



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



Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2013

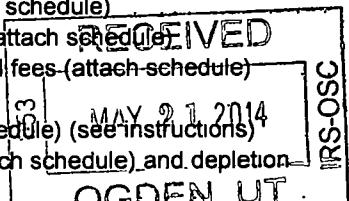
Open to Public Inspection

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning

, and ending

Name of foundation DAROLD A NEWBLOM FOUNDATION		A Employer identification number 36-3696589			
		B Telephone number (see instructions) 308-762-4400			
Number and street (or P O box number if mail is not delivered to street address) 1208 LARAMIE AVE		Room/suite			
City or town ALLIANCE		State NE	ZIP code 69301		
Foreign country name		Foreign province/state/county	Foreign postal code		
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					
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					
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 240,151		J Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			
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 type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	89	89		
	4 Dividends and interest from securities	1,618	1,618		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	3,056			
	b Gross sales price for all assets on line 6a	20,297			
	7 Capital gain net income (from Part IV, line 2)		3,056		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	2,640	2,640			
12 Total. Add lines 1 through 11	7,403	7,403	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	560			560
	c Other professional fees-(attach schedule)	5,000	3,500		1,500
	17 Interest	61	61		
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule),and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	201			201
	23 Other expenses (attach schedule)	854			854
	24 Total operating and administrative expenses.	6,676	3,561	0	3,115
Add lines 13 through 23					
25 Contributions, gifts, grants paid	8,400			8,400	
26 Total expenses and disbursements. Add lines 24 and 25	15,076	3,561	0	11,515	
27 Subtract line 26 from line 12.					
a Excess of revenue over expenses and disbursements	-7,673				
b Net investment income (if negative, enter -0-)		3,842			
c Adjusted net income (if negative, enter -0-)			0		



Assets	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
1	Cash—non-interest-bearing				
2	Savings and temporary cash investments		28,038	17,361	17,361
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				
10a	Investments—U.S. and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)		86,388	89,392	128,206
c	Investments—corporate bonds (attach schedule)				
11	Investments—land, buildings, and equipment. basis ►				
	Less. accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)		100,000	100,000	94,584
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)		214,426	206,753	240,151
Liabilities					
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 ►)		0	0	
23	Total liabilities (add lines 17 through 22)				
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted				
25	Temporarily restricted				
26	Permanently restricted				
Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.					
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		-91,760	-99,433	
30	Total net assets or fund balances (see instructions)		214,426	206,753	
31	Total liabilities and net assets/fund balances (see instructions)		214,426	206,753	

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	214,426
2	Enter amount from Part I, line 27a	2	-7,673
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	206,753
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	206,753

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 SEE ATTACHMENT			P	VARIOUS	VARIOUS
b SEE ATTACHMENT			P	VARIOUS	VARIOUS
c SEE ATTACHMENT			P	VARIOUS	VARIOUS
d SEE ATTACHMENT			P	VARIOUS	VARIOUS
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 8,640		8,407	233		
b 1,851		1,746	105		
c 9,340		7,088	2,252		
d 466			466		
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(l) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (l) over col (j), if any			
a			233		
b			105		
c			2,252		
d			466		
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	3,056	
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	0	

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?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Yes No

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))
2012	11,942	130,467	0.091533
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

- 2 Total of line 1, column (d) **2** 0.382403
- 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** 0.076481
- 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 **4** 230,253
- 5 Multiply line 4 by line 3 **5** 17,610
- 6 Enter 1% of net investment income (1% of Part I, line 27b) **6** 38
- 7 Add lines 5 and 6 **7** 17,648
- 8 Enter qualifying distributions from Part XII, line 4 **8** 11,515

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	77
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> 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-)	2	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	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	6b
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	7	0
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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 ►	10	0
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ► Refunded ►		

Part VII-A Statements Regarding Activities

		Yes	No
1a	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?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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.</i>	1b	X
c	Did the foundation file Form 1120-POL for this year?	1c	X
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? <i>If "Yes," attach a detailed description of the activities.</i>	2	X
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	X
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?	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	X
8a	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? <i>If "No," attach explanation</i>	8b	X
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	X
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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 Located at ► 1208 LARAMIE AVE ALLIANCE NE	Telephone no ► (308) 762-4693 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 2013, 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	<p>During the year did the foundation (either directly or indirectly)</p> <p>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(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</p>		
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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? If "Yes," list the years ► 20 20 20 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2a	
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	2c	
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	3a	
b	If "Yes," did it have excess business holdings in 2013 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 2013.)	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 2013?	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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/>		5b	X
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <i>If "Yes" to 6b, file Form 8870.</i>		6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A

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 (7 STUDENTS)	3,000
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 (3 ORGANIZATIONS/ENTITIES SERVED)	5,400
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	116,979
b	Average of monthly cash balances	1b	22,700
c	Fair market value of all other assets (see instructions)	1c	94,080
d	Total (add lines 1a, b, and c)	1d	233,759
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	233,759
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	3,506
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	230,253
6	Minimum investment return. Enter 5% of line 5	6	11,513

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	11,513
2a	Tax on investment income for 2013 from Part VI, line 5	2a	77
b	Income tax for 2013 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	77
3	Distributable amount before adjustments Subtract line 2c from line 1	3	11,436
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	11,436
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	11,436

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	11,515
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	3a	
a	Suitability test (prior IRS approval required)	3b	
b	Cash distribution test (attach the required schedule)	4	11,515
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	
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)	6	11,515
6	Adjusted qualifying distributions. Subtract line 5 from line 4		

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				11,436
2 Undistributed income, if any, as of the end of 2013			0	
a Enter amount for 2012 only				
b Total for prior years. 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2013				
a From 2008	5,002			
b From 2009				
c From 2010	2,777			
d From 2011	8,188			
e From 2012	5,501			
f Total of lines 3a through e	21,468			
4 Qualifying distributions for 2013 from Part XII, line 4 ► \$ 11,515				
a Applied to 2012, 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 2013 distributable amount				11,436
e Remaining amount distributed out of corpus	79			
5 Excess distributions carryover applied to 2013 (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	21,547			
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 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7 (see instructions)	5,002			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	16,545			
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010	2,777			
c Excess from 2011	8,188			
d Excess from 2012	5,501			
e Excess from 2013	79			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**N/A**

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling ►				N/A
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities				
	Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
(1)	Value of all assets				0
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)				0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				0
c	"Support" alternative test—enter				
(1)	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				0
(2)	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)				0
(3)	(3) Largest amount of support from an exempt organization				0
(4)	(4) Gross investment income				0

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 address 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	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
Name and address (home or business)				
a Paid during the year				
ELLIE APPLEGARTH 3091 CR 59 ALLIANCE, NE 69301	NONE		EDUCATION	500
KELSY WOOD PO BOX 33 HEMINGFORD, NE 69348	NONE		EDUCATION	500
HANS HANSEN PO BOX 173 HEMINGFORD, NE 69348	NONE		EDUCATION	500
KACEY HORN 1016 PLATTE AVE ALLIANCE, NE 69301	NONE		EDUCATION	500
CARALINA CARLSON 6780 CHERRY ROAD HEMINGFORD, NE 69348	NONE		EDUCATION	500
SYDΝIE HIEMSTRA 1403 PLATTE AVE ALLIANCE, NE 69301	NONE		EDUCATION	500
JORGE FLORES 245 E 10TH ST CHADRON, NE 69337	NONE		EDUCATION	500
VIOLETTE CARLSON SCHOLARSHIP RETURNED	NONE		EDUCATION	-500
CRAWFORD PUBLIC SCHOOLS 908 5TH ST CRAWFORD, NE 69339	NONE		EDUCATION	1,988
POST PLAYHOUSE 1000 MAIN STREET CHADRON, NE 69337	NONE		EDUCATION	2,312
CARNEGIE ARTS CENTER 204 W 4TH STREET ALLIANCE, NE 69301	NONE		EDUCATION	1,100
Total				► 3a 8,400
b Approved for future payment				
Total				► 3b 0

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Line	Description	Unrelated business income		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	
1	Program service revenue.			
a				
b				
c				
d				
e				
f				
g	Fees and contracts from government agencies			
2	Membership dues and assessments			
3	Interest on savings and temporary cash investments		89	14
4	Dividends and interest from securities		1,618	14
5	Net rental income or (loss) from real estate			
a	Debt-financed property			
b	Not debt-financed property			
6	Net rental income or (loss) from personal property			
7	Other investment income			
8	Gain or (loss) from sales of assets other than inventory			
9	Net income or (loss) from special events			
10	Gross profit or (loss) from sales of inventory			
11	Other revenue a <u>ANNUITY DISTRIBUTION</u>		2,640	14
b				
c				
d				
e				
12	Subtotal. Add columns (b), (d), and (e)		4,347	0
13	Total. Add line 12, columns (b), (d), and (e)			0

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge

**Sign
Here**

Signature of officer or trustee

15-12-14

Date

► Secretary-Treasurer

Title

May the IRS discuss this return
with the preparer shown below
(see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name KAREN JOHNSON	Preparer's signature 	Date 4/30/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00416325
	Firm's name ► JOHNSON & ASSOCIATES	Firm's EIN ► 80-0001929			
	Firm's address ► 803 BOX BUTTE AVE, ALLIANCE, NE 69301	Phone no 308-762-5100			

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

2013 Tax Information Statement

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: 61C432012
Recipient's Tax ID Number: XX-XXX6589
Payer's Federal ID Number: 95-6036451
Payer's State ID Number: NE
State: (800)713-2555
Questions?

Corrected

2nd TIN notice

Recipient's Name and Address:
DAROLD NEWBLOM FOUNDATION
C/O WALLY SELLER, SECT TREAS
1208 LARAMIE AVE
ALLIANCE, NE 69301

Page 7 of 25

2013 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)

Cusip	Description (Box 8)	Stock or Other Symbol (Box 1d)	Date of Sale or Exchange	Date of Acquisition	Stocks Bonds, etc.	Cost or Other Basis	Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld	Withheld (Box 15)
(Box 1e)	(Box 1a)	(Box 2a)	(Box 3)	(Box 4)	(Box 5)	(Box 6)	(Box 7)	(Box 8)	(Box 9)	(Box 10)	(Box 11)
Short Term Sales Reported on 1099-B											
002824100	ABBOTT LABORATORIES COM	ABT	03/14/2013	01/23/2013	523.23	494.94	0.00	28.29	0.00	0.00	0.00
15.00000											
06739H412	BARCLAYS BANK PLC IPATH OPTIMIZED CURRENCY CARRY EXCHANGE TRADED NT	ICL	02/12/2013	12/21/2012	2,876.82	2,859.58	0.00	17.24	0.00	0.00	0.00
61.00000											
464287564	ISHARES COHEN & STEERS REIT ETF	ICF	02/12/2013	12/21/2012	1,721.18	1,648.46	0.00	72.72	0.00	0.00	0.00
21.00000											
722005667	PIMCO COMMODITY REAL RETURN STRATEGY FUND INST #45	PCRIX	02/12/2013	12/21/2012	2,849.83	2,837.07	0.00	12.76	0.00	0.00	0.00
425.34480											
78462F103	SPDR S&P 500 ETF TRUST	SPY	02/01/2013	06/01/2012	602.76	515.87	0.00	86.89	0.00	0.00	0.00
4.00000											
85590A401	STARWOOD HOTELS & RESORTS WORLDWIDE INC	HOT	06/13/2013	11/16/2012	66.30	51.44	0.00	14.86	0.00	0.00	0.00
1.00000											
Total Short Term Sales Reported on 1099-B					8,640.12	8,407.36	0.00	232.76	0.00	0.00	0.00
Report on Form 8949, Part I, with Box A checked											
Long Term Sales Reported on 1099-B											

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.

2013 Tax Information Statement

Payer's Name and Address:
BANK OF THE WEST DBA TAYLOR & CO
TRUST TAX DEPARTMENT
P.O. BOX 600788 SC-MPK-03-M
LOS ANGELES, CA 90060

Account Number: 61C432012
Recipient's Tax ID Number: XX-XXX6589
Payer's Federal ID Number: 95-6036451
Payer's State ID Number: NE
State: NE
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

Corrected

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

Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Date of Sale or Exchange	Date of Acquisition	Stock or Other Symbol (Box 1d)	Cost or Other Basis	Wash Sale Loss Disallowed (Box 3)	Net Gain or Loss (Box 5)	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
(Box 1e)	(Box 1a)			Stocks Bonds, etc.					
025537101	AMERICAN ELEC PWR INC COM	03/14/2013	09/21/2011	AEP	522.92	417.50	0.00	105.42	0.00
11.0000									
053484101	AVALONBAY CMNTYS INC COM	06/13/2013	11/29/2011	AVB	267.99	237.92	0.00	30.07	0.00
2.0000									
25271C102	DIAMOND OFFSHORE DRILLING INC COM	06/13/2013	02/16/2011	DO	269.46	293.44	0.00	-23.98	0.00
4.0000									
30231G102	EXXON MOBIL CORP COM	06/13/2013	09/21/2011	XOM	181.68	146.75	0.00	34.93	0.00
2.0000									
478366107	JOHNSON CTLS INC COM	03/14/2013	02/16/2011	JCI	139.12	168.47	0.00	-29.35	0.00
4.0000									
478366107	JOHNSON CTLS INC COM	06/13/2013	Various	PM	377.87	413.85	0.00	-35.98	0.00
10.0000									
718172109	PHILIP MORRIS INTL INC COM	06/13/2013	09/21/2011	PM	92.33	67.94	0.00	24.39	0.00
1.0000									
Total Long Term Sales Reported on 1099-B				1,851.37	1,745.87	0.00	105.50	0.00	0.00

Report on Form 8949, Part II, with Box D 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

2013 Tax Information Statement

Page 9 of 25

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

Recipient's Name and Address:
DAROLD NEWBLOM FOUNDATION
C/O WALLY SEILER, SEC-TREAS
1208 LARAMIE AVE
ALLIANCE, NE 69301

Corrected
 2nd TIN notice

2013 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)	Stock or Other Symbol (Box 1d)	Stocks Bonds, etc. (Box 2a)	Cost or Other Basis (Box 2a)	Wash Sale Loss Disallowed (Box 2a)	Wash Sale (Box 4)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 15)	State Tax Withheld (Box 15)
Long Term Sales Reported on 1099-B											
002824100	ABBOTT LABORATORIES COM	03/14/2013 02/28/2008	14.0000	ABT	488.35	366.26	0.00	122.09	0.00	0.00	0.00
00287Y109	ABBVIE INC COM	01/23/2013 02/28/2008	14.0000	ABBV	520.25	397.18	0.00	123.07	0.00	0.00	0.00
057224107	BAKER HUGHES INC COM	03/14/2013 04/21/2006	15.0000	BHI	702.20	1,171.95	0.00	-469.75	0.00	0.00	0.00
09062X103	BIOGEN IDEC INC COM	03/14/2013 08/13/2007	1.0000	BIB	176.55	58.56	0.00	117.99	0.00	0.00	0.00
09062X103	BIOGEN IDEC INC COM	06/13/2013 08/13/2007	2.0000	BIB	416.38	117.12	0.00	299.26	0.00	0.00	0.00
151020104	CELGENE CORP COM	03/14/2013 02/26/2010	6.0000	CELG	684.56	357.61	0.00	326.95	0.00	0.00	0.00
20030N101	COMCAST CORP CL A	03/14/2013 02/26/2010	10.0000	CMCSA	409.25	164.38	0.00	244.87	0.00	0.00	0.00

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. For noncovered securities shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2013 Tax Information Statement

Page 10 of 25

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

Recipient's Name and Address:
 DAROLD NEWBLOM FOUNDATION
 C/O WALLY SELLER, SEC-TREAS
 1208 LARAMIE AVE
 ALLIANCE, NE 69301

Payer's Tax ID Number:
 95-6036451

Payer's Federal ID Number:
 NE

Payer's State ID Number:
 (800)713-2555

Corrected

2nd TIN notice

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	Date of Acquisition	Stock or Other Symbol (Box 1d)		Cost or Other Basis	Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld	(Box 4)	(Box 15)
				Stocks	Bonds, etc.						
(Box 1a)											
25271C102	DIAMOND OFFSHORE DRILLING INC COM			DO		404.20	520.61	0.00	-116.41	0.00	0.00
6.0000	06/13/2013	02/26/2010		DTV					93.15	0.00	0.00
25490A309	DIRECTV COM	03/14/2013	02/26/2010	FITB		262.23	169.08	0.00	192.02	0.00	0.00
5.0000				GIS					143.01	0.00	0.00
316773100	FIFTH THIRD BANCORP COM	03/14/2013	Various	ICE		911.10	719.08	0.00	299.46	0.00	0.00
56.0000				MUSA							
370334104	GENERAL MILLS INC COM	03/14/2013	02/26/2010	PLL		647.81	504.80	0.00	2.84	0.00	0.00
14.0000				PLL							
45865V100	INTERCONTINENTALEXCHANGE INC COM	03/14/2013	Various	PM		972.57	673.10	0.00	292.55	0.00	0.00
6.0000				PM							
626755102	MURPHY USA INC COM	09/23/2013	02/26/2010	PG		10.06	7.22	0.00	43.09	0.00	0.00
.2500				PG							
6964429307	PALL CORP COM	03/14/2013	02/26/2010	TGT		686.42	393.87	0.00	90.08	0.00	0.00
10.0000				TGT							
718172109	PHILIP MORRIS INTL INC COM	06/13/2013	02/26/2010								
1.0000											
742718109	PROCTER & GAMBLE CO COM	06/13/2013	12/08/2003								
3.0000											
87612E106	TARGET CORP COM	06/13/2013	Various								
4.0000											

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. For noncovered securities shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2013 Tax Information Statement

Page 11 of 25

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: 61C432012
Recipient's Tax ID Number: XX-XXX6589
Payer's Federal ID Number: 95-6036451
Payer's State ID Number: NE
State: NE
Questions? (800)713-2555
 Corrected
 2nd TIN notice

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 (Box 1e)	Description (Box 8) (Box 1a)	Date of Sale or Exchange	Date of Acquisition	Stock or Other Symbol (Box 1d) (Box 2a)	Cost or Other Basis	Wash Sale Loss Disallowed	Federal Net Gain or Loss	Income Tax Withheld	(Box 4)	State Tax Withheld
931142103 4.0000	WAL MART STORES INC COM	03/14/2013	05/23/2001	292.39	213.28	0.00	79.11	0.00	0.00	0.00
941848103 3.0000	WATERS CORP COM	03/14/2013	11/03/2010	WAT	283.10	226.94	0.00	56.16	0.00	0.00
94973V107 9.0000	WELLPOINT INC COM	03/14/2013	05/18/2009	WLP	583.09	430.71	0.00	152.38	0.00	0.00
949746101 7.0000	WELLS FARGO & CO NEW COM	06/13/2013	09/15/2008	WFC	284.88	239.44	0.00	45.44	0.00	0.00
Total Long Term Sales Reported on 1099-B				9,340.30	7,087.97	0.00	2,252.32	0.00	0.00	0.00

Report on Form 8949, Part II, with Box E 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. For noncovered securities shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

Part I, Line 11 (990-PF) - Other Income

		2,640	2,640	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Annuity payments	2,575	2,575	
2	Miscellaneous	65	65	

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

		560	0	0	560
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	JOHNSON & ASSOCIATES	560			560
2	DIETRICH & SAUTTER (AUDIT)				

Part I, Line 16c (990-PF) - Other Professional Fees

		5,000	3,500	0	1,500
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	CONSULTING FEES	1,500			1,500
2	BANK FEES	3,500	3,500		

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

		61	61	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income	41	41		
3	Foreign tax paid				
4	Occupation tax	20	20		

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

		854	0	0	854
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	POSTAGE				
2	SUPPLIES				
3	CONSULTING FEE				
4	SELECTION COMMITTEE EXPENSE	854			854
5	BANK FEES				

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

		86,388	89,392	105,693	128,206
Description		Num Shares/ Face Value	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year
1	SEE ATTACHMENT		86,388	89,392	105,693
					128,206

Statement of Account

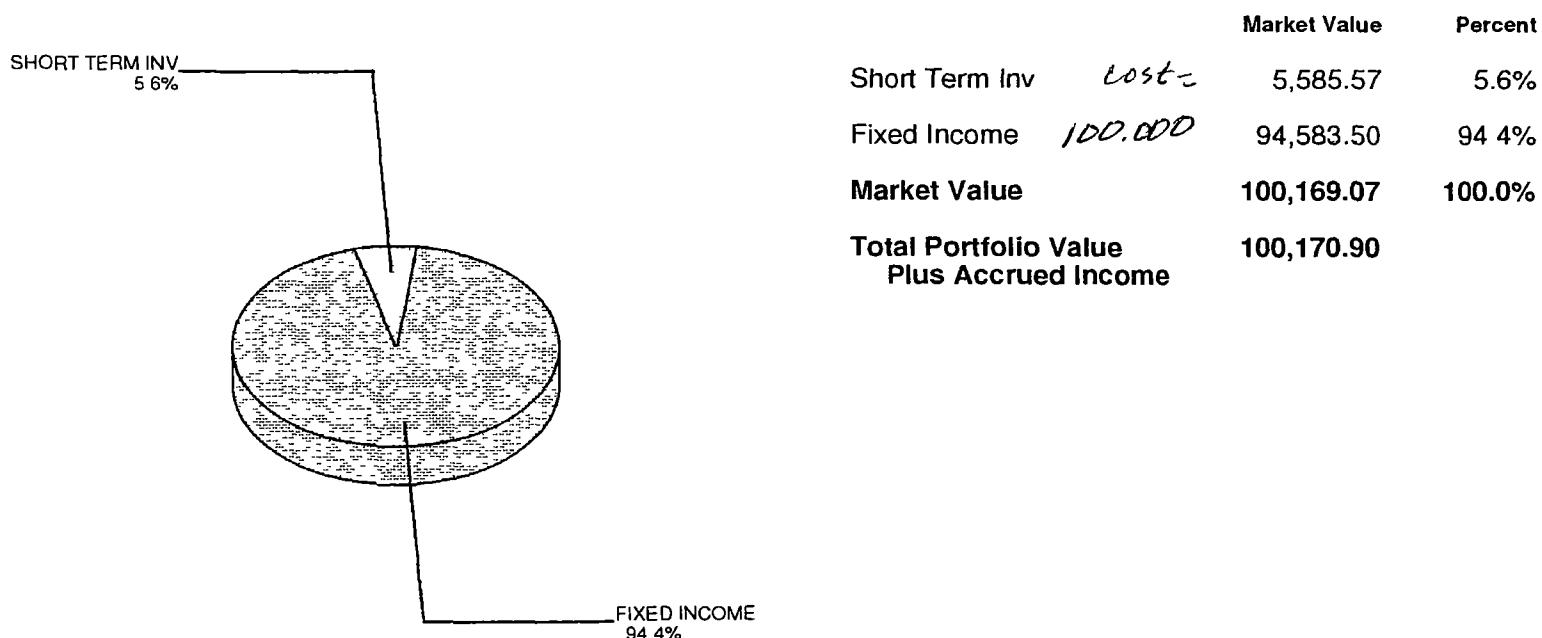
January 1, 2013 to December 31, 2013

 Account Name: Darold Newblom Fi Custody
 Account Number: 61-C431-01-4

 Administrator Tonya J. Kaye
 (303) 202-5570
 Tonya.Kaye@bankofthewest.Com

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

Investment Objective: No Investment Duty


Activity Summary

Market Value At Beginning of Period	109,617.77
Receipts and Income	2,621.10
Expenses and Disbursements	-13,076.00
Realized Gain/Loss	0.00
Unrealized Gain/Loss	1,006.20
Market Value At End of Period	100,169.07

For Your Information

SECURITY PRICES CONTAINED IN THIS STATEMENT ARE OBTAINED FROM THE MOST RELIABLE SOURCES AVAILABLE BUT ARE NOT GUARANTEED BY BANK OF THE WEST. QUOTED PRICES MAY NOT EQUAL ACTUAL PRICES BECAUSE OF SECURITY SIZE, MARKET PRICE, TERM AND DEMAND.





BANK OF THE WEST 
WEALTH MANAGEMENT

BNP PARIBAS GROUP

Statement of Account

January 1, 2013 to December 31, 2013

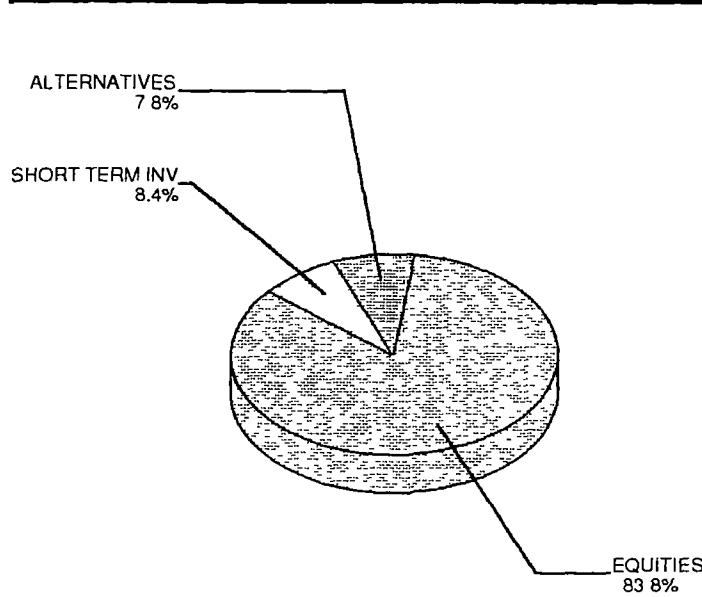
Account Name: Darold Newblom -Equities- Fndn AGCY
Account Number: 61-C432-01-2

Administrator Tonya J. Kaye
(303) 202-5570
Tonya.Kaye@bankofthewest.Com

Investment Representative Jacob Broderick
(303) 202-5758
Jacob.Broderick@bankofthewest.Com

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

Investment Objective: Equity Management



	<i>Cost</i>	Market Value	Percent
Short Term Inv	11775.33	11,775.33	8.4%
Equities	78262.44	117,357.90	83.8%
Alternatives	11129.75	10,848.00	7.8%
Market Value	139,981.23	100.0%	
Total Portfolio Value	140,048.08		
Plus Accrued Income			

For Your Information

NOTICE: NORTH DAKOTA LAW PROVIDES THAT A TRUST BENEFICIARY OR REPRESENTATIVE OF A BENEFICIARY MAY NOT COMMENCE A PROCEEDING AGAINST A TRUSTEE FOR BREACH OF TRUST MORE THAN ONE YEAR AFTER THE DATE THE BENEFICIARY OR THE REPRESENTATIVE IS SENT A REPORT THAT ADEQUATELY DISCLOSES THE EXISTENCE OF THE POTENTIAL CLAIM OR BREACH OF TRUST SO THAT THE BENEFICIARY OR REPRESENTATIVE KNOWS OF THE POTENTIAL CLAIM OR SHOULD HAVE INQUIRED INTO ITS EXISTENCE.

SECURITY PRICES CONTAINED IN THIS STATEMENT ARE OBTAINED FROM THE MOST RELIABLE SOURCES AVAILABLE BUT ARE NOT GUARANTEED BY BANK OF THE WEST. QUOTED PRICES MAY NOT EQUAL ACTUAL PRICES BECAUSE OF SECURITY SIZE, MARKET PRICE, TERM AND DEMAND.



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

		100,000	100,000	94,584
	Asset Description	Basis of Valuation	Book Value Beg of Year	Book Value End of Year
1	ANNUITY	AT COST	100,000	100,000

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	68901		PRESIDENT/PARTTIME DIRECTOR				
2	WALLY SELLER		1208 LARAMIE AVE	ALLIANCE	NE	68901		TREASURER/PARTTIME DIRECTOR				
3	HERBERT SAMPSON III		9202 W DODGE RD SUITE 307	OMAHA	NE			V PRES/DIR PARTTIME DIRECTOR				
										0	0	0

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 _____

Telephone No: Home _____ Street or P.O. Box _____
Business _____ City, State, Zip _____

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:

	Yes	No
(a) Exempt status as a 501(c) (3) organization	_____	_____
(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 _____

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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	Name of exempt organization or other filer, see instructions. DAROLD A NEWBLOM FOUNDATION	Employer identification number (EIN) or 36-3696589
File by the due date for filing your return. See instructions	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 (other than individual)	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 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year 2013 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	77
b If this application is for Forms 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	\$	77

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