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## Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	FOrti	The 2013 calendar year, or tax year beginning $10/01$ , 2013, and ending	ng 9/	30	, 2014	
В	Check	If applicable C		D Employer Iden	tification Number	
	L A	ddress change   COLLEGE WORLD SERIES OF OMAHA INC.		47-6042	2402	
	N:	ame change 5010 DODGE ST.		E Telephone num	nber	
	In	omaha, NE 68132		(402) 5	554-4404	
	Пт	erminated			<del></del>	
	Па	mended return		G Gross receipts	\$ 7,877,1	28.
		pplication pending F Name and address of principal officer	H(a) Is this	a group return for subc	<del></del>	X No
	ш^,	SAME AS C ABOVE	H(b) Are all	l subordinates include ' attach a list (see in	H	No
	Tay	exempt status $ X  = 501(c)(3)$ $ 501(c)(3)  = 501(c)$ (insert no.) 4947(a)(1) or  527	If 'No,'	' attach a list (see in	structions)	
÷		bsite: CWSOMAHA.COM	-	exemption number I	•	
<u>,                                    </u>						
K Par			ation 193	U IN State of	legal domicile NE	
		Summary Briefly describe the organization's mission or most significant activities TO ENT.T	CM TATEL	DACED COL	ACINITMS?	
	1	~ · · · · · · · · · · · · · · · · · · ·		E-BASED COL		
Activities & Governance		SUPPORT FROM BUSINESS, GOVERNMENT, CIVIC ORGANIZATION TICKET SALES AND PROMOTIONAL EFFORTS THAT WILL SERVE				
E		VERY SUCCESSFUL ANNUAL NCAA DIVISION I BASEBALL CHAMP				
ě	2	Check this box I if the organization discontinued its operations or disposed of m				<u> 146</u> –
g	3	Number of voting members of the governing body (Part VI, line 1a)	ore triair 20	3   3		25
•ઇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<del></del>	23
ies.	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	<del></del>	8
፮	6	Total number of volunteers (estimate if necessary)		6		200
장 장	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 a		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7 b		0.
			F	Prior Year	Current Year	r -
4	8	Contributions and grants (Part VIII, line 1h)		519,461.	505,4	103.
ĕ	9	Program service revenue (Part VIII, line 2g)		6,146,968.	6,313,0	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		165,472.	161,8	361.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,831,901.	6,980,2	296.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		79,422.	79,5	36.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<del></del> _		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		371,870.	381,8	319.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)				
en		Total fundraising expenses (Part IX, column (D), line 25)	W. 794.9		534 1383 138	
X	D		_  2:-22		1	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11c24e)CEIVEU		5,744,236.	5,932,6	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column-(A), line 25)		6,195,528.	6,394,0	
	19	Revenue less expenses Subtract line 18 from lined?		636,373.	586,2	<u> 275.</u>
65		S DEC 2 - E S		ng of Current Year	End of Year	
986 Pale	20	lotal assets (Part X, line 16)	!	5,682,425.	6,746,1	
Not Assets of	21	Total liabilities (Part X, line 26).		25,069.	40,7	<u>776.</u>
Zű	22	Net assets or fund balances Subtract line 21 from-line 20	!	5,657,356.	6,705,3	344.
	ut II	Signature Block				
Und	er penal	ties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the be Declaration[of greparer (other than officer) is based on all information of which preparer has any knowledge	st of my knowle	edge and belief, it is tri	e, correct, and	
com	plete L	Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge		+ +		
		July I like of		12/18/	2014	
Si	gn	Ignature of officer	D	ate	/	
H€	re					
		Type or print name and title				
		Print/Type preparer's name Preparer's signature Date	.1	Check if	PTIN	
Pa	id	DEYNA C. ROUSE YUYU CHUM 121	8114	self-employed	P00363036	
	epar	er Firm's name LUTZ AND COMPANY PC	<del></del>		· · · · · · · · · · · · · · · · · · ·	
	e Oi			Firm's EIN ► 47	7-0625816	
-		OMAHA, NE 68154-5336		Phone no (40		)
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)		1	X Yes	No
_			EEA0113L 1	1/08/13	Form <b>990</b> (	
- 12	- гυ	I I ADEL WOLK INCUMULION MUCHAULE, SEE THE SEPALATE INSTRUCTION	LLAUII3L I	1700/13	1 JUN 330 (	ニンコント

	COLLEGE WORLD SERIES		47-604	2 <b>4</b> 02 Pa
<u> </u>	ement of Program Service	Accomplishments se or note to any line in this Part III		
	be the organization's mission:	se or note to any line in this Part III		<del></del>
SEE SCHEI	_			
SEE SCHE	2015 O			
		- <b></b>		
2 Did the organ	nization undertake any significant	program services during the year which	h were not listed on the prior	
Form 990 or 9	990-EZ?			Yes X
If 'Yes,' desc	ribe these new services on Sched	iule O.		
<b>3</b> Did the organ	iization cease conducting, or mak	ce significant changes in how it conduc	ts, any program services?	Yes X
If 'Yes,' desc	ribe these changes on Schedule (	Э.		
Section 501 (c	c)(3) and 501(c)(4) organizations a	ccomplishments for each of its three la and section 4947(a)(1) trusts are requir y, for each program service reported.	rgest program services, as meas red to report the amount of grants	ured by expense and allocations
4 a (Code <sup>-</sup>	) (Expenses \$ 5.75	5,935. including grants of \$	) (Revenue \$	6,313,03
		TY SUPPORT FROM BUSINESS	·	
		CKET SALES AND PROMOTION		
		SUCCESSFUL ANNUAL NCAA		
		E IN CONJUNCTION WITH TH		
		CORPORATE BUSINESS COMM		~ ~ ~ ~ ~ ~ ~ ~
		HA AS LONG AS THE TOURNA		
<b>b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
		<del></del>		
				<del></del>
c (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	
				- <b>-</b>
		- <b></b>		
	- <b>-</b>			
		<b></b>		
		<del></del>		
		<del></del>		
1 d Other progra	m services. (Describe in Schedule	e () )		
		iding grants of \$	) (Revenue \$	)
(Expenses				
(Expenses	m service expenses	5,755,935.	<del></del>	<del></del>

			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 (see instructions)?	2	X	
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		X
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		X
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		X
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		X
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		X
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	<u>-</u> -	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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
á	a 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	
ı	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		X
•	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
•	d 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		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	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		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
ŀ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	_	Х
17	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		X
18	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		X
19	complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part V Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or 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 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
	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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
b	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		X
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		X
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
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
ВАА		Form	990 (	2013)

Form 990 (2013) COLLEGE WORLD SERIES OF OMAHA INC.

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

	Check if Schedule O contains a response or note to any line in this Part V				_Ц
_	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	<u> </u>		ì
С	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	**************************************
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	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3 a		<u>X</u>
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4 a		х
b	If 'Yes,' enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fil				الإيسا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?	id did the organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such conot tax deductible?	ntributions or gifts were	6 ь		
7	Organizations that may receive deductible contributions under section 170(c).				14
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	rtly for goods and	7 a		
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 wh Form 8282?	ich it was required to file	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			20
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	penefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-C}$ ?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	organizations. Did the excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9 a		,,,,,
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a			<b>**</b>
	rGross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь			
	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 ь	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	I is the organization licensed to issue qualified health plans in more than one state?	. 0	13a	) 	
	Note. See the instructions for additional information the organization must report on Schedule	: O.			
t	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	13ь			
c	Enter the amount of reserves on hand	13c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	<del></del>	14 a	2	X
Ŀ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14 b		
BAA	TEEA0105L 07/02/13	-	Form	990 C	2013)

' Form 990 (2013) COLLEGE WORLD SERIES OF OMAHA INC. 47-6042402 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 or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 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 b Enter the number of voting members included in line 1a, above, who are independent 1 Ь 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other SEE SCHEDULE O officer, director, trustee or key employee? 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? X 3 4 Did the organization make any significant changes to its governing documents SEE SCH O 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 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 X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? X 8 b 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 9 Х (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a 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 SEE SCHEDULE O Schedule O how this was done Х 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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 X 15 a **b** Other officers of key employees of the organization SEE SCHEDULE O X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 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 b 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 b Section C. Disclosure 17 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) available for public inspection. Indicate how you make these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O 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

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

Check if Schedule O contains a response or note to any line 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, ùn	less p d a di	oerso	more to n is bot or/truste	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099-MISC)	from the organization and related organizations
(1) JOHN D. DIESING, JR.	0									
CHAIR/PRES/TREA		X		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	00			Ī						
GENERAL COUNSEL	0	X		X				0.	0.	0.
(5) ELISA DAVIES	0_									
DIRECTOR	0	X						0.	0.	0.
(6) LISA DIESING	0									
DIRECTOR	0	Х						0.	0.	0.
(7) LEN ADAMS	0									
DIRECTOR	0	Х						0.	0.	0.
(8) TOM BARKER	0									
DIRECTOR	0	X						0.	0.	0.
(9) KATRINA BOOKER	0									
DIRECTOR	0	Х						0.	0.	0.
(10) MARY ANN BORGESON	0									
DIRECTOR	0	X						0.	0.	0.
(11) DAVID G. BROWN	0									<del>-</del>
DIRECTOR	0	X						0.	0.	0.
(12) CRAIG CALLAHAN	0									<del></del>
DIRECTOR	0	Х						0.	0.	0.
(13) LARRY WZOREK	0_									
DIRECTOR	0	Х						0.	0.	O.
(14) BILL EKELER	0									
DIRECTOR	0	Х						0.	0.	0.

(A)	(B) Average hours			heck	ition more	than		(D)	(E)	(F)
Name and title	per week (list any	offic	er an	nd a c	direct	is bot or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
	organiza - tions	ior to	onal t	,	ploye	ee				organizations
	below dotted line)	stee	rustee		e	ensati				
GO HADIAN O DAIN						ĕ				<del></del>
(15) HARLAN O. FALK DIRECTOR	- 0-	Х						0.	0.	0.
(16) MARK HEWETT	0	Λ						0.	<u></u>	0.
DIRECTOR	-5-	Х						0.	0.	0.
(17) JOHN HILDENBIDDLE	0						<del> </del>			
DIRECTOR	0	X					1	0.	0.	0.
(18) MATT KARDELL	0						Г			
DIRECTOR	0	X				1		0.	0.	0.
(19) PAUL MAASS	0									
DIRECTOR	0	X					<u> </u>	0.	0.	0.
(20) KYLE PETERSON	0_									
DIRECTOR	0	X						0.	0.	0.
(21) BRUCE RASMUSSEN	0_	]								
DIRECTOR	0	X						0.	0.	0.
(22) CHRIS REICHERT	_0_									
DIRECTOR	0	X	$\square$			ļ	_	0.	0.	0.
(23) HARLEY SCHRAGER	- 2-	X					Ì		_	
DIRECTOR (24) TARCI SLAYBAUGH	0	<del> </del> -≏-	$\vdash$				⊨	0.	0.	0.
C24) TARCI SLAYBAUGH DIRECTOR	1-6-	X						0.	0.	0.
(25) GEORGE WACHTLER	0	^	$\vdash$				-	0.		
DIRECTOR	1-5-	X						0.	0.	0.
1 b Sub-total	<del></del> _	1	ш.		I		<u> </u>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	Α						<b>•</b>	0.	0.	0.
d Total (add lines 1b and 1c)							<b></b>	0.	0.	0.
2 Total number of individuals (including but not limite	d to tho	se lis	sted	abo	ve)	who	rec	eived more than \$	100,000 of reportat	le compensation
from the organization • 0										
										Yes No
3 Did the organization list any former officer, director	, or trus	tee,	key	em	ploy	ee, c	r hi	ghest compensate	ed employee	- Jan 1980 († 1980)
on line 1a <sup>7</sup> If 'Yes,' compléte Schedule J for such										3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater	portable	e con	nper	nsat	ion a	and o	othe	er compensation fr	om	
such individual	ulail pi	30,00	10: 1	1 1	נים נים	omp	nete	: Scriedule 3 loi		4 X
5 Did any person listed on line 1a receive or accrue	compens	sation	n fro	m a	ยาง เ	unrel	ated	d organization or i	ndıvıdual	
for services rendered to the organization? If 'Yes,'	complet	e Sc	hedu	ule .	J for	suc	h pe	erson		5 X
Section B. Independent Contractors	t- d 12 do		i		<b>.</b>	<del></del>	ه م ما خ		¢100 000 -t	
1 Complete this table for your five highest compensation from the organization. Report compensation.	ensation	for t	he c	con: aler	nrac ndar	iors yea	ulai r en	. received more in: iding with or within	an \$100,000 of the organization's	tax year
(A)								(B)		(C)
Name and business address Description of services									Compensation	
	_									
								ļ- ·		
O Tatal annulus of malor and anti-anti-atoms (and additional and anti-atoms)		· lues d		- Al-		المعال	ر ا ـ ام		d #b 899	
2 Total number of independent contractors (including \$100,000 of compensation from the organization	•	. 1117111	eu t	.บ เท	use	uste	u ar	Jove) who receive	a more man	
BAA	_ <u> </u>	TEEA	0108	11/	1) //13					Form <b>990</b> (2013)

•													
		0 (2013) COLLEGE V	WORLD	SERIE	S OF OMAHA	INC.				47-60	42402		Page <b>9</b>
1 21		Statement of Rev											
5.40	জুনুহ জুনুহ	Check if Schedule O	contains a	respo	nse or note to an	y line in			(B)	· · · ·	<del></del>		<u></u>
						Total	(A) revenue	Re' e: fu	(B) lated or xempt inction venue	Unre Unre busir reve	lated ness	Re exclude under	(D) evenue ed from tax r sections 12-514
STS	1 a	Federated campaigns		1 a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		W//.//w	17,723					740.82
A P	b	Membership dues		1 b				1446	K-748, Ki				
S, G		: Fundraising events		1 c								Max	
AR AR		Related organizations		1 d	<del> </del>	Mi		<b>Y</b>					
S. S.	е	Government grants (contribution	ons)	1 e				1.46		ľ24%			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included	grants, and above	1 f	505,403.								
E S	ç	Noncash contributions include	d in lines 1a	1-1f. \$_				4:92:3					1880 XXX
SA	h	Total. Add lines 1a-1f			<del></del>		05,403	.					
2	٠.			-	Business Code	يقليننغ	************						
<u> </u>	2 a	202222	ES_REVE			6,3	13,032	. 6,3	<u>13,032.</u>			<del> </del>	
끯		,			<del></del>	+		<del> </del>				├──	<del></del>
2	c	,				-		+		<del> </del>		<del>                                     </del>	
S	e	` - <del>-</del> <del>-</del>			<del></del> _	T .		+ -				<del>                                     </del>	
GRA	f	All other program service	e revenu	e -			_	1	-	<del> </del>			
2	ç	Total. Add lines 2a-2f		_		6,3	13,032	. 🗱 💥 📆		7.00			<del></del>
	3 Investment income (including dividends, interest and												
	other similar amounts)  4 Income from investment of tax-exempt bond proceeds . •				$\frac{1}{2}$	09, <u>548</u>	· <del> </del>		<del> </del>		1	<u>09,548.</u>	
	5	Royalties	t or tax-ex	(empt L	oona proceeas •			<del></del>		<del> </del>		<del>}</del>	
	,	Noyanies	(i) R	eal	(ii) Personal	98.879			2.4387		<del>7.7.7.7.</del> 7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.		774 C.X. 1
	6 a	Gross rents	<del></del> "										
	Ł	Less rental expenses	<del></del>							Ŀŝĸĸ			///////////////////////////////////////
	•	: Rental income or (loss)				7222							
	c	Net rental income or (lo	ss)			•							
	7 a	Gross amount from sales of	(i) Secu		(II) Other								
		assets other than inventory.	949	<u>, 145.</u>	<del> </del>	-1000	#1: Z:						
		Less cost or other basis and sales expenses		,832.									
		Gain or (loss)	52	<u>,313.</u>							33 a		halladidi.
		Net gain or (loss)			<u>-</u>	1 2 2 2 3 3 3	52,313			1000 W 1000			52,313.
UE	8 a	Gross income from fund (not including \$	draising e	vents									
VE)		of contributions reported	d on line	īc)									
R RE		See Part IV, line 18		а									
OTHER REVENUE	k	Less: direct expenses		b									
0	(	: Net income or (loss) fro	m fundra	ising ev	vents I	-							
	9 a	Gross income from gam See Part IV, line 19	ning activi	ties. a									
		Less direct expenses		. b		_						<i>[335]</i>	WW:22.27
	(	: Net income or (loss) fro	m gamınç	g activit	ies	>  		<u></u>	<del> </del>		*****************	<u></u>	777
		<ul> <li>Gross sales of inventory and allowances</li> </ul>		urns a									
		Less cost of goods sole		b		_							
	(	Net income or (loss) fro	m sales o	of inven	itory '	<b>^</b>				1			

11 a

Miscellaneous Revenue

d All other revenue
e Total. Add lines 11a-11d

12 Total revenue. See instructions

6,980,296.

6,313,032.

Business Code

0.

Section 501(c)(3)	and 501(c)(4)	organizations must co	omplete all columns	All other organizations m	ust complete column (A)	
•	Check if Sche	edule O contains a res	sponse or note to an	y line in this Part IX		

Do n	oot include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
6b, 7	b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	79,536.	79,536.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	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.
7	Other salaries and wages	318,397.		318,397.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	310,337.		310,337.	
9	Other employee benefits	38,599.		38,599.	
10	Payroll taxes	24,823.		24,823.	
11	Fees for services (non-employees):	•			
а	Management				
Ŀ	Legal	5,202.		5,202.	
c	Accounting	25,100.		25,100.	
c	Lobbying				
e	Professional fundraising services See Part IV, line 17		. 3 9942 /2 / 20, 100 /2, 2		
	Investment management fees	29,361.		29,361.	
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	203,627.	203,627.		
13	Office expenses	203,027.	203,021.		
14	Information technology			·	<del></del>
15	Royalties			, ,	<del></del>
16	Occupancy	35,534.		35,534.	<del></del>
17	Travel			33,331.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,193.		3,193.	
23	Insurance	44,078.		44,078.	
24	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)				
a	NCAA FEES	4,359,814.	4,359,814.		
	EVENT RELATED	642,913.	642,913.		
	SALES AND SEAT TAXES	372,290.	_372,290.		
	MISCELLANEOUS EXPENSE	113,799.		113,799.	
	All other expenses	97,755.	97,755.		
	Total functional expenses. Add lines 1 through 24e	6,394,021.	5,755,935.	638,086.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
BAA		TEEA0110L 1	1/08/13		Form <b>990</b> (2013)

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	146,138.	1	93,911.
	2	Savings and temporary cash investments	442,514.	2	590,382.
- 1	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
AS	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D  15, 965.			
	b	Less accumulated depreciation 10b 12,957.	6,201.	10 c	3,008.
	11	Investments – publicly traded securities	5,062,195.	11	6,044,958.
	12	Investments – other securities. See Part IV, line 11		12	
ļ	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	25,377.	15	13,861.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,682,425.	16	6,746,120.
	17	Accounts payable and accrued expenses	25,069.	17	40,776.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L I T	22	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	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	25,069.	26	40,776.
T AS	27	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	E E11 210	27	6 611 422
女のい しょう	28	Temporarily restricted net assets	5,511,218.	28	6,611,433.
Š	29	Permanently restricted net assets	146,138.	29	93,911.
O R	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		23	
FDZO	30	Capital stock or trust principal, or current funds	\$.784(!!	30 30	🕯 36. Sur Ma. 5. 65. 38 190 K. 47. 1988
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ä	33	Total net assets or fund balances	5,657,356.	33	6,705,344.
<b>BALA NCES</b>	34	Total liabilities and net assets/fund balances	5,682,425.	34	6,746,120.
ب		, otal materials and not assessment salarioss	3,002,423.		0,740,120.

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Form **990** (2013)

		47-6042402	Page <b>12</b>
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,980,296.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,394,021.
3	Revenue less expenses. Subtract line 2 from line 1	3	586,275.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,657,356.
5	Net unrealized gains (losses) on investments	5	461,713.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	<del>,- ,- ,- ,</del>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,705,344.
P#	作XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		П
			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		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewed on a	
	Separate basis Consolidated basis Both consolidated and separate basis		[
	b Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate	
	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 oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in taudit Act and OMB Circular A-133?	the Single	3a X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b
BAA		<del></del>	Form <b>990</b> (2013)
			· · · · · · · · · · · · · · · · · · ·

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

COL	LEG	E W	ORL	D SE	RIE	S OF	OMA	HA II	NC.		_						47-6	042402	2		
																	ee ins	truction	ıs.		
The o	rgah	ıızatı	on is i	not a	orivate	e foun	dation	becaus	e it	ıs: (Fo	r lines	1 throu	igh 11, d	check on	ly one t	oox)					
1	$\vdash$													section	170(b)(	1χΑχί).					
2	Ц	A scl	nool c	lescrit	ed in	section	n 170	( <b>b)(1)(A</b> )	<b>X</b> ii).	(Attac	ch Sch	edule E	.)								
3	_		•							_				tion 170							
4						_	ation c	peratec	ın e	conjur	iction v	vith a h	ospital c	lescribed	in sect	tion 170(	(b)(1)(A)	(iii) Ente	er the hosp	tal's	
			e, city					<del>-</del> -	- ,	- <del>-</del>			- <b></b> -	<b>-</b> -						<del></del> -	- <b>-</b> -
5	닏	170(1	о <b>ў1</b> )(с	۱)(iv).	(Con	nplete	Part II	.)		•					,	Ū	mental	unit desc	cribed in <b>se</b>	etion	
6 7						_		_						ection 17			ar fram	tha gana	ral public d	ocorik	a d
,	닏	in se	ction	170(b	х1ха	<b>((vi).</b>	(Comp	lete Par	rt II.	)	part	n ns su	ррогене	ili a gov	emme	itai ui iit	OI IIOIII	ule gene	ral public d	esci il	eu
8		A co	mmur	nity tru	ist de	scribe	d ın se	ction 17	70(b	χΊχΑ	<b>(</b> vi). (C	complet	e Part II	.)							
9		from inves	ăctivi stmen	ties re t inco	elated me ar	to its	éxemp elated	ot functi	óns ss ta	– sub xable	ject to income	certain	excepti	ons, and	(2) no	more th	an 33-1/	3% of its	s, and gross s support fro e organizati	om gr	oss
10		An o	rganiz	zation	orgar	nized a	and op	erated e	excl	usıvely	∕ to tes	t for pu	blic safe	ty. See	section	509(a)(4	<b>\$).</b>				
11	ш	more	e publ	ıcly sı	pport	ed ord	ıanızat	ions de	scrit	bed in	section	n 509(a`	)(1) or s	perform ection 50 ough 11h	09(a)(2)	ctions of . See <b>se</b>	, or carr ection 50	y out the 1 <b>9(a)(3).</b> (	e purposes Check the b	of one	e or at
		a 「	Type	e l	b	Ty	pe II	•	c 「	Туре	e III —	Function	nally int	egrated		d 🗍	Type III	- Non-fu	unctionally	ntegr	ated
е	ш	othe	heckir r than on 50	found	lation	l certi mana	fy that gers a	the org	ganizer the	zation an one	is not	controlle ore publ	ed direc licly sup	tly or inc ported o	lirectly l rganiza	by one o tions de	r more o scribed	disqualifi in section	ed persons n 509(a)(1)	or	
f		If the		ınızatı		ceived	a writt	ten dete	ermii	nation	from t	he IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g		Sinc	e Aug	ust 17	, 200	6, has	the or	ganızat	ion	accept	ted any	gift or	contrib	ution fro	m any d	of the fol	llowing p	ersons?			
																				Yes	No
		(i)						irectly of of the su					togethe	with pe	rsons d	escribed	l ın (ıı) a	nd (III)	11 g (i)		
		(ii)	A fa	mily n	nembe	er of a	perso	n descr	ibed	l in (i)	above <sup>6</sup>	?							11 g (ii)		
		(iii)	A 35	% cor	ntrolle	d entit	y of a	person	des	cribed	l ın (ı) d	or (II) at	oove?						11 g (iii)		
h		Prov	ride th	e folio	wing	ınform	ation	about th	ne si	upport	ed org	anızatıo	n(s).							<u> </u>	L
			ime of s organiz		:d		(ii) EIN	Į		(descri	e of orga bed on la or IRC s instructi	nes 1-9 section	organ column your g	Is the ization in (i) listed in joverning ument?	the orga column	ou notify nization in (i) of your oport?	organiz colu organiz	Is the zation in mn (i) ed in the S ?	(VII) Amoun sup	t of mon	etary
									_				Yes	No	Yes	No	Yes	No			
(A)										_		_									
(B)																		}			
															1						
(C)								_	+				+-	+		<del> </del>	<del>                                     </del>	<del>                                     </del>			
(D)									_					<u> </u>	-	ļ				•	
<u>(E)</u>								<i></i>		7,79,750	WW. W.			~	8 27 E.						
Total																					

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								
begu	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013		(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						į		
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) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	3	(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	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related active	rities, etc (see inst	ructions)				12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501	(c)(3)	<b>&gt;</b>	
	tion C. Computation of Pu								
14	Public support percentage for 20	•	• •	e 11, column (f))			14		<u>6</u>
15	Public support percentage from 3	2012 Schedule A,	Part II, line 14			L	15		%
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization d qualifies as a pub	lid not check the b licly supported or	oox on line 13, and ganization	the line 14 is 33-	1/3% or mor	e, che	ck this box	
b	33-1/3% support test — 2012. If to and stop here. The organization	he organization di qualifies as a pub	d not check a box blicly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or mo	re, che	eck this box	
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this b	oox and <b>stop here</b>	. Éxplain in f	art IV	)% ' how •	
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	test, check this to tion qualifies as a	oox and <b>stop here</b> publicly supporte	. Explain in F d organizatio	Part IV on	how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a, (	or 17b, check this	box and see	ınstru	ictions -	
BAA					Sch	nedule A (Fo	rm 990	or 990-E7) 20	13

P維制 Support Schedule for Organizations Described in Section 509(a)(2)

				3 · · · ·								
(	Complete	only if you	checked t	he box on I	ine 9 of Pa	art I or if t	ne organizatio	n failed to	qualify under	Part II I	f the organization	on fails
t	o qualify i.	inder the te	sts listed l	below blea	se comple	te Part II	١					

Sect	ion A. Public Support						
	lar year (or fiscal yr beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants')	_548,060.	471,000.	512,600.	519,461.	505,403.	2,556,524.
2	Gross receipts from admis-	340,000.	4/1,000.	312,000.	319,401.	303,403.	2,330,324.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's	7 201 620	F F4F 000	F F04 0CC	6 146 060	C 212 022	20 702 422
3	tax-exempt purpose Gross receipts from activities	1,201,628.	5,545,828.	5,584,966.	6,146,968.	6,313,032.	30,792,422.
	that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf The value of services or						0.
5	facilities furnished by a						
	governmental unit to the organization without charge						<u> </u>
6	<b>Total.</b> Add lines 1 through 5	7,749,688.	6,016,828.	6,097,566.	6,666,429.	6,818,435.	<u>0.</u> 33,348,946.
	Amounts included on lines 1,	7,745,000.	0,010,020.	0,031,300.	0,000,425.	0,010,433.	33,340,340.
	2, and 3 received from disqualified persons	25 020	44,500.	50,000.	50,000.	30,000.	209,530.
h	Amounts included on lines 2	35,030.	44,300.	30,000.	30,000.	30,000.	203,330.
	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 Add lines 7a and 7b	35,030.	0. 44,500.	50,000.	50,000.	30,000.	209,530.
_	Public support (Subtract line	35,030.	44,300.	30,000.	30,000.	30,000.	209,530.
	7c from line 6)	K.Y. 1871 A.	.41 <b>%</b> 1669				33,139,416.
Sec	tion B. Total Support		···				
	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
-	Amounts from line 6	7,749,688.	6,016,828.	6,097,566.	6,666,429.	6,818,435.	33,348,946.
iva	Gross income from interest, dividends, payments received				į		
	on securities loans, rents, royalties and income from						
	similar sources	107,212.	98,848.	87,864.	165,472.	161,861.	621,257.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975	107.010	00.010		165 450	155 055	0.
-	Add lines 10a and 10b  Net income from unrelated business	107,212.	98,848.	87,864.	165,472.	161,861.	621,257.
••	activities not included in line 10b,					ļ	
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						<u>-</u>
	gain or loss from the sale of capital assets (Explain in	1		[	1		
	Part IV.)						0.
	Total Support. (Add Ins 9,10c, 11 and 12)						33,970,203.
14	First five years. If the Form 990 organization, check this box and	stop here	ition's first, secon	a, tnira, tourtn, or	TITTE tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20	•		e 13, column (f))		15	97.55 %
16	Public support percentage from					16	97.73 %
	tion D. Computation of In				an (fl)	17	1.83 %
17 18	Investment income percentage f	•		•	"" ( <i>'))</i>	18	1.83 %
	33-1/3% support tests – 2013. If				nd line 15 is more		
	is not more than 33-1/3%, check	this box and stor	here. The organ	zation qualifies as	s a publicly suppo	rted organization	► <u>X</u>
b	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	the organization of	did not check a bo	ox on line 14 or lin	e 19a, and line 16	is more than 33-	1/3%, and ▶ □
20	Private foundation. If the organ			-			Zauoii
BAA	ato loanaaton. Il alo organ		TEE AOAON			shedula A (Form (	

	(Form 990 o			COTI	LEGE	WORLD	SERI	ES OF	' OMAI	<u>HA INC.</u>		47-6042	402	Page <b>4</b>
Part IV	Suppleme or 17b; ar (See instr	ental Info nd Part ructions	f <mark>ormati</mark> III. line	<b>on.</b> F 12. <i>F</i>	Provid Also d	de the e omplet	explan te this	ations part fo	requir or any	ed by P addition	art II, line al informa	10; Part I tion.	l, line 17a	1
,											<del>-</del> -	· <b>-</b>		
	· <b></b>											· <b>-</b>		
	. – – – – –											· <b>-</b>		
	. – – – – -								<b>-</b>				- <del>-</del>	
	- <b>-</b>							<b>-</b> -				· <b>-</b>		
	. – – – – -													<b>-</b> -
										- <b></b>				<del>-</del> -
										<b>-</b> -				<b>-</b>
			<u>-</u>					. – <b>– -</b>						
	- <b>-</b>												<b></b>	
	· <b></b>								<del>-</del>			•	- <b>-</b>	
						<b>-</b>		- <b></b> -			<b>-</b> -			
	. – – – –							· <del></del> -				. — — — —	<b></b>	
												<b>-</b>		
			<b></b>	<b>_</b>		<b></b>						- <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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	•			p.cy c. lacinameda.	
CO.	HECE WODIN CEDIES OF OWNER TO	I.C.		47 6040400	
	LLEGE WORLD SERIES OF OMAHA IN Organizations Maintaining Don			47-6042402	· · · · · · · · · · · · · · · · · · ·
£1.90	Complete if the organization ans	swered 'Yes' to Form 990, Part IV, III	ne 6.	counts.	
		(a) Donor advised funds		unds and other ac	counts
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 dor are the organization's property, subject to the	or advisors in writing that the assets held in coorganization's exclusive legal control?	donor advised fu	nds <b>Yes</b>	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fur of the donor or donor advisor, or for any othe	nds can be used er purpose confe	l only erring Yes	□ No
Öss	Conservation Easements.				
		swered 'Yes' to Form 990, Part IV, III	ne 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r		n of an historica	lly important land	area
	Protection of natural habitat	· <b>—</b>	n of a certified h	• •	
	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	n the form of a c	conservation ease	ment on the
			Н	eld at the End of	the Tax Year
;	a Total number of conservation easements		2 a		
	Total acreage restricted by conservation ease		2 b		
•	Number of conservation easements on a certif	ied historic structure included in (a)	2 c		. <u> </u>
	d Number of conservation easements included in structure listed in the National Register		2 d		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termin	ated by the orga	anization during th	ne
4	Number of states where property subject to co	<del></del> -			
5	Does the organization have a written policy re and enforcement of the conservation easemer		andling of violati	ons,	No
6	Staff and volunteer hours devoted to monitoring		J	,	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easeme	ents during the y	ear	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section 170(h)(4)	(B)(ı) Yes	No
9	in Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in its revenue ai o the organization's financial statements that	nd expense state describes the or	ement, and balan ganization's acco	ce sheet, and unting for
Pal	Organizations Maintaining Collec	tions of Art, Historical Treasures, or C	Other Similar	Assets.	
		swered 'Yes' to Form 990, Part IV, II			
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 rese	enue statement arch in furtherar	and balance shee nce of public servi	t works of ice, provide,
I	<ul> <li>If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:</li> </ul>	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	e statement and i in furtherance o	balance sheet wo of public service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X.			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 (ASC 958) relating to these items	for financial gai	n, provide the foll	lowing
i	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
1	Assets included in Form 990, Part X			<b>⊳</b> \$	9 309

Schedule <b>D</b> (Form 990) 2013 COLLI <b>Part III</b> Organizations Maintair	EGE WORLD SER	ES OF OMA	HA INC.	47-604 her Similar Assets (		Page 2
3 Using the organization's acquisition						
items (check all that apply):	,,					
a Public exhibition		d Loan	or exchange programs  MVP TROPHIES			
b Scholarly research	<b>-4</b>	e X Other	MVP TROPHIES			
c Preservation for future generation of the organ Part XIII. SEE PART XIII		and explain how	they further the organi	zation's exempt purpose	: in	
5 During the year, did the organiza to be sold to raise funds rather the	an to be maintained	as part of the or	ganization's collection?		Yes	XNo
Escrow and Custodia Ine 9, or reported an	al Arrangements. Amount on Form	Complete if 990, Part X,	the organization a line 21.	nswered 'Yes' to Fo	orm 990,	Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or oth	er intermediary	for contributions or other	er assets not included	Yes	∏No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and comp	lete the followin	ng 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				1f		
2 a Did the organization include an a	mount on Form 990, I	Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII. Check he	ere if the explan	tion has been provided	ın Part XIII		
		<del></del>				
Part V Endowment Funds. Co						r voore book
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four	r years back
<b>b</b> Contributions				<del></del>	<del> </del>	
<b>B</b> Cortainations					<del> </del>	<del></del>
c Net investment earnings, gains,						
and losses <b>d</b> Grants or scholarships	<del></del>				<del> </del>	
,	<del></del>	<u> </u>			<del></del>	
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
g End of year balance	<del></del>				<del></del>	
2 Provide the estimated percentage	e of the current year e	end balance (line	e 1g, column (a)) held a	as:	<u> </u>	
a Board designated or quasi-endov	•	જ				
<b>b</b> Permanent endowment ▶	%					
c Temporarily restricted endowmer	nt ►	%				
The percentages in lines 2a, 2b,	and 2c should equal	100%				
3a Are there endowment funds not a	n the possession of th	ne organization	that are held and admir	nistered for the	<b></b>	<del>-,</del>
organization by·		J			Y,	es No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(ii), are the related of	_				3b	
4 Describe in Part XIII the intended	uses of the organiza	tion's endowme	nt funds.			
Part VI Land, Buildings, and		-				<u>-</u>
Complete if the organi	zation answered	'Yes' to Form	990, Part IV, line	11a. See Form 990	, Part X,	line 10.
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1 a Land						
<b>b</b> Buildings						
c Leasehold improvements	<u> </u>		<del></del>			
<b>d</b> Equipment	-		15,965.	12,957.		3,008.
e Other			20,000.	12,00,.		
Total. Add lines 1a through 1e (Colum	n (d) must egual Forr	n 990, Part X o	olumn (B). line 10(c) )	<b>-</b>		3,008.
RAA	(2)			Sched	fule <b>D</b> /For	m 990) 2013

Part VII Investments - Other Securities.	IV. a.l. ta Farra 000	N/A
(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(b) book value	(c) Method of Valuation; Cost of end-of-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		225 1 4 6 8 8 6 8 6 8 8 8 8 8 9 9 9 8 8 9 9 8 8 9 9 8 9 8
Part VIII Investments - Program Related.	0/ 11 5 000	N/A
(a) Description of investment type	(b) Book value	, Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
(1)	(b) DOOK Value	(c) Welliod of Valuation. Cost of end-of-year market value
(2)	<del></del>	
(3)	J	
(4)	7	
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	N/A	L
	es to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
(1)	<u></u>	(4) 2001. 101.00
(2)		
(3)		
(4) (5)		
(6)		
(7)		
(8)	<del></del>	
(9)		
Total. (Column (b) must equal Form 990, Part X, column (B)	1) line 15 )	<b>&gt;</b>
Part X Other Liabilities.	y, iiile 10 ).	
Complete if the organization answered 'Yes' to Form		
(a) Description of liability	(b) Book value	
(1) Federal income taxes (2)	<del></del>	
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)	<del> </del>	
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>•</b>	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered 'Yes' to Form 990, f	•	<b>1.</b>
1 Total revenue, gains, and other support per audited financial statements		1 7,746,043.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a  461,713.	
<b>b</b> Donated services and use of facilities	2b 304,034.	
c Recoveries of prior year grants	2c	133
d Other (Describe in Part XIII.)	2 d	184
e Add lines 2a through 2d	24	2e 765,747.
3 Subtract line 2e from line 1		3 6,980,296.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	0,980,296.
a Investment expenses not included on Form 990, Part VIII, line 7b		
<b>b</b> Other (Describe in Part XIII.)	4 a 4 b	
	40	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	National Control	5 6,980,296.
Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' to Form 990, I		irn.
Total expenses and losses per audited financial statements		1 6,698,055.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		384
a Donated services and use of facilities	2a   304,034.	
<b>b</b> Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2 d	tm
e Add lines 2a through 2d		2e 304,034.
3 Subtract line 2e from line 1		3 6,394,021.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	0,334,021.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	ka d
c Add lines 4a and 4b	<u></u>	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 6,394,021.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also compared to the compared t		
PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTION	IS & HOW FURTHERS EX	KEMPI PURPOSE
TO_FURTHER_SUPPORT_COLLEGE_BASEBALL, TROPHIES_ARE_	AWARDED EACH YEAR	TO THE MVP OF THE
COLLEGE_WORLD_SERIESTHE_TROPHIES_ARE_ORDERED_IN	GROUPS OF 10 DUE TO	O THE ECONOMIES
OF_THE_ARTIST		
PART X - FIN 48 FOOTNOTE		
THE CORPORATION ADOPTED THE PROVISIONS OF FINANCIA	L_ACCOUNTING_STANDA	ARDS BOARD
CODIFICATION_TOPIC_740-10_RELATED_TO_UNCERTAIN_INC	OME TAX POSITIONS.	AS A RESULT OF
THE CORPORATION BEING TAXED AS A NOT-FOR-PROFIT, M		THERE ARE NO Schedule D (Form 990) 2013
waa		2010 (1 01111 350) 2013

Part XIII Supplemental Information (continued)	47-6042402	Page 5
Supplemental information (continued)		<del>-</del>
PART X - FIN 48 FOOTNOTE (CONTINUED)		
UNCERTAIN INCOME TAX POSITIONS TAKEN WHICH WOULD REQUIRE THE CO	ORPORATION TO REF	LECT
A LIABILITY FOR UNRECOGNIZED TAX BENEFITS ON THE ACCOMPANYING	STATEMENTS OF	
FINANCIAL POSITION.		
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~	_ ~	

TEEA3305L 07/01/13

Schedule **D** (Form 990) 2013

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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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(1)	
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OMB No 1545-0047

Open to Public Inspection

Employer identification number

47-6042402

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. COLLEGE WORLD SERIES OF OMAHA INC. 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?

% ⊠ Yes

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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(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) BOYS TOWN							TO SUPPORT THE
WFORD STREE							BASEBALL
BOYS TOWN, NE 68010			5, 500.	0.			PROGRAM
(2) CREIGHTON UNIVERSITY.							TO SUPPORT THE
A:							BASEBALL
OMAHA, NE 68178			25,000.	0.			PROGRAM
(3) LATINO'S PEACE POLICE OFF. AS							TO SUPPORT THE
<u>13445_CRYER_AVENUE</u>							BASEBALL
OMAHA, NE 68144			10,000.	0.			PROGRAM
(4) UNIVERSITY OF NEBRASKA AT OMA							TO SUPPORT THE
							BASEBALL
			10,000.	0.			PROGRAM
<u>(</u> g)							
6							
 				·			
(8)							į
			•	-			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government org	janizations listed in	the line 1 table			•	C
3 Enter total number of other organizations listed in the line 1 table	f only the line					4	

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Page 2 (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. **Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 47-6042402 (e) Method of valuation (book, FMV, appraisal, other) \_\_\_IHE\_ORGANIZATION\_REQUIRES\_IHAT\_GRANTEE\_ORGANIZATIONS\_PROVIDE\_PHOTOGRAPHS\_OF (d) Amount of non-cash assistance (c) Amount of cash grant COLLEGE WORLD SERIES OF OMAHA INC. \_\_\_COMPLETED\_PROJECTS\_FOR\_WHICH\_FUNDS\_WERE\_GRANTED\_ PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Ŋ ~ ന 4 9

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Schedule I (Form 990) (2013)

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

## Transactions With Interested Persons

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

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.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

Name of the organization

COL

Employer identification number 2402

LEGE	WORLD	SERIES	OF	OMAHA	INC.	47	-6	04

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.

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

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> \$	
<b>►</b> \$	

## Part 1 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	of loan	fro	an to or m the ization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(2)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)			1									
(10)			1					<u> </u>				
Total	<del>'</del>		_ <del></del>		<b>▶</b> \$		VX.	<u> </u>	7000			¥3

## Past 翻》 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)			<del></del>		
(2)					
(3)					
(4)					
(5)					
(6)					
<u>ന</u>					
(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) 2013

(a) Name of interested person	nterested person  (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiz rever	aring o
•	organization			Yes	No
(1) JACK DIESING	OFFICER/DIRE	42,576.	INSURANCE		X
(2) LISA DIESING	DIRECTOR	42,576.	INSURANCE		X
(3)					
(4)					
(5)					<u> </u>
(6)			<del></del>		├
(7) (8)					┼-
(9)	<del></del>	<del></del>	<del></del>		-
(10)				+	$\vdash$
Supplemental Information Provide additional information for	1	<del>,</del>			
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				<del>-</del> -	· <b>–</b> -
					. – -
					· <del></del> -
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				<b>-</b>	· — -
		<del></del>		<del>-</del> -	
		<b>-</b>	<del>-</del>	<b>-</b>	· — -
		<b></b>			
				<b>-</b>	
			<del>-</del>		- <b>-</b> -
				<b>-</b>	· — -

# SCHEDULE O

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization 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, DOUGLAS COUNTY, 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 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC. OFFICER AND DIRECTOR JOHN D. DIESING, JR. IS THE FATHER OF DIRECTOR LISA DIESING. FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS THE BY-LAWS OF THE COLLEGE WORLD SERIES OF OMAHA, INC. ("CORPORATION") WERE AMENDED AND RESTATED TO REFLECT THE FOLLOWING: (A) EACH ELECTED MEMBER TO THE BOARD OF DIRECTORS OF THE CORPORATION WILL SERVE A THREE-YEAR TERM AND THE THE TERMS OF THE DIRECTORS WILL BE STAGGERED; AND (B) EACH ELECTED OFFICER WILL HOLD THE OFFICE FOR A THREE YEAR TERM. THE GOVERNANCE GUIDELINES OF THE CORPORATION WERE AMENDED AND RESTATED TO REFLECT THE FOLLOWING: (A) REMOVED THE SERVICE CLUB COMMITTEE AND THE VOLUNTEER COMMITTEE AND ASSIGNED THE FUNCTIONS PREVIOUSLY PERFORMED BY THOSE COMMITTEES TO OTHER COMMITTEES AND CORPORATION STAFF; (B) CREATED THE EXTERNAL AFFAIRS COMMITTEE; AND (C) ESTABLISHED THE DIESING LEGACY BOARD SEAT. 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

Schedule <b>0</b> (Form 990 or 990-EZ) 2013	Page <b>2</b>
Name of the organization COLLEGE WORLD SERIES OF OMAHA INC.	Employer identification number 47-6042402
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	
THE AUDIT COMMITTEE ANNUALLY REVIEWS TRANSACTIONS THAT MIGH	T GIVE RISE TO CONFLICTS
OF INTEREST WITH BOARD MEMBERS. ANY EXCEPTIONS ARE NOTED AND	D RESOLVED BY THE BOARD.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROC	ESS - 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 INCLUDE	D IN FILE NOTES AND
MINUTES OF THE ORGANIZATION.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICL	Y AVAILABLE
THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, C	ONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UP	ON REQUEST.
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