

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury

Open to Public

Inte	rnal Revenue		The organization may have to use a copy of this	<u> </u>				mspection
A	For the 2		r year, or tax year beginning 10/01	, 2012, and ending	9	/30		2013
В	Check if ap					1		ication Number
	Addres		OLLEGE WORLD SERIES OF OMAHA II	NC.			50424	
	Name		5010 DODGE ST.			E Telepho		
	Initial	return	MAHA, NE 68132			(402	<u>2) 55</u>	54-4404
	Termin	nated						
	Amend	ded return				G Gross re	ceipts \$	8,722,750.
	Applic	ation pending	Name and address of principal officer			is a group return		
			SAME AS C ABOVE		H(b) Are	all affiliates inclu o,' attach a list	ıded? (see inst	ructions) Yes No
<u>L</u>	Tax-exen		X 501(c)(3) 501(c) ( )    (insert no )	4947(a)(1) or 527		,	•	
J	Websit		OMAHA.COM		H(c) Grou	p exemption nu	mber 🏲	
K			X Corporation Trust Association Other ►	L Year of Format	ion 19	50 M s	tate of le	gal domicile NE
P	art I	Summary						
	1	-	the organization's mission or most significant act					
ė	<u>_S</u> !		ROM_BUSINESS, GOVERNMENT, CIVIC					
ä	<u>T</u>	ICKET SA	LES AND PROMOTIONAL EFFORTS THE	T_WILL_SERVE_A	S A	<u>FOUNDATI</u>	ON_T	O PRESENT A _
era	$\left[\begin{array}{cc} & & & & & & & & \\ & & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ \end{array}\right]$		ESSFUL ANNUAL NCAA DIVISION I F					
ွှင့်	2 Ch 3 Nu	eck this box	If the organization discontinued its operating members of the governing body (Part VI, line 1)		e than a	25% of its ne	et asse <sup>.</sup> <b>3</b>	
∘ઇ	4 Nu		pendent voting members of the governing body (Fait VI, line I			}	4	25 25
Activities & Governance	5 To		f individuals employed in calendar year 2012 (Par			-	5	<u>23</u> 7
Ei:	<b>6</b> To		f volunteers (estimate if necessary)	•			6	200
A	<b>7a</b> To	tal unrelated	business revenue from Part VIII, column (C), line	12			7 a	0.
	<b>b</b> Ne	t unrelated t	usiness taxable income from Form 990-T, line 34				7 b	0.
						Prior Year		Current Year
9	8 Co		nd grants (Part VIII, line 1h)			512,6		519,461.
er	9 Pro	-	e revenue (Part VIII, line 2g)			5,584,9		6,146,968.
\$Ω.	10 Inv		ome (Part VIII, column (A), lines 3, 4, and 7d)	HENCEN/ED	$\neg$	87,8	64.	165,472.
<u>5</u>	11 Oth	ital revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 <mark>0c, and</mark> - add lines 8 through 11 (must equal Part VIII, col	RECEIVED	4	6,185,4	20	6 921 001
<u>~</u>	13 Gr		ilar amounts paid (Part IX, column (A), lines 1-8)	<del></del>	IRS-09C	85,0		6,831,901. 79,422.
Expenses Expenses	14 Be		o or for members (Part IX, column (A), line 451)	DEC 16 2013	181	03,0	74.	13,422.
7	15 Sa		compensation, employee benefits (Part IX, column		7 <u>医</u>	347,8	11	371,870.
TXVI EXPENSES	16 a Pro		ndraising fees (Part IX, column (A), line 11e)	OGDEN, UT		341,0		371,070.
Z Sie	h To			OGDEIV, G.				
≥ ∺	. <b>D</b> 10		ig expenses (Part IX, column (D), line 25)					<u> </u>
> "			s (Part IX, column (A), lines 11a-11d, 11f-24e)			5,146,9		5,744,236.
1		,	Add lines 13-17 (must equal Part IX, column (A)	, line 25)		5,579,8		6,195,528.
3 <del>- 2 8</del>	<b>N</b>	evenue less e	expenses Subtract line 18 from line 12	<del>-</del>		605,5		636,373.
Assets of	<b>20</b> To	tal accots (F	art X, line 16)		Begin	ning of Current		End of Year
Ass Ba	20 TO	-	(Part X, line 26)			4,804,4		5,682,425.
Net I	i		•		-	32,3		25,069.
			und balances Subtract line 21 from line 20			4,772,0	67.	5,657,356.
		Signature						
Com	er penalties o iplete Declai	of perjuyy, ∖declar ration/of prepare	e that I have examined this return, including accompanying schedules a r (other than officer) is based on all information of which preparer	and statements, and to the best of has any knowledge	of my knov	vledge and belief,	it is true,	correct, and
						Décem	1111	2/1/2
Si	gn	ngnature	of officer			Date	in (	LL, 3013
	ere		1 /					
•••		Type or p	rint name and title					
_		Print/Type pre	parer's name Rrepayer's signature	Date		Check	ıf F	PTIN
Pa	id	DEYNA (		17/5	//3	self-employe		200363036
	eparer	Firm's name	LUTZ AND COMPANY (PC		<u>,                                    </u>	Jon employe	<u>- 11</u>	. 0000000
	se Only	Firm's address				Firm's EIN	· 17_	0625816
	,		OMAHA, NE 68154-5336			Phone no	(402	
Ma	y the IRS	discuss this	return with the preparer shown above? (see instri	uctions)	•	, none no	1302	X Yes
			duction Act Notice, see the separate instructions.		A0113L	12/18/12		Form <b>990</b> (2012)
	J u	٠, ٠٠٠ ٠٠٠ ١١٥٠	not money, see the separate mistractions,	166	COLIDE	16110116		1 OHH 330 (2012)

Form <b>990</b> (2012)	COLLEGE WORLD SERIE		47-6042402	Page 2
The state of the s	ement of Program Service	•		(m)
		nse to any question in this Part III		X
•	ibe the organization's mission			
SEE_SCHE	DOTE O			
2 Did the organ	nization undertake any significan	t program services during the year which	n were not listed on the prior	
Form 990 or	, ,	program services during the year winer	Yes	X No
	cribe these new services on Sche	dule O.		<u> </u>
		ke significant changes in how it conduct	s, any program services?	X No
-	cribe these changes on Schedule			
Section 501(	(c)(3) and 501(c)(4) organizations	accomplishments for each of its three lai and section 4947(a)(1) trusts are requir by, for each program service reported	rgest program services, as measured by ex ed to report the amount of grants and alloca	penses ations to
4 a (Code	) (Expenses \$ 5,6	11,487. including grants of \$	) (Revenue \$ 6,14)	6,968.)
AND IND FOUNDAT AND TO I CONVENT COMMUNI	IVIDUALS TO ENSURE T ION TO PRESENT A VERY DO EVERYTHING POSSIBI ION & ENTERTAINMENT A	CKET SALES AND PROMOTION SUCCESSFUL ANNUAL NCAA LE IN CONJUNCTION WITH THAUTHORITY, CREIGHTON UNIVERSION I BASEBALL CHAMP	, GOVERNMENT, CIVIC ORGANIZ AL EFFORTS THAT WILL SERVE DIVISION I BASEBALL CHAMPIC E CITY OF OMAHA, METROPOLIT ERSITY AND THE CORPORATE BU IONSHIP IN OMAHA AS LONG AS  (Revenue \$	AS A NSHIP, AN SINESS
4 c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4 d Other progra	am services (Describe in Schedu	lle O ) udıng grants of \$	) (Revenue \$	)
4 e Total progra	m service expenses >	5,611,487.		-

Page 3

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	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	11 b		Х
C	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	11 c		X
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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, Parts II and IV	15		X
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, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ŀ	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) COLLEGE WORLD SERIES OF OMAHA INC.

Part IV | Checklist of Required Schedules (continued)

		1 1	163	140
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 1? 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 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
•	d 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		Х
i	s 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		Х
	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
<b>2</b> 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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).			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
ł	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	_	
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, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2012)

Form 990 (2012) COLLEGE WORLD SERIES OF OMAHA INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

The state of the s	<del></del>			
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga (gambling) winnings to prize winners?	ming	1 c	Х	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a	7			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Χ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_		v
<ul><li>3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?</li><li>b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O</li></ul>	_	3 a		X
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	Luor a	30		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If 'Yes,' enter the name of the foreign country.	ver, a	4 a		X
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizar solicit any contributions that were not tax deductible as charitable contributions?	L	6 a	:	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were	6 Ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a 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?		7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	ļ.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busines holdings at any time during the year?	the s	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?	L	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 ь		
a 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  10 a  10 a		1		
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	ŀ		-	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12 a	Ì	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			1	
a is the organization licensed to issue qualified health plans in more than one state?	-	13 a		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	-			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c Enter the amount of reserves on hand		1		
14 a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14 b		
BAA TEEA0105L 08/08/12	F	orm	990 (2	2012)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 8	a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members  of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
k	<b>5</b> Enter the number of voting members included in line 1a, above, who are independent 1b 25			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
ā	The governing body?	8 a	Х	
t	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director or 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	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revo	enue	Code	e )
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		X
ŀ	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	ļ
14	7	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?			
í	a The organization's CEO, Executive Director, or top management official	15 a	X	
ŀ	b Other officers of key employees of the organization SEE SCHEDULE O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ŀ	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 ь		
Sec	ction C. Disclosure	LIOD	L	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avainspection. Indicate how you make these available. Check all that apply	lable	for pul	– – - blic
4.0	Own website  Another's website  X Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availa the public during the tax year  SEE SCHEDULE O			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nizatio	n;	
ВАА	KATHRYN MORRISSEY 5010 DODGE ST OMAHA NE 68132 (402) 554-4422	Eorm	990 (	2012\
	TEL TOTOL OUT OF THE TELEPROPERTY OF THE TELEP	, 0111	(	,

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

Check if Schedule O contains a response to any question in this Part VII

X

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

- 1 a 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.
- 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, if any. 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

			(C)				· · · · · · · · · · · · · · · · · · ·			
(A) Name and Title	(B) Average hours per week (list	one bo	x, un	less p	perso	more to n is bot or/truste	h an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) JOHN D. DIESING, JR.	0									
PRES/TREA/CHAIR	0	Х		X				0.	0.	0.
(2) W. GARY GATES	0									
VICE PRESIDENT	0	X		X				0.	0.	0.
(3) HERB E. HAMES	0									
SECRETARY	0	Х		X				0.	0.	0.
(4) ERIC B. OXLEY	0									
GENERAL COUNSEL	0	Х		X				0.	0.	0.
(5) LEN ADAMS	0									
DIRECTOR	0	Х						0.	0.	0.
(6) TOM BARKER	00									
DIRECTOR	0	X						0.	0.	0.
(7) KATRINA BECKER	0									
DIRECTOR	0	Х	j					0.	0.	0.
(8) MARY ANN BORGESON	0									
DIRECTOR	0	X						0.	0.	0.
(9) DAVID G. BROWN	]0									
DIRECTOR	0	X						0.	0.	0.
(10) CRAIG CALLAHAN	0									
DIRECTOR	0	Χ_						0.	0.	0.
(11) BILL EKELER	0									
DIRECTOR	0	X						0.	0.	0.
(12) HARLAN O. FALK	0									
DIRECTOR	0	X						0.	0.	0.
(13) KIM HAWKINS	0									
DIRECTOR	0	Х						0.	0.	0.
(14) MARK HEWETT	0_									
DIRECTOR	0	X						0.	0.	0.

Latt All	Section A. Officers, Directors, 1	Tublees, Ne	y Li	upi	Uye	,65,	ant	4 11	ignest compen	Sated Employee	3 (00)	11)	
		(B)	1		(C								
	(A)	Average	(do	not cl	Pos heck	sition more	e than	one	(D)	(E)		(F)	
	Name and title	hours per	box	unles	ss pe	erson	is bot or/trus	th an	Reportable compensation from	Reportable compensation from		stimated	
		week (list any		<del></del>	_				the organization	related organizations (W-2/1099-MISC)	com	pensati	
		hours for	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensate employee	B	(W-2/1099 MISC)	(44-2/1099-14130)	org	om the	,Ü
		related organiza	ecto da	혛	त्र	<u>a</u>	yee c	약			org	d related anization	ns
		- tions below	្រំនួ	al tr		oyee	ă						
		dotted line)	stee	떭		"	l sage			:			
		""'e)		Ö			red						
(15) JOH	N HILDENBIDDLE	0		H		-	-	┢					<del></del>
	RECTOR		X						0.	0.			0.
	T KARDELL	0	- 25						0.	· · · · · · · · · · · · · · · · · · ·			<del>.</del>
	RECTOR		X				1		0.	0.			0.
	UL MAASS	0	- 11				1		0.	· · ·			
	RECTOR		X			1			0.	0.			0.
	LE PETERSON	0	- <u>^</u>	$\vdash$		1	<del> </del>						<del></del>
	RECTOR		X			1			0.	0.			0.
	ICE RASMUSSEN	0	<u> </u>	$\vdash$		ļ			0.		-		
	RECTOR		X						0.	0.			0.
	RIS REICHERT	0	_ ^	$\vdash$		<del> </del>	1	$\vdash$	0.	<u> </u>			<u> </u>
	RECTOR		X						0.	0.			0.
	RLEY SCHRAGER	0	1 A	$\vdash$	_		<del> </del>	$\vdash$	0.1	<u> </u>			
	RECTOR		X				1		0.	0.			0.
	DAVID SCOTT	0	A			-	1	-	0.				
	RECTOR		X						0.	0.			0.
	RCI SLAYBAUGH	0	┼^			$\vdash$	1	<del> </del>	0.	0.		_	<u> </u>
	RECTOR		X						0.	0.			0.
	ORGE WACHTLER	0	+**			<u> </u>	†					-	
	RECTOR		X						0.	0.			0.
	RRY WZOREK	0	<u> </u>			<u> </u>	<del> </del>	<u> </u>	<u> </u>				
	RECTOR	1	X						0.	0.			0.
1 b Sub-		1 -	1	١١		٠	-L	>	0.	0.			0.
c Total	I from continuation sheets to Part VII, Se	ection A						•	0.	0.			0.
d Total	(add lines 1b and 1c)							>	0.	0.			0.
	I number of individuals (including but not	limited to tho	se lis	sted	abo	ve)	who	rec		100,000 of reportab	le comp	ensat	
	the organization ► 0					-							
						•						Yes	No
3 Did t	he organization list any <b>former</b> officer, d	rector or trus	tee. k	kev e	emp	love	e. o	r hic	ahest compensate	d employee			
on lir	ne 1a <sup>3</sup> If 'Yes,' compléte Schedule J for	such individua	al '	,	,	,	,		,		3		X
4 For a	any individual listed on line 1a, is the sur	n of reportable	e con	nper	nsat	ion .	and o	othe	er compensation fr	om			
	organization and related organizations gr	eater than \$15	50,00	0? /	f 'Ye	es' d	comp	lete	Schedule J for				
	individual										4		X
5 Did a	any person listed on line 1a receive or ac ervices rendered to the organization? If	crue compeni	satioi	n froi	m a	iny i	unrel	atec	d organization or ii	ndıvıdual	5		X
	B. Independent Contractors	res, complet	00	77000	110 .	3 101	3401	ii pe	313011			l	A
1 Com	plete this table for your five highest com	pensated inde	pend	lent	con	trac	tors	that	received more th	an \$100,000 of			
comp	pensation from the organization Report	compensation	for t	he c	aler	ndar	yea	r en	ding with or within	the organization's	tax yea		
	<b>(A)</b> Name and business	addrace							(B)			C)	
		audi ess							Description of	or services	Compe	i isalio	лı ———
		· -							<u> </u>				
									<u> </u>				
									-				
		1 -1 - 1 - 1							<u> </u>	<u> </u>			
	I number of independent contractors (ind		imit	ed to	o th	ose	uste	d at	oove) who received	more than			
\$100	,000 in compensation from the organizal	110U = 0											

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (D) (A) Total revenue (C) Related or Revenue Unrelated exempt excluded from tax business function revenue under sections 512, 513, or 514 revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns **b** Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 519,461 \$ g Noncash contributions included in Ins 1a-1f h Total. Add lines 1a-1f 519,461 PROGRAM SERVICE REVENUE Business Code 2 a COLLEGE WORLD SERIES REVE 6,146,968 6,146,968 f All other program service revenue g Total. Add lines 2a-2f 6,146,968 Investment income (including dividends, interest and other similar amounts) 108,004 108,004 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 1,948,317. **b** Less cost or other basis and sales expenses 890,849 c Gain or (loss) 57,468. d Net gain or (loss) 57,468 57,468. 8 a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 6,831,901 6,146,968 165,472

Page 10

## 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) Check if Schedule O contains a response to any question in this Part IX (A) (B) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 79,422 79,422 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages 310,091 310,091 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 37,567. 37,567. Payroll taxes 10 24,212. 24,212. 11 Fees for services (non-employees) a Management **b** Legal 5,071 5,071 c Accounting 30,200 30,200. d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 23,258 23,258. Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion 12 191.007 191,007 Office expenses 14 Information technology 15 Royalties Occupancy 16 38,067 38,067 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,193.3,193 43,179. 43,179. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 4,328,971 a NCAA FEES 4,328,971 **b** EVENT RELATED 567,547. 567,547. c SALES AND SEAT TAXES 361,741 361,741 d TICKET SELLING EXPENSE 82,799. 82,799. e All other expenses 69,203. 69,203 Total functional expenses. Add lines 1 through 24e 6,195,528 5,611,487 584,041 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation If following Check here ► SOP 98-2 (ASC 958-720)

Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 146,138. 162,719 1 2 Savings and temporary cash investments 607,765 2 442,514 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5,323 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 15,965. b Less: accumulated depreciation 10 b 9,764 10 c 9,394 6,201. 11 Investments - publicly traded securities 3,984,892 11 5,062,195. Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets, See Part IV, line 11 34,315 15 25,377. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,804,408 5,682,425. 17 Accounts payable and accrued expenses 32,341 17 25,069. 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 AB Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 32,341. 26 25,069. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete P lines 27 through 29, and lines 33 and 34. Unrestricted net assets 4,609,348 27 <u>5,511,218.</u> Temporarily restricted net assets 28 162,719 146,138. 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34, F UND Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 BALANCES Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 33 4,772,067 5,657,356. 34 Total liabilities and net assets/fund balances 34 4,804,408 5,682,425. BAA Form 990 (2012)

Form 990 (2012) COLLEGE WORLD SERIES OF OMAHA INC.	47-6042 <u>402</u>		Pa	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1 1	6,8	31,9	01.
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,1	95,5	28.
3 Revenue less expenses. Subtract line 2 from line 1	3		36,3	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,7		_
5 Net unrealized gains (losses) on investments	5		48,9	
6 Donated services and use of facilities	6			
7 Investment expenses	7	-		
8 Prior period adjustments	8			-
9 Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,6	57,3	
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990 Cash XAccrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	1	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled o separate basis, consolidated basis, or both:	r reviewed on a			
Separate basis Consolidated basis Both consolidated and separate basis			1	
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 ь	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on	a separate			
basis, consolidated basis, or both			-	
X Separate basis Consolidated basis Both consolidated and separate basis				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O.				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single	3 a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	o the required audit	3 b		
BAA	···	Form	990 (	2012)

TEEA0112L 08/09/11

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

Department of the Treasury Internal Revenue Service **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

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name o	f the	organ	ızatıon								Employe	rıdentifica	tuon number		
COL				ES OF OMAH								04240			
Part	1	Rea	ason for Pub	lic Charity Sta	atus (	All organizations m	nust co	mplete	this p	art.) S	ee ins	tructioi	ns.		
The o						e it is: (For lines 1 throu									
1	П	A ch	urch, conventio	on of churches or	assoc	ciation of churches desc	cribed in	section	170(b)(1	I)(A)(i).					
2		A sc	hool described	in section 170(b)	χ1χΑ)	(ii). (Attach Schedule E	.)								
3		A ho	spital or a coop	perative hospital	service	e organization describe	d in sect	tion 170	(b)(1)(A)	(iiı).					
4		A m	edical research	organization ope	erated	in conjunction with a ho	ospital d	escribed	ın secti	ion 170(	b)(1)(A)	(iii) Ent	er the hosp	oital's	
		nam	e, city, and stat	te											
5		An o	irganization ope b <b>X1XAXiv).</b> (Co	erated for the bea	nefit of	f a college or university	owned o	or opera	ted by a	govern	mental	unit des	cribed in se	ection	
6	The state of the s														
7	in section 170(bX1XAXvi). (Complete Part II )														
8	$\sqcup$														
9															
10		An o	rganization org	janized and oper	ated e	xclusively to test for pul	blic safe	ty See	section:	509(a)(4	<b>)</b> ).				
11															
	a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated														
е		othe	hecking this bo r than foundation on 509(a)(2)	x, I certify that the managers and	ne orga d other	anization is not controlle than one or more publ	ed direct icly supp	ly or ind ported o	irectly b ganizati	y one o ions des	r more o scribed i	disqualifi n section	ied persons n 509(a)(1)	or	
f		If the	e organization r k this box	eceived a writter	n deter	mination from the IRS	that is a	Type I,	Type II o	or Type	III supp	orting or	rganızatıon	,	
g		Sinc	e August 17, 20	006, has the orga	anızatıd	on accepted any gift or	contribu	ution froi	m any o	f the fol	lowing p	ersons?	•		
														Yes	No
		(1)	A person who below, the gov	directly or indire verning body of t	ectly co the sup	ontrols, either alone or to oported organization?	together	with per	sons de	scribed	ın (II) a	nd (III)	11 g (ı)		
		(II)	A family mem	ber of a person of	describ	oed in (i) above?							11 g (ii)		
						described in (i) or (ii) ab							11 g (III)	,	
h		Prov	ide the followin	ig information ab	out the	supported organization	n(s)							1	<u> </u>
			me of supported organization	(II) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	Is the ration in i) listed in overning ment?	(v) Did yo the organ column (i supp	zation in	organiz	s the sation in mn (i) ed in the S ?	( <b>vii</b> ) Amour su	nt of mor pport	netary
							Yes	No	Yes	No	Yes	No			
(A)															
<del></del>		-				<del> </del>									
(B)							ļ								
(C)															
(D)															
(E)		•													
· · ·				<del>-   </del>			<del> </del>	<del> </del>	<del></del>	<del> </del>					

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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 shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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						
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						
12	Gross receipts from related activ	ties, etc (see ins	tructions)	1	<b>}</b>	12	
13	First five years. If the Form 990 i organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support	Percentage				
	Public support percentage for 20	•	•	e 11, column (f))		14	%
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14			15	%
16 a	33-1/3% support test $-$ 2012. If tands and stop here. The organization	he organization c qualifies as a put	lid not check the to dicly supported or	oox on line 13, and ganization	d the line 14 is 33-	-1/3% or more, che	ck this box
k	33-1/3% support test — 2011. If the and stop here. The organization				, and line 15 is 33	-1/3% or more, che	eck this box
17 a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	and-circumstances	' test, check this l	box and stop here	. Explain in Part IV	)% ′ how ► []
	o 10%-facts-and-circumstances tes or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a I-circumstances'	and-circumstances test. The organiza	t test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	. Explain in Part IV d organization	' how the  ►
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see instru	ictions -
DΛΛ							

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

	tion A. Public Support	_									
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total				
1	Gifts, grants, contributions and membership fees			-							
	received (Do not include	504 400	F 40 000	474 000	F10 500		0 505 544				
2	any 'unusùal grants.') Gross receipts from admis-	534,420.	548,060.	471,000.	512,600.	519,461.	2,585,541.				
2	sions, merchandise sold or										
	services performed, or facilities										
	furnished in any activity that is related to the organization's										
	tax-exempt purpose	6,615,220.	7,201,628.	5,545,828.	5,584,966.	6.146.968.	31,094,610.				
3	Gross receipts from activities	, ,,		, ,							
	that are not an unrelated trade or business under section 513						_				
4	Tax revenues levied for the				<u> </u>		0.				
	organization's benefit and	:									
	either paid to or expended on its behalf						0.				
5	The value of services or	<del> </del>		<u></u>	l		0.				
	facilities furnished by a governmental unit to the										
	organization without charge						0.				
6	Total. Add lines 1 through 5	7,149,640.	7,749,688.	6,016,828.	6,097,566.	6,666,429.	33,680,151.				
7 a	Amounts included on lines 1,						, , , , , , , , , , , , , , , , , , , ,				
	2, and 3 received from disqualified persons	35,030.	35,030.	44,500.	50,000.	50,000.	214,560.				
ь	Amounts included on lines 2	30,000.	33,030.	11,000.	30,000.	30,000.	214,300.				
	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	0.	0.	0.	0.	0.	0.				
	Add lines 7a and 7b	35,030.	35,030.	44,500.	50,000.	50,000.	214,560.				
8	Public support (Subtract line 7c from line 6)						33,465,591.				
Sec	tion B. Total Support			<u> </u>	<u> </u>	<del></del>	1 = = 7 = = = 7 = = = = -				
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total				
9	Amounts from line 6	7,149,640.	7,749,688.	6,016,828.	6,097,566.	6,666,429.	33,680,151.				
10 a	Gross income from interest,		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	,,	.,,	00,000,202.				
	dividends, payments received on securities loans, rents,										
	royalties and income from										
h	similar sources Unrelated business taxable	102,420.	107,212.	98,848.	87,864.	165,472.	561,816.				
L	income (less section 511										
	taxes) from businesses						_				
_	acquired after June 30, 1975 Add lines 10a and 10b	102 420	107 010	00 040	07.064	165 470	0.				
11	Net income from unrelated business	102,420.	107,212.	98,848.	87,864.	165,472.	561,816.				
	activities not included in line 10b,										
	whether or not the business is regularly carried on										
12	Other income Do not include			7-7			0.				
	gain or loss from the sale of capital assets (Explain in										
	Part IV)						0.				
13	Total support. (Add Ins 9, 10c, 11, and 12)	7,252,060.	7,856,900.	6,115,676.	6,185,430.	6,831,901.	34,241,967.				
14	First five years. If the Form 990 i organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □				
Sec	tion C. Computation of Pu		Percentage	···-							
15	Public support percentage for 20			e 13. column (f))	<del></del>	15	97.73 %				
16	Public support percentage from 2	•	• •	, , , , , , , , , , , , , , , , , , , ,		16	97.78 %				
Sec	tion D. Computation of Inv			е			37.70 0				
17	Investment income percentage for				ın (f))	17	1.64 %				
18	Investment income percentage fr				· · · · · · · · · · · · · · · · · · ·	18	1.64 %				
19 a	33-1/3% support tests - 2012. If	the organization of	lid not check the t	nox on line 14, and	d line 15 is more t	han 33-1/3% and	d line 17				
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	►  X				
b	b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
20	Private foundation. If the organization	zation did not che	ck a box on line 1	4, 19a, or 19b, ch	eck this box and	see instructions	<b>▶</b>				
ВΛΛ			TEE 404031								

	(Form 990 or 990-E		COLLEGE	WORLD :	SERIES	OF OMAH	LA INC.	47-6042402	Page 4
Part IV	Supplemental In Part II, line 17a (See instructio	<b>formation.</b> a or 17b: a	Complete nd Part III	this part , line 12	to provid 2. Also co	e the expl omplete t	anations his part	required by Part II, line 10; for any additional information.	
	· <b>-</b>		· ·						
	· <b></b>		· <del></del> <del>-</del> -	<del></del>					
<del>-</del>				 					
<b></b>	·		· <b></b>	- <b></b> -		· <b></b>			<b>-</b>
<b>-</b> -			· <b></b>						
<b>-</b>	· <b></b>		· <b></b>	- <b></b> - <b></b>					
	· <b></b>	- <b></b>					 		
<b>-</b> -	·			<b></b>					
	·								
<del>-</del>									
			. <b></b> .						

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► 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

COI	LEGE WORLD SERIES OF OMAHA IN		47-6042402
Par	t   Organizations Maintaining Donor A	dvised Funds or Other Similar Funds or A	Accounts. Complete If
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(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 don are the organization's property, subject to the		nor advised funds  Yes  No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?		
Par	t [   Conservation Easements. Comp	lete if the organization answered 'Ye	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t	the form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2 a
t	Total acreage restricted by conservation easer	nents	2 b
c	Number of conservation easements on a certif	ied historic structure included in (a)	2 c
c	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	1C 2 d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminat	ed by the organization during the
4	Number of states where property subject to co	nservation easement is located ►	
5	Does the organization have a written policy recand enforcement of the conservation easemen	garding the periodic monitoring, inspection, han	ndling of violations,
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, in ►\$	specting, and enforcing conservation easement	ts during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenue and or the organization's financial statements that de	d expense statement, and balance sheet, and escribes the organization's accounting for
Par	Organizations Maintaining Collect Complete If the organization ans	tions of Art, Historical Treasures, or Ot wered 'Yes' to Form 990, Part IV, line	her Similar Assets. e 8.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan-	s held for public exhibition, education, or resear	
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	statement and balance sheet works of art, n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1	▶\$
	(II) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of ar amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items	or financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line		▶\$
t	Assets included in Form 990, Part X		►\$ 18,618.

Schedule D (Form 990) 2012 COLLEGE WORLD Part III Organizations Maintaining Collections			47-604 ner Similar Assets (	
3 Using the organization's acquisition, accession items (check all that apply)	, and other records, ched	ck any of the following t	that are a significant us	e of its collection
a Public exhibition	<b>d</b> Loan o	r exchange programs		
b Scholarly research	e X Other	MVP TROPHIES		<del></del>
c Preservation for future generations				
4 Provide a description of the organization's coll Part XIII SEE PART XIII				: IN
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mail	receive donations of art, ntained as part of the ord	historical treasures, or	other similar assets	Yes X No
Part IV Escrow and Custodial Arrangements. C			Form 990, Part IV, line	
reported an amount on Form 99				
1 a Is the organization an agent, trustee, custodial on Form 990, Part X?	n, or other intermediary f	or contributions or othe	r assets not included	☐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a	nd complete the following	j table		
				Amount
c Beginning balance			1 c	
<b>d</b> Additions during the year			1 d	
e Distributions during the year			1 e	
f Ending balance			1 f	
2 a Did the organization include an amount on For	m 990, Part X, line 21?			Yes No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	Check here if the explanti	on has been provided i	n Part XIII	
Part V Endowment Funds. Complete if the	ne organization ansv	vered 'Yes' to Form	990. Part IV. line	10.
(a) Curren		(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance				
<b>b</b> Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the current	nt year end balance (line	1g, column (a)) held as	S	<del></del>
a Board designated or quasi-endowment	<del></del> %			
<b>b</b> Permanent endowment ▶ %				
c Temporarily restricted endowment ▶				
The percentages in lines 2a, 2b, and 2c should	l equal 100%			
3 a Are there endowment funds not in the possess organization by	ion of the organization th	at are heid and admını	stered for the	Yes No
(i) unrelated organizations				3a(ı)
(ii) related organizations				3a(iı)
<b>b</b> If 'Yes' to 3a(II), are the related organizations I				3b
4 Describe in Part XIII the intended uses of the o				
Part VI Land, Buildings, and Equipmen				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		15,965.	9,764.	6,201.
e Other				
Total. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, co	lumn (B), line 10(c) )	<b>&gt;</b>	6,201.
BAA			Sched	lule <b>D</b> (Form 990) 2012

Part VII	Investments - Other Securities. See Fo	<u>rm 990, Part X, line</u>	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost of end-of-year market value	r
	rial derivatives			
	y-held equity interests			
(3) Other				
$\frac{(A)}{(B)}$				
(A) (B) (C)				
(C)				
(D) (E) (F) (G)	~,			
(F) ~				
$\frac{(G)}{(G)}$				
(H)				• ***
(1)				
	nn (b) must equal Form 990, Part X, column (B) line 12 )		4	
	Investments - Program Related. See	Form 990, Part X	, line 13. N/A	
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost of	r
	· · · · · · · · · · · · · · · · · · ·		end-of-year market value	
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				<del></del>
(8)				
(9)				
(10)				
Total (Colun	nn (b) must equal Form 990, Part X, column (B) line 13)		······	***************************************
Part IX	Other Assets. See Form 990, Part X,	line 15. N/A		<del> </del>
<del></del>	<b>(a)</b> De	scription	(b) [	Book value
(1)		<u> </u>		
(2)				
(3)		<del></del>		
(4)				
(6)		<del></del>		······································
(7)				
(8)				
(9)				
(10)				
Total. (Co.	lumn (b) must equal Form 990, Part X, column (E	3), line 15 ).	<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part	X, line 25.		<del></del>
	(a) Description of liability	(b) Book value		
	ral income taxes			
(2)				
(3)				
(4)				
(5)	<del></del>			
(6) (7)			<del></del>	
(8)				
(9)				
(10)			<del> </del>	
(11)				
	nn (b) must equal Form 990, Part X, column (B) line 25 )	<b>•</b>	_	
	SC 740) Footnote In Part XIII, provide the text of the footnote to		talements that reports the organization's liability for uncertainty	in tay positions

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SEE PART XIII

Schedule D (Form 990) 2012 COLLEGE WORLD SERIES OF OMAHA INC.	<del></del>	-60424	02 Page 4
Part XI   Reconciliation of Revenue per Audited Financial Statements	<u>With Revenue per Returr</u>	1	
1 Total revenue, gains, and other support per audited financial statements		1	7,368,528.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains on investments	2a 248,916.		
<b>b</b> Donated services and use of facilities	2b 287,711.		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d	<u> </u>	
e Add lines 2a through 2d		2 e	536,627.
3 Subtract line 2e from line 1	1 1	3	6,831,901.
4 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	4 a	<u> </u>	
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines <b>4a</b> and <b>4b</b>		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	6,831,901.
Part XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Retu	ırn	
1 Total expenses and losses per audited financial statements		1	6,483,239.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a 287,711.		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c	}	
d Other (Describe in Part XIII )	2 d	]	
e Add lines 2a through 2d		2 e	287,711.
3 Subtract line 2e from line 1		3	6,195,528.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	6 105 500
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	6,195,528.
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also compared and 4b Also Compared Art III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTION			
TO FURTHER SUPPORT COLLEGE BASEBALL, TROPHIES ARE	AWARDED EACH YEAR	ro_the_	MVP OF THE
COLLEGE WORLD SERIES. THE TROPHIES ARE ORDERED IN	GROUPS OF 10 DUE TO	O THE E	CONOMIES
OF THE ARTIST.			
PART X - FIN 48 FOOTNOTE			
THE CORPORATION ADOPTED THE PROVISIONS OF FINANCIA	L ACCOUNTING STANDA	ARDS BO	DARD
CODIFICATION TOPIC 740-10 RELATED TO UNCERTAIN INC	OME TAX POSITIONS.	AS A F	RESULT OF
THE CORPORATION BEING TAXED AS A NOT-FOR-PROFIT, M	ANAGEMENT BELIEVES	THERE	ARE NO
ВАА		Schedule I	<b>D</b> (Form 990) 2012

PART X - FIN 48 FOOTNOTE (CONTINUED)  UNCERTAIN INCOME TAX POSITIONS TAKEN WHICH WOULD REQUIRE THE CORPORATION TO REFLECT A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.	Schedule D (Form 990) 2012 COLLEGE WORLD SERIES OF OMAHA INC.	47-6042402	Page 5
UNCERTAIN INCOME TAX POSITIONS TAKEN WHICH WOULD REQUIRE THE CORPORATION TO REFLECT A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.	Part XIII Supplemental Information (continued)		
UNCERTAIN INCOME TAX POSITIONS TAKEN WHICH WOULD REQUIRE THE CORPORATION TO REFLECT A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.	PART X - FIN 48 FOOTNOTE (CONTINUED)		
A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.	<b></b>		. mam
FINANCIAL POSITION.	UNCERTAIN INCOME TAX POSITIONS TAKEN WHICH WOULD REQUIRE THE COR	PORATION TO REFI	LECT
	A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING ST	ATEMENTS OF	
	ETNANCIAI DOSITION		
	FINANCIAL FOSITION.		
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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 47-6042402

**%** ⊠

□Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Part I General Information on Grants and Assistance

COLLEGE WORLD SERIES OF OMAHA INC

Name of the organization

Part II 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. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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
(1) ASHLAND AREA FOUNDATION							TO SUPPORT THE
j   	-						BASEBALL
ASHLAND, NE 68003	47-0773235 501 (C) (3)	501(C)(3)	6,500	0.			PROGRAM
(2) BELLEVUE PUBLIC SCHOOLS							TO SUPPORT THE
							BASEBALL
68005			5,965.	0.			PROGRAM
(3) BOYS TOWN							TO SUPPORT THE
WFORD STREE		-					BASEBALL
			5,500.	0.			PROGRAM
(4) CENTRAL OMAHA LEGION BASEBALL							TO SUPPORT THE
5560_MAYBERRY_STREET							BASEBALL
OMAHA, NE 68106	36-3879889 501 (C) (3)	501 (C) (3)	9,500.	0			PROGRAM
(5) CREIGHTON UNIVERSITY							TO SUPPORT THE
A A							BASEBALL
OMAHA, NE 68178			25,000	0			PROGRAM
(6) SCHILKE-NOVAK KIDS SPORTS TRU							TO SUPPORT THE
340 E MILITARY AVENUE							BASEBALL
			10,000.	0			PROGRAM
(7) UNIVERSITY OF NEBRASKA AT OMA							TO SUPPORT THE
6001 DODGE STREET							BASEBALL
			10,000.	0.			PROGRAM
(8)							
2 Enter total mimber of centron 601/2/(3) and aniversement organizations listed in the line 1 table	oro tacararara par	n patone lietad in	the line 1 table			•	

7	; Enter total number of section 501(c)(3) and government organizations listed in the lin
	3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

COLLEGE WORLD SERIES OF OMAHA INC

Schedule I (Form 990) (2012)

### 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, 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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE WORLD SERIES OF OMAHA INC.

Employer identification number

47-6042402

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person.

(b) Relationship between disqualified.

(c) Description of transaction.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) C	orrected?
		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

(6)			1 /	l
	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	►\$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	<b>►</b> \$	 	

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	froi	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) in c	default?	(h) Ap by bo comm	proved ard or nittee?	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												Ĭ
(2)												
(3)			İ									
(4)												
(5)												
(6)							1					
(7)												<u> </u>
(8)			1									
(9)			<b></b>							<u> </u>		
(10)			1							<u> </u>		i
otal				1	<b>▶</b> \$			·		٠		Ц

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				-	
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

Open to Public

Employer identification number 47-6042402 COLLEGE WORLD SERIES OF OMAHA INC FORM 990, PART III, LINE 1 - ORGANIZATION MISSION TO ENLIST WIDE-BASED COMMUNITY SUPPORT FROM BUSINESS, GOVERNMENT, CIVIC ORGANIZATIONS AND INDIVIDUALS TO ENSURE TICKET SALES AND PROMOTIONAL EFFORTS THAT WILL SERVE AS A FOUNDATION TO PRESENT A VERY SUCCESSFUL ANNUAL NCAA DIVISION I BASEBALL CHAMPIONSHIP, AND TO DO EVERYTHING POSSIBLE IN CONJUNCTION WITH THE CITY OF OMAHA, METROPOLITAN ENTERTAINMENT & CONVENTION AUTHORITY, CREIGHTON UNIVERSITY AND THE CORPORATE BUSINESS COMMUNITY TO HOST THE NCAA DIVISION I BASEBALL CHAMPIONSHIP IN OMAHA AS LONG AS THE TOURNAMENT IS CONDUCTED BY THE NCAA FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS A DRAFT COPY OF THE RETURN IS PROVIDED TO THE BOARD'S AUDIT COMMITTEE FOR FULL REVIEW PRIOR TO FILING FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE AUDIT COMMITTEE ANNUALLY REVIEWS TRANSACTIONS THAT MIGHT GIVE RISE TO CONFLICTS OF INTEREST WITH BOARD MEMBERS. ANY EXCEPTIONS ARE NOTED AND RESOLVED BY THE BOARD. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES 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 FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.