALLOCATION	UNIVERSITY OF MIAMI (FB)		NONE	7614484.
FOOTBALL ALLOCATION	UNIVERSITY OF PITTSBURGH (FB)		NONE	4739484.
FOOTBALL ALLOCATION	RUTGERS UNIVERSITY (FB)		NONE	2164484.
FOOTBALL ALLOCATION	SYRACUSE UNIVERSITY (FB)		NONE	2914484.
FOOTBALL ALLOCATION	TEMPLE UNIVERSITY (FB)		NONE	1639485.
FOOTBALL ALLOCATION	VIRGINIA TECH UNIVERSITY (FB)		NONE	5139484.
FOOTBALL ALLOCATION	WEST VIRGINIA UNIVERSITY (FB)		NONE	4914484.
BASKETBALL & CHAMPIONSHIP ASSIST	BOSTON COLLEGE (BB)		NONE	1988168.
BASKETBALL & CHAMPIONSHIP ASSIST	UNIVERSITY OF CONNECTICUT (BB)		NONE	2241400.



BASKETBALL & CHAMPIONSHIP ASSIST	GEORGETOWN UNIVERSITY (BB)	NONE	2118780.
BASKETBALL & CHAMPIONSHIP ASSIST	UNIVERSITY OF MIAMI (BB)	NONE	2037146.
BASKETBALL & CHAMPIONSHIP ASSIST	NOTRE DAME (BB)	NONE	2422942.
BASKETBALL & CHAMPIONSHIP ASSIST	UNIVERSITY OF PITTSBURGH (BB)	NONE	2244738.
BASKETBALL & CHAMPIONSHIP ASSIST	PROVIDENCE COLLEGE (BB)	NONE	2025077.
BASKETBALL & CHAMPIONSHIP ASSIST	RUTGERS UNIVERSITY (BB)	NONE	1991839.
BASKETBALL & CHAMPIONSHIP ASSIST	ST JOHN'S UNIVERSITY (BB)	NONE	2054298.
BASKETBALL & CHAMPIONSHIP ASSIST	SETON HALL (BB)	NONE	2038238.
BASKETBALL & CHAMPIONSHIP ASSIST	SYRACUSE UNIVERSITY (BB)	NONE	2349101.
BASKETBALL & CHAMPIONSHIP ASSIST	VILLANOVA UNIVERSITY (BB)	NONE	2076417.
BASKETBALL & CHAMPIONSHIP ASSIST	VIRGINIA TECH UNIVERSITY (BB)	NONE	672,131.
BASKETBALL & CHAMPIONSHIP ASSIST	WEST VIRGINIA UNIVERSITY (BB)	NONE	2009856.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>61611004.</u>

FORM 990	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	VALUATION METHOD	AMOUNT	
CSV OF INSURANCE	COST	525,465.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		525,465.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER SOFTWARE	4,200.	4,200.	0.
COMPUTER SOFTWARE	7,628.	7,628.	0.
COMPUTER SOFTWARE	1,267.	1,267.	0.
COMPUTER SOFTWARE	8,495.	4,248.	4,247.
EQUIPMENT	82,945.	82,945.	0.
EQUIPMENT	28,728.	28,728.	0.
EQUIPMENT	21,640.	21,640.	0.
EQUIPMENT	31,242.	31,411.	<169.>
EQUIPMENT	22,054.	22,054.	0.
EQUIPMENT	4,118.	3,707.	411.
EQUIPMENT	38,803.	27,163.	11,640.
EQUIPMENT	8,528.	4,265.	4,263.
COMPUTER SOFTWARE	8,885.	8,885.	0.
FURNITURE	2,650.	2,463.	187.
FURNITURE	14,950.	7,474.	7,476.
RECEPTION DESK	4,338.	620.	3,718.
DESK	951.	349.	602.
TOTAL TO FORM 990, PART IV, LN 57		291,422.	259,047.
			32,375.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL TRANGHESE 222 RICHMOND STREET PROVIDENCE, RI 02903	COMMISSIONER, 40	PRESIDENT 384,500.	29,175.	0.
JOHN MARINATTO 222 RICHMOND STREET PROVIDENCE, RI 02903	ASST COMMISS. 40	, SECRETARY, 106,000.	16,371.	0.
REV WILLIAM P. LEAHY BOSTON COLLEGE, CHESTNUT HILL BOSTON, MA 02167	BOARD MEMBER - BC 10	0.	0.	0.
PHILIP E. AUSTIN UNIV. OF CONNECTICUT, 352 MANSFIELD RD STORRS, CT 06269	BOARD MEMBER - CONNECTICUT 10	0.	0.	0.
RICHARD L. MCCORMICK RUTGERS UNIV., 83 SOMERSET STREET NEW BRUNSWICK, NJ 08903	BOARD MEMBER 10	RUTGERS UNIV 0.	0.	0.
JOHN J. DEGIOIA GEORGETOWN UNIV., 207 HEALEY, 3700 O ST, NW WASHINGTON, DC 20057	BOARD MEMBER - GEORGETOWN 40	0.	0.	0.
MARK NORDENBERG UNIV. OF PITT, 107 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	BOARD MEMBER - PITT 10	0.	0.	0.
PHILIP A. SMITH, OP PROVIDENCE COLLEGE PROVIDENCE, RI 02918	BOARD MEMBER - PROVIDENCE 10	0.	0.	0.
REV. DONALD J. HARRINGTON, CM ST JOHN'S UNIV., 8000 UTOPIA PARKWAY JAMAICA, NY 11439	BOARD MEMBER - ST. JOHNS 10	0.	0.	0.
MSGR. ROBERT T. SHEERAN SETON HALL UNIV, 400 SOUTH ORANGE AVENUE SOUTH ORANGE, NJ 07079	BOARD MEMBER - SETON HALL 10	0.	0.	0.

THE BIG EAST CONFERENCE

51-0244593

REV EDWARD A. MALLOY, CSC UNIVERSITY OF NOTRE DAME NOTRE DAME, IN 46556	BOARD MEMBER- NOTRE DAME 10	0.	0.	0.
KENNETH SHAW SYRACUSE UNIV., 300 TOLLEY, ADMIN BLDG SYRACUSE	BOARD MEMBER - SYRACUSE 10	0.	0.	0.
DAVID C. HARDESTY WEST VIRGINIA UNIVERSITY, STEWART HALL MORGANTOWN, WV	BOARD MEMBER WEST VIRGINIA 10	0.	0.	0.
REV EDMUND J. DOBBIN, OSA VILLANOVA UNIVERSITY, TOLLENTINE HALL VILLANOVA, PA 19085	BOARD MEMBER -VILLANOVA 10	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V		<u>490,500.</u>	<u>45,546.</u>	<u>0.</u>
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FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	8
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
POST SEASON TOURNAMENTS					30,413,748.	
TELEVISION & RADIO RIGH			07	27,857,639.		
CONFERENCE TOURNAMENTS					2,854,649.	
CORPORATE SPONSORS			15	963,635.		
LICENSING REVENUE			15	110,434.		
NCAA GRANTS IN AID					5,054,368.	
TO FORM 990, PART VII, LINE 93				<u>28,931,708.</u>	<u>38,322,765.</u>	

# 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	Name of Exempt Organization <b>THE BIG EAST CONFERENCE</b>	Employer identification number <b>51-0244593</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>222 RICHMOND STREET, NO. 110</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PROVIDENCE, RI 02903</b>	

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 ▶ *[Signature]* Title ▶ *CFO* Date ▶ *11-14-2003*

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

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.

Type or print

Name of Exempt Organization: THE BIG EAST CONFERENCE
Employer identification number: 51-0244593
Address: 222 RICHMOND STREET, NO. 110, PROVIDENCE, RI 02903

Check type of return to be filed (File a separate application for each return):
[X] Form 990, [ ] Form 990-EZ, [ ] Form 990-T (sec. 401(a) or 408(a) trust), [ ] 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 organization's four digit Group Exemption Number (GEN) [ ]

I request an additional 3-month extension of time until MAY 17, 2004
For calendar year [ ] or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003

State in detail why you need the extension: THE FINANCIAL AUDIT HAS NOT BEEN COMPLETED, THEREFORE THE ORGANIZATION NEEDS ADDITIONAL TIME TO COMPLETE THE FORM 990

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 \$
b 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 \$
c 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 \$ 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: [Signature] Title: CPA Date: 2-12-2004

Notice to Applicant - To Be Completed by the IRS
[ ] 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 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 the 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

By: [Signature] Date: FEB 27 2004

Director: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSIONS, OGDEN

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: MULLEN, SCORPIO & CERILLI
Address: 222 RICHMOND ST., SUITE 401, PROVIDENCE, RI 02903