

Form **990EZ**
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.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

- 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-AIDAYS.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 \$ 99,932

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
2	Program service revenue including government fees and contracts 53,491
3	Membership dues and assessments
4	Investment income 54
5a	Gross amount from sale of assets other than inventory 5a
5b	Less cost or other basis and sales expenses 5b
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
6b	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
6c	Less direct expenses from gaming and fundraising events 6c
6d	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 46,387
7b	Less cost of goods sold 7b 19,125
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 27,262
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 80,807
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 3,688
15	Printing, publications, postage, and shipping 15 2,903
16	Other expenses (describe in Schedule O) 16 69,836
17	Total expenses. Add lines 10 through 16 17 76,927
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,880
Net Assets	
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 57,225
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 61,105

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	57,225	22 61,105
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	57,225	25 61,105
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)	57,225	27 61,105

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				
RYAN MARTIN	1 00	0	0	0
DIRECTOR				
JESSICA ROHAN	1 00	0	0	0
PRESIDENT				
MARISSA SITZMORE	1 00	0	0	0
SECRETARY				
SUSAN SPADY	1 00	0	0	0
DIRECTOR				
BECKY MATTICKS	1 00	0	0	0
DIRECTOR				
RONNIE O'BRIEN	1 00	0	0	0
DIRECTOR				
ANDREA MELENDEZ	1 00	0	0	0
DIRECTOR				
VIRGINIA JOHNSON	1 00	0	0	0
DIRECTOR				
MEGAN RATHJE	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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ALLISON PETR Telephone no (402) 462-4154 Located at PO BOX 541 HASTINGS, NE ZIP + 4 68902

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
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

	Yes	No
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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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."

(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	2019-10-30 Date
ALLISON PETR, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARK DEDIANA CPA CFE	Preparer's signature	Date 2019-10-30	Check <input type="checkbox"/> if self-employed	PTIN P01702042
	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.)	
<p>28 ORGANIZATION AND PROMOTION OF THE ANNUAL "KOOL-AID DAYS" FESTIVAL AND PROMOTION OF HASTINGS, NEBRASKA AS THE BIRTHPLACE OF "KOOL-AID" (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2018 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**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name 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 54

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 46,387 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 19,125 GROSS PROFIT 27,262 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 19,125 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 19,125

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 70 DESCRIPTION ADVERTISING AMOUNT 20,854 DESCRIPTION INSURANCE AMOUNT 4,445 DESCRIPTION ARTIST FEES AMOUNT 9,150 DESCRIPTION SALES TAX AMOUNT 2,351 DESCRIPTION MISCELLANEOUS AMOUNT 2,530 DESCRIPTION MEMBERSHIPS AMOUNT 971 DESCRIPTION EQUIPMENT RENTAL AMOUNT 23,713 DESCRIPTION BANK CHARGES AMOUNT 166 DESCRIPTION PAGEANT EXPENSE AMOUNT 2,077 DESCRIPTION GAMES EXPENSE AMOUNT 1,009 DESCRIPTION ACTIVITIES EXPENSE AMOUNT 1,347 DESCRIPTION WEBSITE EXPENSE AMOUNT 360 DESCRIPTION SUPPLIES AMOUNT 793 TOTAL TO FORM 990-EZ, LINE 16 69,836