

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 NEBRASKA'S OFFICIAL SOFT DRINK HERITAGE
 FDN
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 541
 City or town, state or province, country, and ZIP or foreign postal code
 HASTINGS, NE 689020541

D Employer identification number
 47-0836247
E Telephone number
 (402) 461-8405
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.KOOL-AIDDAYS.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 101,717

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	52,642
	3 Membership dues and assessments	3	
	4 Investment income	4	37
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	49,038	
b Less cost of goods sold	7b	24,360	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	24,678	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	77,357	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	500
	14 Occupancy, rent, utilities, and maintenance	14	4,201
	15 Printing, publications, postage, and shipping	15	1,610
	16 Other expenses (describe in Schedule O)	16	70,513
	17 Total expenses. Add lines 10 through 16 ▶	17	76,824
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	533
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,692
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	57,225

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	56,692	22 57,225
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	56,692	25 57,225
26 Total liabilities (describe in Schedule O).	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,692	27 57,225

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO ORGANIZE AND PROMOTE THE ANNUAL "KOOL-AID DAYS" FESTIVAL AND PROMOTE HASTINGS, NEBRASKA AS THE BIRTHPLACE OF "KOOL-AID"	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALLISON PETR	1 00	0	0	0
TREASURER				
PAM BOHMFALK	1 00	0	0	0
PRESIDENT				
RYAN MARTIN	1 00	0	0	0
DIRECTOR				
JESSICA ROHAN	1 00	0	0	0
SECRETARY				
MARISSA SITZMORE	1 00	0	0	0
DIRECTOR				
SUSAN SPADY	1 00	0	0	0
DIRECTOR				
BECKY MATTICKS	1 00	0	0	0
DIRECTOR				
CHERI BEDA	1 00	0	0	0
DIRECTOR				
RONNIE O'BRIEN	1 00	0	0	0
DIRECTOR				
TROY KEILIG	1 00	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer 2018-05-08 Date ALLISON PETR, TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ALLISON PETR, CPA Preparer's signature Date 2018-05-08 Check if self-employed PTIN P00425190 Firm's name LUTZ AND COMPANY PC Firm's EIN 47-0625816 Firm's address PO BOX 1317 HASTINGS, NE 689021317 Phone no (402) 462-4154

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 47-0836247

Name: NEBRASKA'S OFFICIAL SOFT DRINK HERITAGE
FDN

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 ORGANIZATION AND PROMOTION OF THE ANNUAL "KOOL-AID DAYS" FESTIVAL AND PROMOTION OF HASTINGS, NEBRASKA AS THE BIRTHPLACE OF "KOOL-AID" (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0

TY 2017 Transfers Personal Benefits Contracts Declaration

Name: NEBRASKA'S OFFICIAL SOFT DRINK HERITAGE
FDN

EIN: 47-0836247

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.**2017****Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
NEBRASKA'S OFFICIAL SOFT DRINK HERITAGE
FDN

Employer identification number

47-0836247

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 37

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 49,038 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 24,360 GROSS PROFIT 24,678 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 24,360 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 24,360

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 26 DESCRIPTION ADVERTISING AMOUNT 17,972 DESCRIPTION INSURANCE AMOUNT 4,743 DESCRIPTION ARTIST FEES AMOUNT 14,809 DESCRIPTION SALES TAX AMOUNT 2,537 DESCRIPTION MISCELLANEOUS AMOUNT 4,208 DESCRIPTION MEMBERSHIPS AMOUNT 1,141 DESCRIPTION EQUIPMENT RENTAL AMOUNT 18,748 DESCRIPTION BANK CHARGES AMOUNT 216 DESCRIPTION PAGEANT EXPENSE AMOUNT 1,583 DESCRIPTION GAMES EXPENSE AMOUNT 2,124 DESCRIPTION ACTIVITIES EXPENSE AMOUNT 1,530 DESCRIPTION WEBSITE EXPENSE AMOUNT 360 DESCRIPTION SUPPLIES AMOUNT 516 TOTAL TO FORM 990-EZ, LINE 16 70,513