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Form 990-PF

Department of the Treasury
Internal Revenue ServiceReturn of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012 or tax year beginning , and ending

Name of foundation DAROLD A NEWBLOM FOUNDATION		A Employer identification number 36-3696589
Number and street (or P O box number if mail is not delivered to street address) 1208 LARAMIE AVE	Room/suite	B Telephone number (see instructions) 308-762-4400
City or town, state, and ZIP code ALLIANCE NE 69301		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 227,308	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	145	145		
	4 Dividends and interest from securities	4,199	4,199		
	5 a Gross rents				
	b Net rental income or (loss)				
	6 a Net gain or (loss) from sale of assets not on line 10	1,797			
	b Gross sales price for all assets on line 6a 32,516				
	7 Capital gain net income (from Part IV, line 2)		1,797		
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	6,141	6,141	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	500			500
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	63			63
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,512	1,992		2,520
	24 Total operating and administrative expenses. Add lines 13 through 23	5,075	1,992	0	3,083
	25 Contributions, gifts, grants paid	8,900			8,900
26 Total expenses and disbursements. Add lines 24 and 25	13,975	1,992	0	11,983	
27 Subtract line 26 from line 12	-7,834				
a Excess of revenue over expenses and disbursements		4,149			
b Net investment income (if negative, enter -0-)					
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2012)

HTA

2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	37,182	28,038	28,038
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	85,078	86,388	105,693
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
Liabilities		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	100,000	100,000	93,577
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	222,260	214,426	227,308
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>			
	27	Capital stock, trust principal, or current funds	306,186	306,186	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	-83,926	-91,760	
	30	Total net assets or fund balances (see instructions)	222,260	214,426	
	31	Total liabilities and net assets/fund balances (see instructions)	222,260	214,426	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	222,260
2	Enter amount from Part I, line 27a	2	-7,834
3	Other increases not included in line 2 (itemize) ▶ ROUNDING	3	
4	Add lines 1, 2, and 3	4	214,426
5	Decreases not included in line 2 (itemize) ▶ LOSS ON SALE OF INVESTMENTS/CAPITAL GAIN DISTRIBUTION	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	214,426

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SHORT TERM SALES (SEE ATTACHMENT	P	5/2/2012	11/16/2012
b SPDR S & P 500 ETF TRUST	P	8/8/2011	5/2/2012
c LONG TERM SALES (SEE ATTACHMENT)	P	1/1/2008	12/31/2012
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,572		5,737	-165
b 700		570	130
c 26,239		24,412	1,827
d			
e			

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			-165
b			130
c			1,827
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,797
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	3	-35

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	14,841	134,572	0.110283
2010	12,560	196,057	0.064063
2009	12,204	253,565	0.048130
2008	18,043	263,811	0.068394
2007	15,871	290,057	0.054717

2 Total of line 1, column (d)	2	0.345587
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.069117
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	130,467
5 Multiply line 4 by line 3	5	9,017
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	41
7 Add lines 5 and 6	7	9,058
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	11,983

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments

a 2012 estimated tax payments and 2011 overpayment credited to 2012

b Exempt foreign organizations—tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2013 estimated tax

Refunded

1	41
2	0
3	41
4	
5	41
6a	
6b	
6c	
6d	
7	0
8	
9	41
10	0
11	0

Part VII-A Statements Regarding Activities

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

c Did the foundation file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation \$ (2) On foundation managers \$

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

If "Yes," attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by General Instruction T

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

8 a Enter the states to which the foundation reports or with which it is registered (see instructions) NE

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8b	X	
9		X
10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NONE	13	X	
14	The books are in care of ► WALLY SEILER Telephone no ► (308) 762-4693 Located at ► 1208 LARAMIE AVE ALLIANCE NE ZIP+4 ► 69301			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15	X		
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 _____, 20 _____, 20 _____, 20 _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 _____, 20 _____, 20 _____, 20 _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to				
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?				
Organizations relying on a current notice regarding disaster assistance check here		<input checked="" type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK TOLSTEDT 137 W 21ST ST ALLIANCE, NE 69301	PRESIDENT/DIRECTOR PARTTIME			
WALLY SEILER 1208 LARAMIE AVE ALLIANCE, NE 69301	TREASURER/DIRECTOR PARTTIME			
HERBERT SAMPSON III 9202 W DODGE RD SUITE 307 OMAHA, NE	V PRES/DIRECTOR PARTTIME			

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 TO PROVIDE SCHOLARSHIPS FOR DESERVING YOUNG MEN & WOMEN OF WHATEVER ORIGIN & TO ASSIST THEM IN ATTENDING ANY EDUCATION INSTITUTION IN THIS COUNTRY OR ABROAD SCHEDULE ATTACHED (10 STUDENTS)	
2 TO ASSIST IN & FUND EQUIPMENT OR PROVIDE FOR THE MAINTENANCE OF INSTITUTIONS OR ASSOCIATIONS FOR THE ADVANCEMENT OF LEARNING, ART APPRECIATION, ELDER CARE IN THIS COUNTRY - SCHEDULE ATTACHED (4 ORGANIZATIONS/ENTITIES SERVED)	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	99,844
b	Average of monthly cash balances	1b	32,610
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	132,454
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	132,454
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	1,987
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	130,467
6	Minimum investment return. Enter 5% of line 5	6	6,523

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	6,523
2a	Tax on investment income for 2012 from Part VI, line 5	2a	41
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	41
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,482
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,482
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,482

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	11,983
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,983
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	41
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,942

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				6,482
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2012				
a From 2007	1,762			
b From 2008	5,002			
c From 2009				
d From 2010	2,777			
e From 2011	8,188			
f Total of lines 3a through e	17,729			
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 11,983				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2012 distributable amount				6,482
e Remaining amount distributed out of corpus	5,501			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	23,230			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	1,762			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	21,468			
10 Analysis of line 9				
a Excess from 2008	5,002			
b Excess from 2009				
c Excess from 2010	2,777			
d Excess from 2011	8,188			
e Excess from 2012	5,501			

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

[illegible]

Part XV **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a. The name, address, and telephone number or e-mail of the person to whom applications should be addressed

WALLY SEILER 1208 LARAMIE AVE ALLIANCE, NE 69301 308-762-4693

- b** The form in which applications should be submitted and information and materials they should include

SEE ATTACHED COPY OF APPLICATION

- c Any submission deadlines**

APRIL 1 ANNUALLY

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year CARNEGIE ARTS CENTER	NONE		EDUCATION	1,174
ALLIANCE, NE 69301 CHADRON HIGH SCHOOL	NONE		EDUCATION	2,226
CHADRON, NE 69337 POST PLAYHOUSE	NONE		EDUCATION	2,000
CRAWFORD, NE 69339 JENNY LANIK/UNIV OF NE KEARNEY	NONE		EDUCATION	500
ALLIANCE, NE 69301 SHAWNA FISCHLING/UNIV OF NE	NONE		EDUCATION	500
ALLIANCE, NE 69301 DARIN BOTTGER/UNIV OF NE	NONE		EDUCATION	500
ALLIANCE, NE 69301 HANS C HANSEN/UNIV OF WISCONSIN-MADISON	NONE		EDUCATION	500
ALLIANCE, NE 69301 KAITLYN HEITZ/COLORADO STATE UNIV	NONE		EDUCATION	500
ALLIANCE, NE 69301 ALLISON JANKOVITS/CHADRON STATE COLLEGE	NONE		EDUCATION	500
ALLIANCE, NE 69301 BILLIE KUNZMAN/UNIV OF NE KEARNEY	NONE		EDUCATION	500
ALLIANCE, NE 69301 VIOLETTE CARLSON/WESTERN DAKOTA TECH INS	NONE		EDUCATION	500
ALLIANCE, NE 69301				
Total See Attached Statement			▶ 3a	8,900
b Approved for future payment				
Total			▶ 3b	0

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions DAROLD A NEWBLOM FOUNDATION	Employer identification number (EIN) or 36-3696589
	Number, street, and room or suite no. If a P.O. box, see instructions 1208 LARAMIE AVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALLIANCE NE 69301	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **WALLY SEILER**

Telephone No. ► **(308) 762-4693**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year 2012 or

► ☐ tax year beginning _____, and ending _____

- 2** If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

COPY OMB No. 1545-0047

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	DAROLD A NEWBLOM FOUNDATION	36-3696589
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	1208 LARAMIE AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ALLIANCE	NE 69301

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► WALLY SEILER

Telephone No ► (308) 762-4693

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year 2012 or

► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	41
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	41

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

SARAH MCCAFFREY/UNIV OF NE KEARNEY RETURNED

Street

City	ALLIANCE	State	NE	Zip Code	69301	Foreign Country	
Relationship	NONE	Foundation Status					
Purpose of grant/contribution						Amount	-500
EDUCATION							

Name

Street

City		State		Zip Code		Foreign Country	
Relationship		Foundation Status					
Purpose of grant/contribution						Amount	

Name

Street

City		State		Zip Code		Foreign Country	
Relationship		Foundation Status					
Purpose of grant/contribution						Amount	

Name

Street

City		State		Zip Code		Foreign Country	
Relationship		Foundation Status					
Purpose of grant/contribution						Amount	

Name

Street

City		State		Zip Code		Foreign Country	
Relationship		Foundation Status					
Purpose of grant/contribution						Amount	

Name

Street

City		State		Zip Code		Foreign Country	
Relationship		Foundation Status					
Purpose of grant/contribution						Amount	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Check "X" to include in Part IV	Description	CUSIP #	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Acquisition Method	Date Sold	Gross Sales Price	Totals				
									Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improve-ments	Depreciation	Net Gain or Loss
Other sales													
1	X				5/22/2012	P	11/16/2012	5,572	5,737				
2	X				8/8/2011	P	5/2/2012	700	570				
3	X				1/1/2008	P	12/31/2012	26,239	24,412				
				</									

Part I, Line 16b (990-PF) - Accounting Fees

		500	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	JOHNSON & ASSOCIATES	500		
2	DIETRICH & SAUTTER (AUDIT)			

Part I, Line 16b (990-PF) - Accounting Fees

		500
Disbursements for Charitable Purposes (Cash Basis Only)		
1		500
2		

Part I, Line 18 (990-PF) - Taxes

		63	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Real estate tax not included in line 20			
2	Tax on investment income	38		
3	Foreign tax paid	25		
4	Occupation tax			

Part I, Line 18 (990-PF) - Taxes

		63
Disbursements for Charitable Purposes		
1		
2		38
3		25
4		

Part I, Line 23 (990-PF) - Other Expenses

		4,512	1,992	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	POSTAGE	67		
2	SUPPLIES	101		
3	CONSULTING FEE	1,500		
4	SELECTION COMMITTEE EXPENSE	852		
5	BANK FEES	1,992	1,992	
6	SCHOLARSHIPS			
7	GRANTS			
8	MISCELLANEOUS			
9	ADVERTISING			

Part I, Line 23 (990-PF) - Other Expenses

2,520

	Disbursements for Charitable Purposes
1	67
2	101
3	1,500
4	852
5	
6	
7	
8	
9	

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		85,078		86,388		93,995		105,693
Description		Num Shares/ Face Value	Book Value Beg of Year	Book Value End of Year	FMV Beg of Year	FMV End of Year		
1	SEE ATTACHMENT		85,078	86,388	93,995	105,693		

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

	Description	Interest Rate	Maturity Date	Book Value Beg of Year	Book Value End of Year	FMV Beg of Year
1	SEE ATTACHMENT					
2	TREASURY BOND					

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

0	
	FMV
1	End of Year
2	

Part II, Line 13 (990-PF) - Investments - Other

		100,000		100,000		100,000		93,577
		Book Value		Book Value		Book Value		FMV
		Beg of Year		Beg of Year		End of Year		End of Year
1	ANNUITY	AT COST		100,000		100,000		93,577

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	FRANK TOLSTEDT		137 W 21ST ST	ALLIANCE	NE	68301		PRESIDENT/DIRECTOR	PARTTIME			
2	WALLY SEILER		1208 LARAMIE AVE	ALLIANCE	NE	68301		TREASURER/DIRECTOR	PARTTIME			
3	HERBERT SAMPSON III		9202 W DODGE RD SUITE 307	OMAHA	NE			V PRES/DIRECTOR	PARTTIME			

Data Sheet (8868 Page 1)

For the calendar year or other tax year beginning				, and ending	
Name DAROLD A NEWBLOM FOUNDATION			FEIN 36-3696589		
Address 1208 LARAMIE AVE			SSN		
City, Town, or Post Office ALLIANCE		State NE	Zip Code 69301	Foreign Country	

Books in Care Of (8868 Page 1)

Name					
<input type="checkbox"/> Person					
<input checked="" type="checkbox"/> Business WALLY SEILER					
Address 1208 LARAMIE AVE ALLIANCE NE			Fax no		Telephone no (308) 762-4693
City ALLIANCE		State NE	Zip code 69301	Foreign country	

DAROLD A. NEWBLOM FOUNDATION

Application for Grant – Form A (Individuals)

**TO: Board of Directors
Darold A. Newblom Foundation
P.O. Box A
Alliance, Nebraska 69301**

NOTE: If insufficient space is provided on this form, please attach additional pages as necessary to furnish the information requested.

Applicant's Name _____

Home Address _____

Street or P.O. Box

City, State, Zip

Telephone No: Home _____ **Business** _____

Date of Birth _____ **Occupation** _____

Date Graduated from High School _____

Degrees Received in College _____

List any special honors and awards received at any time:

- 1. Show the amount requested and explain in detail how it will be used. Give separate amounts for tuition, books and supplies, travel, etc.**

- 2. Have you ever received a grant from this Foundation previously? If so, when and for what amount?**

3. State whether you are receiving other funds (scholarships, student loans, etc.) for the same purpose for which this grant application is submitted. If so, from whom and in what amounts?

4. Give beginning and ending dates of the academic year during which the funds will be used, and furnish information as to where and when grant funds should be paid.

5. Give the following financial information to show financial need.

Applicant's Net Worth \$ _____

Married: Yes _____ No _____ Separated or Divorced _____

If "Yes", is spouse employed: Yes _____ No _____

Approximate annual net earnings: \$ _____

All dependents (give number and ages): _____

Will you be employed or receiving income from any other source?

_____ If so, give source and approximate amount annually.

Give any other information and describe any special circumstances showing financial need.

6. With this application, please submit an original transcript of your high school grades (if you are not yet in college) or your college grades (if you have previously attended, or are currently attending, college). In addition, furnish at least one letter of recommendation from an appropriate adult. You must also provide a personal letter in which, among other things, you tell of your long-term educational and career goals and the manner in which you plan to finance the achievement of those goals besides a grant which might be provided to you by the Darold A. Newblom Foundation.

Under penalties of perjury, the undersigned certifies that the information furnished in this Application is true and complete, and that the undersigned agrees to comply with all policies of the Foundation for the use of any funds granted pursuant to this Application, as such policies are set forth in the "Statement of Policies and Procedures" of the Foundation, a copy of which has been furnished to the undersigned.

Dated: _____
Signature

DAROLD A. NEWBLOM FOUNDATION

Application for Grant – Form B (Organizations)

**TO: Board of Directors
Darold A. Newblom Foundation
P.O. Box A
Alliance, Nebraska 69301**

NOTE: If insufficient space is provided on this form, please attach additional pages as necessary to furnish the information requested.

Applicant's Name _____ **Telephone No.** _____

Address _____

Street or P.O. Box

City, State, Zip

Give name, address and telephone number of person who will be overseeing the project for which the grant is being requested.

Name _____ **Telephone No.** _____

Address _____

Street or P.O. Box

City, State, Zip

1. If an organization other than a political subdivision or governmental agency, please answer the following:

Have you received a determination letter from the Internal Revenue Service as to:

(a) Exempt status as a 501(c) (3) organization

Yes

No

(b) Private foundation status

(c) Grant-making procedure

Attach photocopies of any such determination letters. If you answered "No" to all three, please explain why your organization would be qualified for a grant.

2. Describe the applicant's purposes and activities in general.

3. Give the name, address and title of each member of the applicant's governing board.

4. Have you ever received a grant from this Foundation previously? If so, when and in what amount?

5. Show the amount requested and explain in detail how it will be used. State whether the grant is to be earmarked for the use or benefit of any one person, group, or class of people. If so, for whom?

6. Give starting and ending dates of the program for which funds are to be used.

7. Please supply a proposed budget of your organization for the period during which the funds will be used, showing all receipts for the project or program (grants, public donations, gifts from individuals or other organizations, etc.) and all estimated disbursements for such project or program (wages and salaries, payroll taxes, supplies, equipment, rent, postage, utilities, telephone, travel, etc.). If the grant for which this application is submitted is to be used for a limited purpose within a broader program, please identify that portion of receipts and disbursements germane to such limited purpose. (Attach proposed budget).

Under penalties of perjury, the undersigned certifies that the information furnished in this Application is true and complete, and that the Applicant agrees to comply with all policies of the Foundation for the use of any funds granted pursuant to this Application, as such policies are set forth in the "Statement of Policies and Procedures" of the Foundation, a copy of which has been furnished to the undersigned.

Dated: _____
Applicant

By _____

Title _____

2012 Tax Information Statement

Page 7 of 23

Payer's Name and Address:

BANK OF THE WEST DBA TAYLOR & CO
TRUST TAX DEPARTMENT
P.O. BOX 60078 SC-MPK-03-M
LOS ANGELES, CA 90060

Account Number:

Recipient's Tax ID Number:
Payer's Federal ID Number:
Payer's State ID Number:
State: NE

(800)713-2555

Questions?

☐ Corrected

☐ 2nd TIN notice

Recipient's Name and Address:

DAROLD NEWBLOM FOUNDATION
C/O WALLY SEILER, SEC-TREAS
1208 LARAMIE AVE
ALLIANCE, NE 69301

2012 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums.
Covered (Box 6a is not checked)

Description (Box 8)				Stock or Other Symbol (Box 1d)					
Cusip	Quantity Sold (Box 1e)	Date of Sale or Exchange (Box 1a)	Date of Acquisition (Box 1b)	Stocks, Bonds, etc. (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
Short Term Sales Reported on 1099-B									
06740C519		BARCLAYS BK PLC IPATH S&P MT ETN		VXZ					
	37.0000	06/01/2012	05/02/2012	1,932.95	1,658.29	0.00	274.66	0.00	0.00
06740C519		BARCLAYS BK PLC IPATH S&P MT ETN		VXZ					
	55.0000	10/17/2012	08/16/2012	1,696.83	2,229.22	0.00	-532.39	0.00	0.00
78462F103		SPDR S&P 500 ETF TRUST		SPY					
	10.0000	08/16/2012	06/01/2012	1,419.83	1,289.66	0.00	130.17	0.00	0.00
983134107		WYNN RESORTS LTD COM		WYNN					
	5.0000	11/16/2012	02/22/2012	522.49	559.46	0.00	-36.97	0.00	0.00
Total Short Term Sales Reported on 1099-B				5,572.10	5,736.63	0.00	-164.53	0.00	0.00
Report on Form 8949, Part I, with Box A checked									

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2012 Tax Information Statement

Page 8 of 23

Account Number:

Recipient's Tax ID Number:

Payer's Federal ID Number:

Payer's State ID Number:

State:

Questions?

☐ Corrected

NE

(800)713-2555

☐ 2nd TIN notice

Recipient's Name and Address:

DAROLD NEWBLOM FOUNDATION

C/O WALLY SEILER, SEC-TREAS

1208 LARAMIE AVE

ALLIANCE, NE 69301

Payer's Name and Address:

BANK OF THE WEST DBA TAYLOR & CO

TRUST TAX DEPARTMENT

P.O. BOX 60078 SC-MPK-03-M

LOS ANGELES, CA 90060

2012 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price of stocks, bonds, etc., less commissions and option premiums.

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

Cusip	Description (Box 8)	Date of Sale or Exchange (Box 1a)	Quantity Sold (Box 1e)	Stocks, Bonds, etc. (Box 2a)	Cost or Other Basis	Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
Short Term Sales Reported on 1099-B									
78462F103	SPDR S&P 500 ETF TRUST	05/02/2012	5.0000	700.35	569.95	0.00	130.40	0.00	0.00
Total Short Term Sales Reported on 1099-B				700.35	569.95	0.00	130.40	0.00	0.00
Report on Form 8949, Part I, with Box B checked									
Long Term 15% Sales Reported on 1099-B									
00208R102	AT&T INC COM	02/22/2012	Various	333.07	289.95	0.00	43.12	0.00	0.00
143658300	CARNIVAL CORPORATION	02/22/2012	Various	512.88	620.05	0.00	-107.17	0.00	0.00
151020104	CELGENE CORP COM	02/22/2012	02/26/2010	74.54	59.60	0.00	14.94	0.00	0.00
189754104	COACH INC COM	02/22/2012	04/21/2006	296.97	140.96	0.00	156.01	0.00	0.00
20030N101	COMCAST CORP CL A	11/16/2012	02/26/2010	281.95	131.50	0.00	150.45	0.00	0.00

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2012 Tax Information Statement

Account Number:

Recipient's Tax ID Number:

Payer's Federal ID Number:

Payer's State ID Number:

State:

Questions?

☐ Corrected

Payer's Name and Address:

BANK OF THE WEST DBA TAYLOR & CO
TRUST TAX DEPARTMENT
P.O. BOX 60078 SC-MPK-03-M
LOS ANGELES, CA 90060

NE

(800)713-2555

☐ 2nd TIN notice

Recipient's Name and Address:

DAROLD NEWBLOM FOUNDATION
C/O WALLY SEILER, SEC-TREAS
1208 LARAMIE AVE
ALLIANCE, NE 69301

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

Cusip	Description (Box 8)	Stocks Bonds, etc. (Box 2a)	Cost or Other Basis	Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
Quantity Sold	Date of Sale or Exchange	Date of Acquisition					
(Box 1e)	(Box 1a)						
30219G108	EXPRESS SCRIPTS HLDG CO COM	ESRX					
2.0000	11/16/2012	02/02/2007	103.85	0.00	68.67	0.00	0.00
349913376	FORWARD EXTENDED MARKET PLUS FUND	ASMCX					
49.0130	11/28/2012	09/30/1999	1,345.41	0.00	222.24	0.00	0.00
349913376	FORWARD EXTENDED MARKET PLUS FUND	ASMCX					
441.1190	12/28/2012	09/30/1999	12,276.34	0.00	2,167.78	0.00	0.00
34987A632	FORWARD STRATEGIC ALTERNATIVES FUND INSTL	ASAFX					
753.5790	12/21/2012	Various	7,317.25	0.00	-1,539.41	0.00	0.00
375558103	GILEAD SCIENCES INC COM	GILD					
3.0000	11/16/2012	02/26/2010	223.56	0.00	80.88	0.00	0.00
458140100	INTEL CORP COM	INTC					
44.0000	11/16/2012	Various	882.18	0.00	-37.68	0.00	0.00
58155Q103	MCKESSON CORP COM	MCK					
3.0000	02/22/2012	04/21/2006	242.53	0.00	94.33	0.00	0.00
674599105	OCCIDENTAL PETE CORP COM	OXY					
5.0000	02/22/2012	02/28/2008	516.10	0.00	119.17	0.00	0.00
78462F103	SPDR S&P 500 ETF TRUST	SPY					
7.0000	05/02/2012	06/24/2010	980.50	0.00	226.11	0.00	0.00
78462F103	SPDR S&P 500 ETF TRUST	SPY					
6.0000	08/16/2012	08/08/2011	851.90	0.00	167.96	0.00	0.00
Total Long Term 15% Sales Reported on 1099-B			26,239.03	0.00	1,827.40	0.00	0.00

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ALLIANCE, NE 69301

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Cusip		Description (Box 8)		Stock or Other Symbol (Box 1d)		Wash Sale		Net Gain		Federal		State	
Quantity Sold (Box 1e)	Date of Sale or Exchange (Box 1a)	Date of Acquisition	Stocks Bonds, etc. (Box 2a)	Cost or Other Basis	Loss Disallowed	Tax Withheld	or Loss	Income Tax Withheld (Box 4)	Tax Withheld (Box 15)				

Report on Form 8949, Part II, with Box B checked