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# Form 990

# **Return of Organization Exempt From Income Tax**

20**09** 

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

Department of the Treasury Internal Revenue Service

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

	or tile	2009	caienda	ir year, or ta	ax year beg	9			/01, <b>20</b>							50,	<b>20</b> 10		
B ch	eck if app		Please C	Name of organ	nization Col	lege Wo	rld S	eries	of O	maha	Inc.		D Em	ployer i	dentifica	tion n	umber		
	Addres		IDS T	Doing Busines									4	7-604	2402				
	1		print or	Number and s	street (or PO be	ox if mail is no	t delivere	d to stree	l address)		Room/s	suite	E Tel	ephone r	umber			_	
	Initial r	eturn	type See P	O. BOX	3307						-		(402	2) 55	4-44	104			
	Termin		Specific Instruc-	City or town, s	state or country,	and ZIP + 4									* *				
	Amend			MAHA. N	E 68103-	3307							<b>G</b> Gro	ss recei	ots \$		7,856	. 90	0.
	return Applica				s of principal									this a gro	up return i		Yes	_	No
	pendin	9	,									1		filiates? re all affilia	stee includ	1ed2	Yes	<del>                                     </del>	No
1 7	Γ <u>αν</u> - <u></u>	empt stat	us X	501(c) ( 3	) <b>◀</b> (inse	ort no. \	4947(a)(	1) or	527		<del></del>		٠,	"No " atta		_		ш	, ···
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		f organiz		Corporation	n Trust	Association		Other			L Year of f								NE
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Activities & Governance		AND :	PROMO	re ine o	MARA_CON	THONIII	. 5 50	POR1	OF AN	IAIEUI	K AIRL	E110			<b>-</b>		- <b>-</b>		· – –
ē	_																		
9					ie organizatior				or dispos	ed of mo	ore than 25	5% of	its net	assets	1 1			2.2	
8				_	of the governing										3		<del></del>	23	
			-		ng members of	-		•										23	
	5	Total nu	umber of	employees (I	Part V, line 2a	a)									5			5	
1					estimate if nec													150	
ļ	7 a	Total gr	oss unre	lated busines	ss revenue fro	om Part VIII,	column	(C), line	12						7a				
	b	Net unr	elated bu	isiness taxab	ole income fro	m Form 990-	-T, line 3	34		<u></u>	<del></del>				7b				
														r Year		Cı	rrent Y	ear	
ا ر	8	Contrib	utions an	d grants (Par	rt VIII, line 1h)	)							5	34,4	20.		548	,06	50.
exellae	9	Progran	n service	revenue (Pa	art VIII, line 2g	y)							6,6	15,2	21.	•	7,201	, 62	8.
	10	Investm	ent incor	ne (Part VIII,	, column (A), I	lines 3, 4, an	d 7d)						1	02,4	21.		107	,21	2.
-	11	Other re	evenue (f	Part VIII, colu	ımn (A), lines	5, 6d, 8c, 9c	c, 10c, a	nd 11e)							0.				0
1	12	Total re	venue - a	add lines 8 th	rough 11 (mu	ıst equal Par	rt VIII. cc	olumn (A	), line 12)				7,2	52,0	52.		7,856	. 90	00.
1	13	Grants	and simil	an amounts r	tad (Eaff) X	column (A).	lines 1-3	.)						80,0			169		
	14	Benefits	paid to		ers (Partix c	olumn (A) lu	ne 4)	<i>,</i>				-		,-	0.			,	0
	15	Salaries	other o	ompensation	, employee b	e690s (Part	IX colu	mn (A) I	nes 5-10						0.		145	7.7	
ĺ	16 -	Profess	9	athleth Bod	A(Pa/tOX.1colu		110	(, 4,, ,		<i>'</i>					0.			, , ,	0
	IV A	Total fu	Ιœ	Charth Charter	Part IX, colum						• • • • •				<del></del>				
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	17 10	Omer e	Apenses.	ነርነስፎ ነ	umn (A), Jines	. 1181110, 11	H•241)	 A) !:=: =			• • • • •	-		58,2	-		•		
	18	Total ex	wenses.	MUCHINES LLL	must equ	Jai Part IX, C	olumn (/	v, iine 2	۰. ا					38,2			7,618	-	
<u>,</u>	19	Revenu	ie iess ex	penses Sub	otract line 18 f	rom line 12	<u></u>	<u> </u>	· · · ·	<del></del>	· · · · ·			13,7			238	•	11.
Salances														ng of Y			nd of Y		
ਵ	20	rotal as	ssets (Pa	π X, line 16)		<u> </u>	<u></u>	<u></u>	<u></u>		<u>,</u>		<u>_</u>	10,5			3,454		
밁	21	i Utai ila	וווטוונופט (ר	att A, line 20	·····									25,5				, 91	
				•	Subtract line	21 from line	20	<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>	2,7	85,0	/1.		3,123	, 33	2.
a	rt II	Sig	nature E	lock															_
		Under	penalties	of perjury, 1 c	declare that I h	have examine	d this re	tum, incl	uding acc	ompanyın	g schedule	s and	statem	ents, an	d to the	e best	of my k	nowle	dge
		and be	iker it is	true, correct,	and complete	L Declaration	or prepa	rer (otne	r than on	cer) is b	ased on a	ii intori	mation	A) Which	n prepa	irer na	sany kr	owie	age
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se (	Only	if self-e address	s, and ZIP	13010	CALIFORNIA e preparer sho				· · · · · · · · · · · · · · · · · · ·	54-5336			Phone	no 🕨	4 (	)2-4  x	96-88 <b>Yes</b>	1	No

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Page 2

For	1990 (2009) 47 - 6042402 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
-	SUPPORT AND ORGANIZE THE NCAA COLLEGE WORLD SERIES BASEBALL
	TOURNAMENT AND PROMOTE THE OMAHA COMMUNITY'S SUPPORT OF AMATEUR
	ATHLETICS.
	ATRIBETICS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses\$
	SUPPORT AND ORGANIZE THE NCAA COLLEGE WORLD SERIES BASEBALL
	TOURNAMENT AND PROMOTE THE OMAHA COMMUNITY'S SUPPORT OF
	AMATEUR ATHLETICS.
	THAT BOX ATTEMPT TOO.
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ► 7,618,093.
	Form <b>990</b> (2009

Form 99	Sio (2009) 47-6042402		ſ	age 3
Part				
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes, "complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
•	complete Schedule D, Part III	8	x x	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		<del></del>	
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
•••	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° if "Yes," complete	<u></u> -	<del></del>	
_	Schedule D, Part VI			:
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes, "complete Schedule D, Part VII			:
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			:
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, "complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year?   If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	<u>''-</u>		
,	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
-	business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			=
	organization or entity located outside the United States? If "Yes, "complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
• •	to individuals located outside the United States? If "Yes, "complete Schedule F, Part III	16	1	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	- <del></del>		<del></del>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>'''</del>	<del>                                     </del>	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	1	
17	If "Yes, "complete Schedule G, Part III	10		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20	<del>                                     </del>	X
	the the eigenmental operate one of more needman. In rea, complete coneduct I			_^

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		Х
	24b through 24d and complete Schedule K If "No," go to question 25		_	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			ŀ
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		l	
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	·	28c	х	
	Part IV	29	X	+
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		X
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
-	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		X
	10 11010 7 m. 1 of 11 of	٠	990	(2009)

Form 9	o <sup>3</sup> o (2009) 47-6042402		F	Page 5
Par				
•			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
		-<	٠	
	Enter the number of Forms vv-29 included in line to Enter -0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	х	
2-	gaming (gambling) winnings to prize winners?			
28	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5	`.		· - +
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		-	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	_		
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		
·	Prohibited Tax Shelter Transaction?	5c		
6.a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>-</b> -		v
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year		;	
e	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	-8-		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the organization make any taxable distributions under section 4966?	9a		x
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
40	amounts due or received from them)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	L	
<u>u</u>	1 100, Other time difficult of tax exempt interest received of accorded during the year   120	Form	990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sect	ion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2_	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	Χ	L
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	-		
	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?   If "Yes,"			
•	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			i –
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			İ
	the organization's exempt status with respect to such arrangements?	16b		1
Sect	ion C. Disclosure			<del></del>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only			
10	available for public inspection. Indicate how you make these available. Check all that apply	,		
	Own website Another's website X Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization   KATHRYN MORRISSEY 5010 DODGE ST OMAHA, NE 68132			
	402-554-4422			
	102 001 3322			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per	Positi 약 호	osition (check all th					Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations

Form **990** (2009)

Form 990 (2009)  Part VII Section A. Officers, Directors, Tro	uatana Ka	En					u:~	47-6042402	tod Emple	24000/0			age 8
(A) Name and title	(B) Average hours per week			(0	C)	Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compens from rela organiza (W-2/1099-	able ation ated tions	Est ame comp fro orga and	(F) imated ount of other ensatio m the nization related	n d
											<del></del>		
Total	nited to thos	se liste	_	bov	e) w	ho red	ceiv	red more than \$100	,000 in			Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo	or or chind	tru ıvıdı	stee	e, 1	кеу е	mp	loyee, or highest	compens	ated	3	103	X
4 For any individual listed on line 1a, is the the organization and related organizations individual	sum of greater th	reportian \$	table 150	e c	om) )?	oensa If "Y	tion es,'	and other comp	pensation ule J for	such	4_		_X_
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accri	ue co	omp	ens	atıo	n fro	m	any unrelated o	rganization	for	5		х
Section B. Independent Contractors  1 Complete this table for your five highest	compensate	ed in	dep	end	lent	cont	raci	tors that received	more that	an \$10	0.000	of	
compensation from the organization (A)	· · · · · · · · · · · · · · · · · · ·						Τ	(B)		Γ	(C)		
Name and business add	ress					_	$\vdash$	Description of ser	vices	С	ompens	ation	
							+	-					
	-	•					<del>                                     </del>						
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nited	d to	thos	e li	sted above) who	received			990	

9E1050 2 000

Page 9

Par	t VIII	Statement of Revenue		47-6042402							
			7	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	548,060								
Se	g	Noncash contributions included in lines 1a-1f \$					-				
	h	Total Add lines 1a-1f		548,060							
Program Service Revenue			Business Code								
eve	2a	COLLEGE WORLD SERIES REVENUE	711210	6,514,483	6,514,483						
Ā	b	CONCESSION REVENUE	711210	687,145	687,145						
ξ	С										
Ser	d					<del></del>					
аЩ	e	- <del></del>									
ogr	f	All other program service revenue									
۵	g	Total Add lines 2a-2f	<b>.</b> ▶	7,201,628							
	3	Investment income (including dividends, interest other similar amounts) Attachment	3 ▶	107,212		· · · · · · · · · · · · · · · · · · ·	107,212				
	4	Income from investment of tax-exempt bond pro		0		<del></del>					
	5	Royalties · · · · · · · · · · · · · · · · · · ·	(III) Personal	0		<del></del>					
		, · · · · · · · · · · · · · · · · · · ·	(11) 1 01301141								
	6a	Gross Rents									
	ь	Less rental expenses		٠.	٠ ،	•	,				
	С	Rental income or (loss)		*			•				
	d	Net rental income or (loss) (i) Securities		00							
	7a	Gross amount from sales of	(ii) Other								
		assets other than inventory									
	þ	Less cost or other basis									
		and sales expenses									
	С	Gain or (loss)	L								
	d	Net gain or (loss)	. <u></u>	0							
ne	8a	Gross income from fundraising									
enne		events (not including \$									
-		of contributions reported on line 1c)									
ĸ		See Part IV, line 18 a									
Other Re	b	Less direct expenses b		-							
ō	C	Net income or (loss) from fundraising events	· <u>· · · · · · · · · · · · · · · · · · </u>	0			-				
	9a	Gross income from gaming activities			İ						
		See Part IV, line 19 a									
	b	Less direct expenses b									
	C	Net income or (loss) from gaming activities	· · · · · · · · • •	0			<del></del>				
	10a	Gross sales of inventory, less returns and allowances a									
		Less cost of goods sold b		-							
	<u> </u>	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	0							
	<u> </u>	MISCERATIEOUS REVENUE	Business Code								
	11a										
	ь										
	С										
	d	All other revenue									
	e	Total. Add lines 11a-11d		0							
	12	Total Revenue See instructions		7,856,900	7,201,628		107,212				

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . 169,056 169,056 Grants and other assistance to individuals in 0 the U S See Part IV, line 22 ...... Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . . . . . 0. Compensation of current officers, directors, 0. trustees, and key employees . . . . . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages . . . . . . . . . . . . . 145,788. 145,788 Pension plan contributions (include section 401(k) Ω and section 403(b) employer contributions) . . . 0. Other employee benefits . . . . . . . . . . . . . 0. 10 Fees for services (non-employees) 0 a Management . . . . . . . . . . . . . . . . . . 0. 0. c Accounting . . . . . . . . . . . . . . . . . . 0. 0. e Professional fundraising services See Part IV, line 17 0. f Investment management fees . . . . . . . . . . . 0. 405,346. 405,346. Advertising and promotion . . . . . . . . . 0. Office expenses . . . . . . . . . . . . . . . . 13 0. 0. 15 0. 16 0. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0. Conferences, conventions, and meetings . . . . 19 0. 20 0. 21 0. Depreciation, depletion, and amortization . . . . 0. 23 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a NCAA FEES 4,389,870. 4,389,870. 148,357. 148,357. b TICKET SELLING EXPENSE 825,734. 825,734. c SALES AND SEAT TAXES d EVENT\_RELATED\_\_\_\_ 1,197,451. 1,197,451. e ADMINISTRATION 336,491 336,491. f All other expenses \_\_\_\_\_\_ 7,618,093. 7,618,093. Total functional expenses Add lines 1 through 24f Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part >	<u> </u>			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	344,466.	1	312,805.
2		903,347.	2	626,985.
3			3	
4			4	15,308.
5		· · · · · · · · · · · · · · · · · · ·		
	employees, and highest compensated employees Complete Part II of		li	
	Schedule L		5	
6				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
ł	Part II of Schedule L		6	
Assets 4			7	
SS SS			8	
<b>▼</b> 9			9	
1 -	a Land, buildings, and equipment cost or 10a 13,541.			• •
	other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation		10c	13,315.
11	Investments - publicly traded securities	1,834,853.	11	2,438,306.
12	· · ·		12	
13			13	
14	· · ·		14	
15	Other assets See Part IV, line 11	27,927.	15	47,529.
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,110,593.	16	3,454,248.
17	Accounts payable and accrued expenses		17	5, 101, 2101
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	·	20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 52			<del>  -                                   </del>	
-   ₫	employees, highest compensated employees, and disqualified		·	
2:	persons Complete Part II of Schedule L		22	
23		311,380.	23	291,544.
24	· · · · · · · · · · · · · · · · · · ·	3227 0001	24	2,2,0111
25	Other liabilities Complete Part X of Schedule D	14,142.		39,372.
26	r en la companya de la companya de la companya de la companya de la companya de la companya de la companya de	325,522.		330,916.
<del>-   - "</del>	Organizations that follow SFAS 117, check here	320, 322.		330,710.
ဖွ	complete lines 27 through 29, and lines 33 and 34.			
8 27	Unrestricted net assets	2,440,605.	27	2,810,527.
हैं ह 28	Temporarily restricted net assets	344,466.	28	312,805.
m 29			29	,,,,,,,,
or Fund Balan	Organizations that do not follow SFAS 117, check here   and complete lines 30 through 34.			
			-	
Net Assets 33 30			30	
SS 31			31	
절 32		0 705 071	32	2 102 222
I		2,785,071.	33	3,123,332.
34	Total liabilities and net assets/fund balances	3,110,593.	34	3,454,248.

Form **990** (2009)

For	n 990 (2009)		Pa	ige 14
Pa	rt XI Financial Statements and Reporting			
-			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		i	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		ŀ
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

### SCHÉDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No 1545-0047 20**n**g Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 47-6042402 College World Series of Omaha Inc. Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d Type III - Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(ı) and (iii) below, the governing body of the supported organization? 11g(II) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (vii) Amount of (III) Type of organization (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify (vi) Is the organization in col organization (described on lines 1-9) in col (i) listed in your the organization in support above or IRC section (I) organized in the col (i) of your governing document? (see instructions)) support? No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

7656

Par	(Complete only if you check				b)(1)(A)(iv) a	ind 170(b)(1)(	A)(vi)
Sect	tion A. Public Support					,	·
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount		1			1	
	shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4		<u> </u>	]			
Sec	tion B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
				1			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc. (see	ee instructions)	<i></i> .			12	<del></del>
13	First five years If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	
Sec	tion C. Computation of Public Sup			<del></del>	<del>-</del>	<del></del>	
14	Public support percentage for 2009 (line						<u>%</u>
15	Public support percentage from 2008 Se						%
16a	33 1/3 % support test - 2009. If the o						
	this box and stop here. The organization						
b	33 1/3 % support test - 2008. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2	<del> </del>					
	or more, and if the organization me					•	•
	Part IV how the organization meets to			-			• • • • • • • • • • • • • • • • • • • •
_	organization						
þ	10%-facts-and-circumstances test -		-				
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization				-		
	supported organization						
18	Private foundation. If the organization instructions						
							990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sect	tion A. Public Support		<del></del>			<del></del>	<del></del>
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1				. ,			
·	membership fees received (Do not include						
	any "unusual grants ")	458,750	472,390	503,396	534,420	548,060	2,517,016
2	Gross receipts from admissions, merchandise	130,130	112/330	303,330	331,120	3.0,000	2/31:/010
-	sold or services performed, or facilities						
	furnished in any activity that is related to the	i					
	organization's tax-exempt purpose	5,293,492	5,502,441	6,072,250	6,615,220	7,201,628	30,685,031
3	Gross receipts from activities that are not an	3,233,432	3,302,111	0,072,230	0,013,220	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3070037031
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1 through 5	5,752,242	5,974,831	6,575,646	7,149,640	7,749,688	33,202,047
	Amounts included on lines 1, 2, and 3	3,732,242	37.27.17.031_	0/3/3/010	, , , , , , , , , , , , , , , , , , , ,	17/15/000	33/202/01/
	received from disqualified persons						
þ	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	fine 6)						33,202,047
Sec	tion B. Total Support						
Ca	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	5,752,242	5,974,831	6,575,646	7,149,640	7,749,688	33,202,047
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	134,755	164,769	163,488	102,420	107,212	672,644
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	134,755	164,769	163,488	102,420	107,212	672,644
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		6,139,600			7,856,900	33,874,691
14	First five years. If the Form 990 is for						. ( )
	organization, check this box and stop here			<u> </u>		<del></del>	
	tion C. Computation of Public Sur	<del></del>		(0)		· · · · · ·	00 01 0
15	Public support percentage for 2009 (line 8, c	• •	-			15	98.01%
16	Public support percentage from 2008 Schedu			<u> </u>	• • • • • • •	16	0.00%
	tion D. Computation of Investmen						1 00 0
17	Investment income percentage for 2009 (III					17	1.99%
18	Investment income percentage from 2008					18	0.00%
19 a	33 1/3 % support tests - 2009. If the o						
	17 is not more than 33 1/3 %, check the		-				
а	33 1/3 % support tests - 2008. If the org						
20	line 18 is not more than 331/3 %, check		•	•	•		. =
20	Private foundation. If the organization	aid not check	a oox on line	14, 13a, UI 190	, CHECK HIS DO	and see mstr	ICHOHS 🚩

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Col	lege World Series of Omaha Inc.		47-6042402
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to For		or AccountsComplete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	usors in writing that the assets held in donor	radvised
	funds are the organization's property, subject to the	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and	•	
	used only for charitable purposes and not for the bel		
	purpose conferring impermissible private benefit?		
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" to Fo	orm 990. Part IV. line 7
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (e.g., recrea	<u> </u>	f an historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the	form of a conservation
	easement on the last day of the tax year	4	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	by the organization during
	the tax year ▶		
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regarding	- · ·	ng of
	violations, and enforcement of the conservation easi		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enforcing conservation easeme	ents during the year
	<b>—</b>		
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements of	during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line		
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports of		·
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	•	tatements that describes
Pai	t III Organizations Maintaining Collection		ar Similar Assets
	Complete if the organization answered		ommar Assets.
1a		<del></del>	tatoment, and halance sheet works o
14	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	eld for public exhibition, education, or res	earch in furtherance of public service
b	If the organization elected, as permitted under S		
	historical treasures, or other similar assets held provide the following amounts relating to these ite		arch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under S		assets for infancial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		
	7.000.0 included in Form 350, Falt X		· · · · · · · · · · · · · · · · · · ·

Par	t III Organizations Maintaini	ng Collectio	ns of Art, Hist	orical Treasure	s, or Ot	her Similar A	ssets(co	ontinued)
•	Have the assessment assessment		- d - Ab	-hl	. <b>.</b>	. 414	.e	
3	Using the organization's acquisition,		na otner recoras	, cneck any of the	tollowing	i that are a sign	iticant use	e or its
	collection items (check all that apply	")	. —	<b>¬</b> .				
а	Public exhibition		d L	Loan or ex		-		
b	Scholarly research		e [}	∐ Other <u>M</u> ∨	P TROP	HIES		
С	Preservation for future gen							
4	Provide a description of the organiza	ation's collecti	ons and explain	how they further	the organ	ızatıon's exemp	t purpose	) in
	Part XIV							
5	During the year, did the organization	solici tor rec	eive donations o	f art, historical tre	easures, o	r other sımılar	_	
	assets to be sold to raise funds rathe	er than to be r	naintained as pa	irt of the organiza	ition's coll	ection?	• • • [	Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				answer	ed "Yes" to Fo	orm 990	, Part
4.	In the composition on accept twenty-	avata dian an		6				
та	Is the organization an agent, trustee						_	7 v
	included on Form 990, Part X?				• • • • •		• • • •	Yes No
D	If "Yes," explain the arrangement in	Part XI V and o	complete the follo	owing table				
	_					Am	nount	
	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
	Ending balance							
2a	Did the organization include an amo	unt on Form	990, Part X, line	21?			L	Yes No
b	If "Yes," explain the arrangement in							
Par	t V Endowment Funds. Com	iplete if organ	nization answe	red "Yes" to Fo	rm 990,	Part IV, line 1	0	_
		(a) Current Yea	r (b) Pnor y	ear (c) Two ye	ears back	(d) Three years	s back	(e) Four years back
	Beginning of year balance							
þ	Contributions							
С	Net investment earnings, gains,							
	and losses							1
d	Grants or scholarships			•				-
	Other expenditures for facilities						<del></del>	
	and programs							
f	Administrative expenses					<del>                                     </del>		
g	End of year balance					<del> </del>		
2	Provide the estimated percentage of	the vearend	halance held as	<b>_</b>				
	Board designated or quasi-endowne	•	%					
	Permanent endowment	% %						
		<del></del> %						
			af the ereceive	tion that are hald				
Ja	Are there endowment funds not in the	ie pos sessioi	i or the organiza	tion that are neig	and adm	inistered for the		V N-
	organization by							Yes No
	(i) unrelated organizations						• • • •	3a(i)
_	(ii) related organizations							3a(ii)
	If "Yes" to 3a(ii), are the related orga		•					3b
4								
Par	t VI Investments - Land, Bui	Idings, and E	quipmentSee	<u> Form 990, Pa</u>	rt X, line	10		
	Description of investment	(a)	Cost or other basis (investment)	(b) Cost or othe basis (other)		Accumulated depreciation	(d)	Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				ļ			
е	Other				Ì		<u> </u>	
	I. Add lines 1a through 1e (Column		Form 990, Part	X, column (B). lin	e 10(c) )			
	<u> </u>	-, -, -, -, -, -, -, -, -, -, -, -, -, -	.,	1-//	-17/		Schodul	e D (Form 990) 2009

Part VII	Investments - Other Securities. Se	<u>e Form 990, Part X, line 1</u>	2
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	erivatives		
Closely-hel	ld equity interests		1. The state of th
Other			
			to the state of th
			·
			<u> </u>
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12)	<b>•</b>	
Part VIII		· 1	13
T GIV VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) Bosonphoret involution type	(a) Book value	Cost or end-of-year market value
			· · · · · · · · · · · · · · · · · · ·
			<del>- , , , </del>
<del></del>			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	
Part IX	Other Assets. See Form 990, Part 2		· · · · · · · · · · · · · · · · · · ·
raitiA	Other Assets. Occ 1 offi 500, 1 are	(a) Description	(b) Book value
		(4) 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		<u> </u>	
Part X	Other Liabilities. See Form 990, Pa		
1.	(a) Description of liability	(b) Amount	
	come taxes		
ACCRUED	EXPENSES	39,372.	
	···-	<del> </del>	
Total (C-1	on (h) must equal Form and Ded V (D) to- co	30 272	
	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 39,372.	- F
	Footnote In Part XIV, provide the text of the on's liability for uncertain tax positions under		s imancial statements that reports the

JSA 9E1270 1 000 Schedule D (Form 990) 2009 47-6042402 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 7,856,900. Total revenue (Form 990, Part VIII, column (A), line 12) 7,618,093. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 238,807. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 99,454. Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 7 Prior period adjustments 7 Other (Describe in Part XIV ) 8 8 99,454. 9 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 338,261. 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII 7,956,354. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains on investments .......... b Donated services and use of facilities d Other (Describe in Part XIV) 99,454. 2e 7,856,900. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV ) c Add lines 4a and 4b 7,856,900. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 7,618,093. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2h c Other losses 2c d Other (Describe in Part XIV ) e Add lines 2a through 2d 2e Subtract line 2e from line 1 . . . . . . . . . . . . 7,618,093. 3 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV ) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 7,618,093 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART IX - MVP TROPHIES - \$24,824

TO FURTHER SUPPORT COLLEGE BASEBALL, TROPHIES ARE AWARDED EACH YEAR TO

THE MVP OF THE COLLEGE WORLD SERIES. THE TROPHIES ARE ORDERED IN GROUPS

OF 10 DUE TO THE ECONOMIES OF THE ARTIST.

PART IX - PREPAID EXPENSES - \$10,000

PART IX - INVESTMENTS: ACCRUED INCOME - \$12,705

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

# OMB No 1545-0047 SCHEDULE I (Form 990)

(Form 990)		Grants	and Othe	er Assistance	Grants and Other Assistance to Organizations,	itions,		
		Governm	າents, anc	I Individuals	Governments, and Individuals in the United States	J States		SMAS
Department of the Treasury		Complete if the	organization a	inswered "Yes" to F	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22	e 21 or 22.		Open to Public
Internal Revenue Service			•	Attach to Form 990.	Э.			Inspection
	1						Employer identification number	ion number
ŏΙ	Series of Omaha Inc	Inc.					47-6042402	
Part   General Info	General Information on Grants and Assistance	s and Assistar	nce					
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	e amount of the	grants or assistance	e, the grantees' eligibi	lity for the grants or as		
	the selection criteria used to award the grants or assistance?	ants or assistan	ce?	· · · · · · · · · · · · · · · · · · ·	Into Ctates			× Yes No
L ي	rie organizations pro	Liouin sampa	asn am Sillion	יו פוות יחוותא זוו נווב	Ollifeu States			
Part II Grants and (Form 990, Page 1990)	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000	to Governmer	nts and Orgar at received m	i <b>izations in the U</b> l iore than \$5,000(	nited States. Comp Check this box if no	ents and Organizations in the United States. Complete if the organization answered "Yes" to that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ition answered "Y∈ ived more than \$5	ss" to 5,000 Use
	Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additio	inal space is r	needed				<b>→</b> · · · · · ·
1 (a) Name and address of organization or government	ss of organization nment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREIGHION UNIVERSIIY	MAHA, NE 68178			25,000				BASEBALL PROGRAM
CITY OF OMAHA								
OMAHA-DOUGLAS CIVIC CENTER OMAHA,	TER OMAHA, NE 68183			100,000				STADIUM DISLOCATION
MISCELLANEOUS OTHER GRANTS S5000 & UNDER	NIS SECO & UNDER	<del></del>		35,556				
BOYS TOWN BASEBALL				8,500				FIELD IMPROVEMENTS
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		= 1						
2 Enter total number o	Enter total number of section 501(c)(3) and government Enter total number of other organizations	d government	organizations					
=	perwork Reduction A	ct Notice, see the	the Instructions for Form 990	for Form 990.			Schec	Schedule I (Form 990) 2009
ASL								
9E1288 2 000 81552P 2XCG	1/10/2011	11:19:15 A	V 09-8.7	76	7656			Page 28

Page 2 Schedule ! (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 47-6042402 (c) Amount of cash grant (b) Number of recipients 9E1288 1 000 81552P 2XCG 1/10/2011 (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV ΥS

7656

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Tna						npioye	r ident -604			nper	
College World Series of Omaha  Part I Excess Benefit Transacations	s(section	1 501(c)	(3) and section	on 501(c)(4	l) organizatio	ons only)						
Complete if the organization answer	ered 'Ye	s" on Fo	rm 990, Part	IV, line 25	a or 25b, or	Form 990-	EZ, Pa	art V, I	ine 40	)b		
1 (a) Name of disqualified person	(b) Description of transaction							( <b>C</b> ) Cor				
				•							Yes	No
<del></del>									<u> </u>			
<ul> <li>Enter the amount of tax imposed on t under section 4958</li> <li>Enter the amount of tax, if any, on line</li> </ul>									► \$ _ ► \$			
Part II Loans to and/or From Interes				organizat					———			
Complete if the organization ans				art IV, line	26, or Form	990-EZ, Pa	ırt V, İı	ne 38	a			
(a) Name of interested person and purpose		to or from inization?	(c) Ong principal a		(d) Balance due		(e) In default?		(f) Approved by board or committee?		(g) W agree	
	То	From					Yes No		Yes	No	Yes	No
<del></del>	<b>_</b>											
	<del>                                     </del>	<del> </del>										
				_			ļ					
Total					<u> </u>					-		
Complete if the organization ans	wered "\	es" on	Form 990, Pa	art IV, line	-							
(a) Name of interested person	(b) R	elationsh	ip between inte organiza		on and the	(c)	Amoun	t and ty	ype of	assista	ance	
	<del> </del>							-				-
	<del>- </del>											
Part IV -Business-Transactions-Inve	olving l wered "	nteres	ted Person Form 990. Pa	s. art IV. line	28a, 28b, or	28c						
(a) Name of interested person	(b) F	Relationsh	nip between son and the	(c) A	mount of saction	(d) Des	cription	of trai	nsactio	on	(e) Sh organiz reve	
											Yes	No
JACK DIESING	DIRECT	ror		SEE ATT	ACHMENT 2	INSURANCE						х
PAUL JESSEN	DIRECT	ror		SEE ATT	ACHMENT 2	LEGAL FEE	s					х
	+			<del>                                     </del>	_				_			
				<u> </u>	<del>-</del>		-				1	

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

Schedule L (Form 990 or 990-EZ) 2009

### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

	e of the organization	T				r identificatio		ber	
	lege World Series of Omal  Types of Property	na Inc.			4 /	-6042402			<del></del>
rai	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, Irr		Method of	(d) determ	ınıng	•
1	Art-Works of art								
2	Art-Historical treasures								
3	Art-Fractional interests								
4	Books and publications			<u> </u>				-	
5	Clothing and household		· · · · · · · ·	<u> </u>				_	
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities-Publicly traded								
10	Securities-Closely held stock								
11	Securities-Partnership, LLC,		,				•		
	or trust interests								
12	Securities-Miscellaneous								
13	Qualified conservation		· · · · · · ·						
	contribution-Historic								
	structures								
14	Qualified conservation			1		•			
• •	contribution-Other								
15	Real estate-Residential	-							
16	Real estate-Commercial			****					
17	Real estate-Other			<del></del>					
18	Collectibles								
19	Food inventory		<del></del>						
20	Drugs and medical supplies	I		<u> </u>					
21	Taxidermy								
22	Historical artifacts			· · · · · · · · · · · · · · · · · · ·					
23				<del>-</del>					
24	Scientific specimens Archeological artifacts			<del>                                     </del>			-	-	
25	Other >( ATCH 1 )		14.	350,3	00				
26			17.	330,3	00.				
20 27	Other ►()								
28	Other ►()			<u> </u>					
29	Other ►()	<u> </u>							
29	Number of Forms 8283 received by				29				
	which the organization completed Fo	ліп 0203, Ра	int IV, Donee Acknowledger	ment	[2]	<del></del>		Yes	No
30 a	During the year, did the organization	tion receive	by contribution, any prop	orty reported in Par	t I lino	1 28 that	$\overline{}$	103	110
50 a	it must hold for at least three year								
	used for exempt purposes for the e				•		30a		х
h	If "Yes," describe the arrangement in	•	penou'			• • • • •	Jua		
	<del>-</del>		ance nation that require	ns the review of		atandard			
31	Does the organization have a				-		24		Х
22 -	contributions?						31		
JZ d	_	•	-	•			320		Х
	contributions?						32a		
	If "Yes," describe in Part II		aluman (a) for a time of	machi far juhich celi	- /-\:-	ا - دامه			
33	If the organization did not report re	evenues in C	olumn (c) for a type of pro	pperty for which colur	ıın (a) is	спескеа,			

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

Schedule M (Form 990) 2009

Schedule M (Fo	orm 990) 2009				47-6042402	Page 2
Part II	Supplementa 32b, and 33	I Information. Comp Also complete this p	olete this part to pro- art for any additional i	vide the information r information	equired by Part I, lines	30b,
				Attac	hment 1	
CCUEDUIT	' M DADE T	OMUED MONCACI	COMMUNICATIONS			
SCHEDULE	M, PART I	- OTHER NONCASH	CONTRIBUTIONS	<del>-</del>		
		·	(b) Number of	(c) Revenues	(d) Method of	
Descript	.10n	(a) Check	Contributions	Reported	determining	<u></u>
ADVERTIS	ING/PROMO	x	10	226,260.	FMV OF SERVICES	5
ADMIN/LE	GAL	X	3	99,040.	FMV OF SERVICES	5
TICKET S	ELLING	X	1	25,000.	FMV OF SERVICES	5
TOTALS			14.	350,300	- <del>-</del>	
			~ <b>-</b>			
			<b>~~~</b>			
					•	
			<del></del>			
			<del></del>	<del></del>		
			<del></del>			
		·		- <b></b>		<del>-</del>
					·	
		·				

### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization

Employer identification number

47-6042402

Attachment 2

College World Series of Omaha Inc.

Director's Addresses

PART VI OUESTION 11

JACK DIESING, JR. 11213 Davenport St. Suite 201 OMAHA, NE 68103

PAUL JESSEN 1125 S. 103rd St, Suite 800 OMAHA, NE 68124

DAVID BROWN 1301 Harney Street OMAHA, NE 68102

HERB E. HAMES 13603 Flanagan Blvd OMAHA, NE 68010

JOHN HILDENBIDDLE MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

BRUCE RASMUSSEN 2500 CALIFORNIA PLAZA OMAHA, NE 68178

HARLEY SCHRAGER 4405 S 96TH ST OMAHA, NE 68127

LEN ADAMS PO BOX 358 VALLEY, NE 68064

TOM BARKER 11808 MIRACLE HILLS DRIVE OMAHA, NE 68154

MARY ANN BORGESON 12503 ANNE STREET OMAHA, NE 68137

CRAIG CALLAHAN 14507 FRONTIER ROAD OMAHA, NE 68145-0308

HARLAN O. FALK 9290 W DODGE ROAD OMAHA, NE 68114

GARY GATES 444 S 16TH STREET MALL OMAHA, NE 68102

KIM HAWKINS PO BOX 9008 STA. C OMAHA, NE 68109

MARK HEWETT 1111 S 103RD ST OMAHA, NE 68124-1000

MATT KARDELL 6855 PACIFIC STREET AK-12 OMAHA, NE 68106

SCOTT MOORE 5701 N 230TH ST ELKHORN, NE 68022

CHRIS MURPHY KIEWIT PLAZA OMAHA, NE 68131

CHRIS REICHERT 222 S 15TH ST, SUITE 1200 OMAHA, NE 68102

W. DAVID SCOTT 11422 MIRACLE HILLS DR, #400 OMAHA, NE 68154

TARCI SLAYBAUGH 5150 CENTER ST OMAHA, NE 68106

GEORGE WACHTLER 806 CENTENNIAL ROAD PAPILLION, NE 68046

Page 2

Name of the organization

College World Series of Omaha Inc.

Employer identification number

47-6042402

Attachment 2 (Cont'd)

LARRY WZOREK 1400 DOUGLAS ST., STOP 1580 OMAHA, NE 68179-1580

DIRECTOR DOING BUS WITH CWS

FORM 990, PART IV, QUESTION 28C

JACK DIESING, JR., A DIRECTOR, WORKS FOR AON RISK SERVICES, INC.. AON RISK SERVICES, INC. PROVIDED SERVICES IN THE AMOUNT OF \$20,800 TO THE COLLEGE WORLD SERIES OF OMAHA INC. FOR NO COST

PAUL JESSEN, A DIRECTOR, WORKS FOR KOLEY JESSEN, PC. KOLEY JESSEN

PROVIDED SERVICES IN THE AMOUNT OF \$76,240 TO THE COLLEGE WORLD SERIES OF

OMAHA INC. FOR NO COST. IN ADDITION, KOLEY JESSEN PROVIDED SERVICES IN

THE AMOUNT OF \$9,953 TO THE COLLEGE WORLD SERIES OF OMAHA INC. FOR WHICH

THEY RECEIVED COMPENSATION.

Compensation Determination

Form 990, Part VI, Sct B, Lines 15a & 15b

Compensation was determined by an independent review of the executive committee of the organization. The committee reviewed compensation of a comparable organization as part of the process. The information gathered is included in file notes and minutes of the organization.

Part VI Section A Question 2

Part VI Section A Question 2

Officers Dan and Kathryn Morrissey are married.

Schedule O (Form 990) 2009				Page 2
Name of the organization			Employer identification	on number
College World Series of Omaha Inc.		_	47-604240	2
CODM 000 DADM WITT THURSDANDING THOSE	MT		Attachment 3	<del></del>
FORM 990, PART VIII - INVESTMENT INCO	ME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
Interest Income	86,904			86,904
Dividend Income	20,308			20,308
TOTALS	107,212.			107,212
		<u>A</u> 1	ttachment 4	
FORM 990, PART X - INVESTMENTS - PUBL	ICLY TRADEL	SECURITIES		
				COST
DESCRIPTION				OR FMV
SECURITIES				FMV
SECONTILES				r mv
TOTALS				
			Attachment 5	
FORM 990, PART X - SECURED MORTGAGES	AND NOTES E	PAYABLE		
LENDER: OTHER NOTES PAYABLE				
BEGINNING BALANCE DUE				311,380.
ENDING BALANCE DUE				291,544.
TOTAL BEGINNING MORTGAGES AND	OTHER NOT	TES PAYABLE		311,380.
TOTAL ENDING MORTGAGES AND OTH	ER-NOTES-	PAYABLE		<u> 291,544.</u>