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Form 990-PF

## Return of Private Foundation

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

2010

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

For calendar year 2010, or tax year beginning 01-01-2010 , and ending 12-31-2010

G Check all that apply

 Initial return Initial return of a former public charity Final return Amended return Address change Name change

Name of foundation

LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

Number and street (or P O box number if mail is not delivered to street address)  
PO BOX 409 115 W 6TH ST

Room/suite

City or town, state, and ZIP code  
CONCORDIA, KS 66901H Check type of organization  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,898,342

J Accounting method  Cash  Accrual  
 Other (specify) (Part I, column (d) must be on cash basis.)

A Employer identification number

23-7222272

B Telephone number (see page 10 of the instructions)

(785) 243-3211

C If exemption application is pending, check here  D 1. Foreign organizations, check here  2. Foreign organizations meeting the 85% test, check here and attach computation  E If private foundation status was terminated under section 507(b)(1)(A), check here  F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here  

## 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 page 11 of the instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1	Contributions, gifts, grants, etc , received (attach schedule)	1,776		
2	Check <input type="checkbox"/> <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
3	Interest on savings and temporary cash investments	29,548	29,548	
4	Dividends and interest from securities. . . . .	12,565	12,565	
5a	Gross rents . . . . .	18,516	18,516	
b	Net rental income or (loss) 18,516			
6a	Net gain or (loss) from sale of assets not on line 10	-37,872		
b	Gross sales price for all assets on line 6a 272,396			
7	Capital gain net income (from Part IV, line 2) . . .			
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) . . . . .	96	96	
12	<b>Total.</b> Add lines 1 through 11 . . . . .	24,629	60,725	

13	Compensation of officers, directors, trustees, etc	13,119	11,119	2,000
14	Other employee salaries and wages . . . . .			
15	Pension plans, employee benefits . . . . .			
16a	Legal fees (attach schedule) . . . . .			
b	Accounting fees (attach schedule) . . . . .	1,000	1,000	
c	Other professional fees (attach schedule) . . . . .			
17	Interest . . . . .			
18	Taxes (attach schedule) (see page 14 of the instructions)	2,674	1,261	
19	Depreciation (attach schedule) and depletion . . .	0		
20	Occupancy . . . . .			
21	Travel, conferences, and meetings . . . . .			
22	Printing and publications . . . . .			
23	Other expenses (attach schedule) . . . . .	3,460	1,538	1,286
24	<b>Total operating and administrative expenses.</b>			
	Add lines 13 through 23 . . . . .	20,253	14,918	3,286
25	Contributions, gifts, grants paid . . . . .	78,923		78,923
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	99,176	14,918	82,209
27	Subtract line 26 from line 12			
a	<b>Excess of revenue over expenses and disbursements</b>	-74,547		
b	<b>Net investment income</b> (if negative, enter -0-) . . .		45,807	
c	<b>Adjusted net income</b> (if negative, enter -0-) . . .			

<b>Part II Balance Sheets</b>		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
<b>Assets</b>				
1	Cash—non-interest-bearing . . . . .			
2	Savings and temporary cash investments . . . . .	524,977	391,320	391,320
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 page 15 of the 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)	263,593	162,399	167,837
b	Investments—corporate stock (attach schedule) . . . . .	525,615	686,303	687,444
c	Investments—corporate bonds (attach schedule) . . . . .	10,211	10,211	10,696
11	Investments—land, buildings, and equipment basis ►	130,950	130,950	640,375
	Less accumulated depreciation (attach schedule) ►			
12	Investments—mortgage loans . . . . .			
13	Investments—other (attach schedule) . . . . .	1	1	670
14	Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
15	Other assets (describe ►) . . . . .			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,455,347	1,381,184	1,898,342
<b>Liabilities</b>				
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0		
<b>Net Assets or Fund Balances</b>				
	<b>Foundations that follow SFAS 117, check here ►</b> <input type="checkbox"/>			
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
24	Unrestricted . . . . .			
25	Temporarily restricted . . . . .			
26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
27	Capital stock, trust principal, or current funds . . . . .	1,455,347	1,381,184	
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	1,455,347	1,381,184	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	1,455,347	1,381,184	

**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	1,455,347
2	Enter amount from Part I, line 27a . . . . .	2	-74,547
3	Other increases not included in line 2 (itemize) ►	3	2,184
4	Add lines 1, 2, and 3 . . . . .	4	1,382,984
5	Decreases not included in line 2 (itemize) ►	5	1,800
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	1,381,184

**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.)
<b>1 a</b>				
<b>b</b>	Capital Gain Dividends			
<b>c</b>	FARMERS NAT'L CO - EQUITY RETIREMENT	P	2000-01-01	2010-12-31
<b>d</b>	LONG-TERM SALES (SEE ATTACHED)	P	2009-01-01	2010-01-02
<b>e</b>	SHORT-TERM SALES (SEE ATTACHED)	P	2010-01-01	2010-02-01
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
<b>a</b>				631
<b>b</b>				
<b>c</b>	75			75
<b>d</b>	242,638		282,702	-40,064
<b>e</b>	29,052		27,566	1,486
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>		
<b>a</b>				
<b>b</b>				
<b>c</b>				75
<b>d</b>				-40,064
<b>e</b>				1,486
<b>2</b>	Capital gain net income or (net capital loss)	<small>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</small>	<b>2</b>	-37,872
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		<b>3</b>	1,486
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8				

**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

 Yes  No

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

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2009	79,118	1,673,251	0 04728
2008	101,457	1,790,556	0 05666
2007	82,091	1,541,090	0 05327
2006	67,929	1,227,209	0 05535
2005	70,406	1,207,563	0 05830
<b>2</b>			<b>2</b> 0 27087
<b>3</b>			<b>3</b> 0 05417
<b>4</b>			<b>4</b> 1,709,617
<b>5</b>			<b>5</b> 92,617
<b>6</b>			<b>6</b> 458
<b>7</b>			<b>7</b> 93,075
<b>8</b>			<b>8</b> 82,209

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 on page 18

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	916		
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>					
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			
3	Add lines 1 and 2. . . . .	3	916		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	916		
6	<b>Credits/Payments</b>				
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	1,000		
b	Exempt foreign organizations—tax withheld at source . . . . .	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c			
d	Backup withholding erroneously withheld . . . . .	6d			
7	Total credits and payments Add lines 6a through 6d. . . . .	7	1,000		
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8			
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9			
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	84		
11	Enter the amount of line 10 to be <b>Credited to 2011 estimated tax</b> <input type="checkbox"/>	84	<b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
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	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	1b	No
<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>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
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	No
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	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	No
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	No
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	No
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	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> KS		
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	Yes
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

**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 page 20 of the instructions). . . . .	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	Yes	
Website address ► N/A				
14	The books are in care of ► CITIZENS NATIONAL BANK . . . . . Telephone no ► (785) 243-3211			
	Located at ► 115 W 6TH ST CONCORDIA KS . . . . . ZIP +4 ► 66901			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <input type="checkbox"/> 15			
16	At any time during calendar year 2010, 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? . . . . .	16		No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►				

**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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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 <b>any</b> 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 page 20 of the instructions)? . . . . .	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
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 2010? . . . . .	1c	No
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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . ► <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 <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions) . . . . .	2b	No
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 2010 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 2010). . . . .	3b	No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
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 2010? . . . . .	4b	No

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

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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 page 22 of the instructions). . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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</p>	<p><b>5b</b></p>	<p><b>No</b></p>
<p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/> <input checked="" type="checkbox"/></p>		
<p><b>c</b> 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 checked="" type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i></p>		
<p><b>6a</b> 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</p>		
<p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p> <p><i>If "Yes" to 6b, file Form 8870.</i></p>	<p><b>6b</b></p>	<p><b>No</b></p>
<p><b>7a</b> 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</p>		
<p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .</p>	<p><b>7b</b></p>	<p><b>No</b></p>

**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 page 22 of the instructions)

List all officers, directors, trustees, foundation managers and their compensation (See page 22 of the instructions.)				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account other allowances
10 INDIVIDUALS FROM COMMUNITY	ADVISORY COMMIT	2,000		
GRANT ADVISORY COMMITTEE CONCORDIA, KS 66901	0 00			
CITIZENS NATIONAL BANK 115 W 6TH CONCORDIA, KS 66901	Trustee 5 00	11,119		

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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				
<b>Total number of other employees paid over \$50,000</b>				

**Total** number of other employees paid over \$50,000. . . . .

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE"**

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

## **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.

1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and

1	
2	
All other program-related investments See page 24 of the instructions	
3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	755,606
b Average of monthly cash balances. . . . .	1b	482,631
c Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	497,415
<b>d Total</b> (add lines 1a, b, and c). . . . .	1d	1,735,652
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
<b>2 Acquisition indebtedness applicable to line 1 assets.</b> . . . . .	2	
<b>3 Subtract line 2 from line 1d.</b> . . . . .	3	1,735,652
<b>4 Cash deemed held for charitable activities</b> Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	26,035
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,709,617
<b>6 Minimum investment return.</b> Enter 5% of line 5. . . . .	6	85,481

**Part XI Distributable Amount** (see page 25 of the 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	85,481
2a Tax on investment income for 2010 from Part VI, line 5. . . . .	2a	916
b Income tax for 2010 (This does not include the tax from Part VI ). . . . .	2b	
c Add lines 2a and 2b. . . . .	2c	916
3 Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	84,565
4 Recoveries of amounts treated as qualifying distributions. . . . .	4	
5 Add lines 3 and 4. . . . .	5	84,565
6 Deduction from distributable amount (see page 25 of the instructions). . . . .	6	
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	84,565

**Part XII Qualifying Distributions** (see page 25 of the 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	82,209
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	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	82,209
<b>5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income</b> Enter 1% of Part I, line 27b (see page 26 of the instructions). . . . .	5	
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	82,209

**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 page 26 of the instructions)

	<b>(a) Corpus</b>	<b>(b) Years prior to 2009</b>	<b>(c) 2009</b>	<b>(d) 2010</b>
<b>1</b> Distributable amount for 2010 from Part XI, line 7				84,565
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2010				
<b>a</b> From 2005. . . . .				
<b>b</b> From 2006. . . . .				
<b>c</b> From 2007. . . . .				
<b>d</b> From 2008. . . . .	4,691			
<b>e</b> From 2009. . . . .				
<b>f Total</b> of lines 3a through e. . . . .	4,691			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ► \$ _____ 82,209				
<b>a</b> Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions). . . . .	0			
<b>d</b> Applied to 2010 distributable amount. . . . .				82,209
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	2,356			2,356
<b>6</b> <b>Enter the net total of each column as indicated below:</b>	2,335			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2011.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,335			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2006. . . . .				
<b>b</b> Excess from 2007. . . . .				
<b>c</b> Excess from 2008. . . . .	2,335			
<b>d</b> Excess from 2009. . . . .				
<b>e</b> Excess from 2010. . . . .				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization 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.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see page 27 of the 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))

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

**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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

CITIZENS NATIONAL BANK TRUST DEPART  
115 W 6TH STREET  
CONCORDIA, KS 66901  
(785) 243-3211

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

APPLICATION FORMS AND INSTRUCTIONS ATTACHED

c Any submission deadlines

SEPARATE DEADLINE FOR EACH SEMIANNUAL MTG APR 30 & NOV 30

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

LIMITED TO CLOUD AND REPUBLIC COUNTIES, KS, AND THE COUNTIES ADJACENT THERETO

**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)				
<b>a Paid during the year</b>				
SEE SCHEDULE 2 SEE SCHEDULE 2 CONCORDIA, KS 66901	NONE	NONE	COMMUNITY	78,923
<b>Total . . . . .</b>			► 3a	78,923
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

**12** Subtotal Add columns (b), (d), and (e).

**13 Total.** Add line 12, columns (b), (d), and (e).  
(See worksheet in line 13 instructions on page 28 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**

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 or**

(1) Cash.

**(2) Other assets.**

#### Other transactions

**(1) Sales of assets to a noncharitable exempt organization. . .**

**(2) Purchases of assets from a noncharitable exempt**

**(3) Rental of facilities, equipment,**

**(4) Reimbursement arrangement**

**(8) Performance of services or membership or fundraising solicitations.**

**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	
<p>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 or fiduciary) is based on all information of which preparer has any knowledge</p> <p>*****</p> <p>Signature of officer or trustee</p>					
		2011-05-12		*****	
		Date		Title	
<p><b>Sign Here</b></p> <p><b>Paid Preparer's Use Only</b></p>	<p>Preparer's Signature</p> <p>Alan W Groesbeck</p>		<p>Date</p> <p>Check if self-employed <input type="checkbox"/></p> <p>PTIN</p>		
	<p>Firm's name ►</p> <p>Mize Houser &amp; Company PA</p> <p>534 S KANSAS AVE 400</p>		<p>Firm's EIN ►</p>		
	<p>Firm's address ►</p> <p>TOPEKA, KS 666033454</p>		<p>Phone no (785) 233-0536</p>		

## TY 2010 Accounting Fees Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIZE, Houser & CO	1,000	1,000	0	0

## TY 2010 Investments Corporate Bonds Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION  
CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	10,211	10,696

## TY 2010 Investments Corporate Stock Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION  
CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS & MUTUAL FUNDS	686,303	687,444

## TY 2010 Investments Government Obligations Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION  
CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

**US Government Securities - End of**

**Year Book Value:** 162,399

**US Government Securities - End of**

**Year Fair Market Value:** 167,837

**State & Local Government  
Securities - End of Year Book  
Value:**

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

## TY 2010 Investments - Land Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Category / Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	130,950		130,950	640,375

## TY 2010 Investments - Other Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OIL AND GAS LEASE-TEXAS	AT COST	1	670

## TY 2010 Other Decreases Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Description	Amount
12/31/10 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	1,800

## TY 2010 Other Expenses Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272**Software ID:** 10000105**Software Version:** 2010v3.2

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TRAVEL - ADVISORY COMMITTEE	139			139
PUBLISH NOTICE OF MEETINGS	786			786
Memorial Day Flowers	361			361
FUNDRAISER EXPENSES	636			
FARM MGMT FEE	1,481	1,481		
FARM INSURANCE	57	57		

## TY 2010 Other Income Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
STOCK LITIG SETTLEMENT	88		
ROYALTY INCOME	8		

## TY 2010 Other Increases Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 10000105

**Software Version:** 2010v3.2

Description	Amount
12/31/09 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	2,184

## TY 2010 Taxes Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272**Software ID:** 10000105**Software Version:** 2010v3.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	39	39		
FEDERAL EXCISE TAX ON INVEST & ESTIMATES	1,413			
FARM REAL ESTATE TAX	1,222	1,222		

# The Leva and Frank Duclos Foundation, A Charitable Trust

Trust Category Irrevocable Trust  
 Dates Open 7/7/1972 to Present  
 Trust Year End December  
 Date Printed 04/25/2011

Admin Officer Amy DeGraff  
 Invest Officer Amy DeGraff  
 Tax State Kansas  
 Tax ID 23-7222272

## Capital Gains and Losses

### Individual Transactions

#### Short-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Biogen Idec Inc	09062X103	55 000000	05/05/2009	02/22/2010	293	0 00	3 098 66	-2 566 30	532 36	Sold 55 shares @ \$56 4400
American Century Intl Growth Advsr	025086406	2 507 523000	03/17/2010	09/30/2010	197	0 00	25 952 86	-25 000 00	952 86	Sold 2 507 523 shares @ \$10 3500
Short-Term Total						0 00	29 051 52	-27 566 30	1 485 22	

#### Long-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction	
Johnson & Johnson	478160104	75 000000	09/21/2007	02/22/2010	885	0 00	4 787 16	-4 920 75	-133 59	Sold 75 shares @ \$63 9296	
Honeywell Intl Inc	438516106	25 000000	03/12/2007	02/22/2010	1 078	0 00	1 006 74	-1 186 75	-180 01	Sold 25 shares @ \$40 3700	
Honeywell Intl Inc	438516106	95 000000	09/21/2007	02/22/2010	885	0 00	3 825 60	-5 565 10	-1 739 50	Sold 95 shares @ \$40 3700	
Precision Castparts Corp	740189105	60 000000	05/16/2008	02/22/2010	647	0 00	6 846 02	-7 511 40	-665 38	Sold 60 shares @ \$114 2018	
Hewlett-Packard Co	428236103	30 000000	03/12/2007	02/22/2010	1 078	0 00	1 519 48	-1 211 70	307 78	Sold 30 shares @ \$50 7500	
Hewlett-Packard Co	428236103	125 000000	09/21/2007	02/22/2010	885	0 00	6 331 17	-6 350 00	-18 83	Sold 125 shares @ \$50 7500	
Noble Corp	H5833N103	85 000000	05/16/2008	02/22/2010	647	0 00	3 655 18	-5 548 80	-1 893 62	Sold 85 shares @ \$43 1027	
International Business Machines Corp	459200101	15 000000	03/12/2007	06/17/2010	1 193	0 00	1 952 51	-1 409 55	542 96	Sold 15 shares @ \$130 2700	
Microsoft Corp	594918104	70 000000	10/17/2006	06/17/2010	1 339	0 00	1 829 77	-1 989 30	-159 53	Sold 70 shares @ \$26 2400	
Apache Corporation	037411105	45 000000	05/05/2009	06/17/2010	408	0 00	4 328 03	-3 511 35	816 68	Sold 45 shares @ \$96 2800	
Noble Corp	H5833N103	100 000000	05/05/2009	06/17/2010	408	0 00	3 093 09	-2 916 37	176 72	Sold 100 shares @ \$31 0314	
Noble Corp	H5833N103	15 000000	05/16/2008	06/17/2010	762	0 00	463 96	-977 33	-513 37	Sold 15 shares @ \$31 0314	
Fed Natl Mort Assn	7/6/2010 5 125%	3136F7DG9	100 000 000000	09/18/2007	07/06/2010	1 022	0 00	100 000 00	-101 194 00	-1 194 00	Matured
Dreyfus Premier STR Midcap Fund Class A	26200C726	1 006 734000	03/12/2007	09/30/2010	1 298	0 00	16 973 53	-20 530 00	-3 556 47	Sold 1 006 734 shares @ \$16 8600	
Pennsylvania Mutual Fund Investment Cl	780905840	1 162 277000	03/12/2007	09/30/2010	1 298	0 00	11 831 98	-13 680 00	-1 848 02	Sold 1 162 277 shares @ \$10 1800	

# The Leva and Frank Duclos Foundation, A Charitable Trust

Trust Category Irrevocable Trust  
Dates Open 7/7/1972 to Present  
Trust Year End December  
Date Printed 04/25/2011

Admin Officer Amy DeGraff  
Invest Officer Amy DeGraff  
Tax State Kansas  
Tax ID 23-7222272

## Capital Gains and Losses

### Individual Transactions

#### Long-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Wright International Blue Chip	98235F404	1 855 670000	09/21/2007	09/30/2010	1 105	0 00	26 276 29	-45 000 00	-18 723 71	Sold 1 855 67 shares @ \$14 1600
Wright International Blue Chip	98235F404	1 541 930000	03/14/2007	09/30/2010	1 296	0 00	21 833 73	-34 200 00	-12 366 27	Sold 1 541 93 shares @ \$14 1600
Goldman Sachs High Yield Svc	38141W661	3 612 717000	07/16/2008	12/16/2010	883	0 00	26 083 82	-25 000 00	1 083 82	Sold 3 612 717 shares @ \$7 2200
					Long-Term Total	0 00	242 638 06	-282 702 40	-40 064 34	
					Individual Transactions Total	0 00	271 689 58	-310 268 70	-38 579 12	

**Duclos Foundation**  
**Financial Hardship Requests**  
**(a direct result of an illness or disability)**

Hardship requests will be reviewed only if the following requirements are met

- 1) Complete the following financial hardship request form
- 2) Complete the financial statement Net worth must not exceed \$5,000 for individual or \$10,000 for family (This includes savings, CDs, stocks, bonds, retirement plans greater than \$25,000 in vested value, cash value of life insurance, value of vehicles if more than one This does not include home or homestead in which individual or family resides, household goods or primary vehicle )
- 3) Complete a current annual income statement Income includes gross earnings, unemployment, social security, retirement payments, disability, child support, etc Income must not exceed the following guidelines

Household Size	Gross Income per 12 months
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469
9	\$75,388
10	\$82,307
11	\$89,226
12	\$96,145
Each additional family member	\$6,919

- 4) Requests for payment of doctors, hospital and pharmacy bills will not be considered, instead we focus on equipment not covered by insurance, Medicare, Medicaid, etc We will also consider payment of monthly utility bills (such as water, gas and electricity) so that you can focus on paying towards the medical expenses
- 5) A letter from your physician, therapist, social worker or certified caregiver explaining your illness or disability will expedite the request
- 6) Proof of income is mandatory A copy of your most recently filed tax return, a copy of your latest pay stub and/or a copy of your disability income statement will be appreciated

Questions Please call (785) 275-5000 for assistance

## Duclos Foundation Financial Hardship Request

Name(s) of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

Town, State and Zip Code \_\_\_\_\_

Phone Number during business hours \_\_\_\_\_

Please describe briefly the nature of your request, the amount you are requesting, and the intended benefits

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Please describe briefly the illness or disability and its financial impact on you and your family

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Please describe briefly the coverage by your Medical Insurance or any reimbursement by a government agency or other third party

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Other information you would like the Duclos Foundation committee to consider

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send or deliver application to

The Citizens National Bank  
Attn Trust Department  
PO Box 409  
Concordia, KS 66901

Phone  
(785) 275-5000

**Duclos Foundation Financial Hardship Request  
Individual Financial Statement**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No \_\_\_\_\_ Birth Date \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Total number of Dependents & Ages of each \_\_\_\_\_

List Fair Market Value as of date of statement

**ASSETS**

Cash on hand and in banks	\$ _____
U S Government Securities	_____
Other stocks and bonds	_____
Accounts and notes receivable	_____
Due from relatives and friends	_____
Due from others - good	_____
Due from others - doubtful	_____
Real Estate (D)	_____
Automobiles	_____
Cash value of life insurance	_____
Other assets - itemize	_____
 Total Assets	 \$ _____

**LIABILITIES AND NET WORTH**

Notes due	\$ _____
to banks	_____
to relatives and friends	_____
to others	_____
Accounts and bills due	_____
Unpaid income taxes	_____
Other unpaid taxes and interest	_____
Real estate mortgages payable	_____
Contract accounts payable	_____
Brokers margin accounts	_____
Contingent liabilities	_____
Other debts - itemize	_____
 Total Liabilities	 \$ _____
Net worth (Total assets less Total Liabilities)	\$ _____

**DUCLOS FOUNDATION  
FINANCIAL HARDSHIP REQUESTS  
ANNUAL INCOME**

	Year _____ Current Year	Year _____ Prior Year
Gross salary	\$ _____	\$ _____
Self employment income	_____	_____
Unemployment	_____	_____
Social security	_____	_____
Retirement payments	_____	_____
Disability	_____	_____
Child support	_____	_____
Other - list	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Income	\$ _____	\$ _____

**Proof of income is mandatory.**

Please attach a copy of your most recently filed tax return

I furnish the foregoing as a true and accurate statement of financial condition, including annual income. Authorization is hereby given to the Duclos Foundation to verify in any manner it deems appropriate any and all items indicated on this application

Date \_\_\_\_\_

Duclos Foundation  
Disaster Request

Requests due to a disaster (fire, tornado, flood, etc ) will only be reviewed if the following requirements are met

- 1) Complete a disaster loss form
- 2) Complete a financial statement Net worth must not exceed \$5,000 for individual or 10,000 for family (This includes savings, CDs, stocks, bonds, retirement plans greater than \$25,000 in vested value, cash value of life insurance, value of vehicles if more than one This does not include home or homestead in which individual or family resides, household goods or primary vehicle )
- 3) Complete a current annual income statement Income includes gross earnings, unemployment, social security, retirement payments, disability, child support, etc Income must not exceed the following guidelines

Household Size	Gross Income per 12 months
1	\$20,036
2	\$26,955
3	\$33,874
4	\$40,793
5	\$47,712
6	\$54,631
7	\$61,550
8	\$68,469
9	\$75,388
10	\$82,307
11	\$89,226
12	\$96,145
Each additional family member	\$6,919

Duclos Foundation Disaster Request

Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number during business hours \_\_\_\_\_

Date and Type of Disaster \_\_\_\_\_

Location of Disaster \_\_\_\_\_

If a fire disaster please attach a copy of the fire chief's report

Please describe briefly the extent of your real property loss and indicate a dollar amount

\_\_\_\_\_

\_\_\_\_\_

The amount of your real property loss covered by insurance \_\_\_\_\_

Please describe briefly the extent of your personal property loss and indicate a dollar amount

\_\_\_\_\_

\_\_\_\_\_

The amount of your personal property loss covered by insurance \_\_\_\_\_

Please list any financial aid received from other sources other than the insurance company  
(Red Cross, Government Agencies, churches, etc )

Other information which you would like the Duclos Committee to consider

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to

Trust Department  
The Citizens National Bank  
PO Box 409  
Concordia, Kansas 66901

Duclos Foundation Financial Hardship Request  
Individual Financial Statement

Name \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No \_\_\_\_\_ Birth Date \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Total number of Dependents & Ages of each \_\_\_\_\_

List Fair Market Value as of date of statement

ASSETS

Cash on hand and in banks	\$ _____
U S Government Securities	_____
Other stocks and bonds	_____
Accounts and notes receivable	_____
Due from relatives and friends	_____
Due from others - good	_____
Due from others - doubtful	_____
Real Estate (D)	_____
Automobiles	_____
Cash value of life insurance	_____
Other assets - itemize	_____
 Total Assets	\$ _____

LIABILITIES AND NET WORTH

Notes due	
to banks	\$ _____
to relatives and friends	_____
to others	_____
Accounts and bills due	_____
Unpaid income taxes	_____
Other unpaid taxes and interest	_____
Real estate mortgages payable	_____
Contract accounts payable	_____
Brokers margin accounts	_____
Contingent liabilities	_____
Other debts - itemize	_____
 Total Liabilities	\$ _____
Net worth (Total assets less Total Liabilities)	\$ _____

**DUCLOS FOUNDATION DISASTER REQUEST  
ANNUAL INCOME**

	Year _____ Current Year	Year _____ Prior Year
Gross salary	\$ _____	\$ _____
Self employment income	_____	_____
Unemployment	_____	_____
Social security	_____	_____
Retirement payments	_____	_____
Disability	_____	_____
Child support	_____	_____
Other - list	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

I furnish the foregoing as a true and accurate statement of financial condition, including annual income. Authorization is hereby given to the Duclos Foundation to verify in any manner it deems appropriate any and all items indicated on this application

Date \_\_\_\_\_

# THE LEVA AND FRANK DUCLOS FOUNDATION

- 1 Requests will only be accepted from Cloud, Republic and adjacent counties
- 2 Request should be typed, and set forth the following
  - a Description of Request
  - b Amount of Request
  - c Specific reason for the Request
  - d Sources of funding for the Request other than Duclos funds
  - e **IMPORTANT:** Name, address, telephone number and e-mail address (if available) of a contact person that will be available for questions by telephone from 9-11 a m on the date of the meeting
- 3 **ORGANIZATIONS ONLY** Every organization (except municipalities) must submit a copy of its 501(c)(3) tax-exempt status letter issued by the Internal Revenue Service. The trustee will then verify that the 501(c)(3) exemption is still in effect. The request by the organization must be signed by the President of the organization
- 4 **MUNICIPALITIES ONLY** Cities, school districts, counties, townships and other governing units with their own taxing authority are not required to have a 501(c)(3) letter. However, the request by the municipality must be signed by the governing body of the municipality or the chief officer of the municipality. A request signed only by an employee or a department head is not sufficient
- 5 **IMPORTANT:** All organizations, public schools, municipalities, and/or counties receiving funds from the Foundation should submit documentation in the form of a copy of the invoice for the goods or services purchased of how the grant funds were expended as soon as possible. The Citizens National Bank Trust Department must receive this documentation before another request for assistance from the Foundation may be made
- 6 Individuals applying for medical hardship needs and disaster requests should contact the Trust Department at The Citizens National Bank for income and net worth guidelines
- 7 Submit request to

Ms Amy DeGraff  
The Citizens National Bank  
Trustee of the Frank and Leva Duclos Foundation  
P O Box 409  
Concordia, KS 66901  
(785) 275-5000

**PLEASE NOTE** The next Duclos meeting is scheduled for May 9, 2011. The deadline for requests is Friday, April 22, 2011 at 5:00 p m. No late applications will be considered.

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST  
2010 DISTRIBUTIONS

TAX I D #23-7222272

SCHEDULE 2

2010 Distributions	Amount
Valerie Petersen, Belleville, KS - Hardship Request - Utilities and Rent	500 00
Shawn and Ami Price, Belleville, KS - Hardship Request - Personal Items for Daughter Madison	155 25
Rosebud Werremeyer, Cuba, KS - Hardship Request - Propane Heater	400 00
Me'Shelle Holcomb, Scandia, KS - Hardship Request - Rent	400 00
Debbie Tabor, Cuba, KS - Hardship Request - Home Repairs	402 37
Richard Stark, Munden, KS - Hardship Request - Rent	400 00
Joan McCollough, Concordia, KS - Hardship Request - Dental Expenses	353 00
Graig and Melissa Anderson, Concordia, KS - Hardship Request on behalf of their son, Cory - 23" Samsung High Definition Computer Monitor for Home School	220 93
Roberta Stringer, Concordia, KS - Hardship Request - Prairie Land Electric	500 00
Ronald Williamson, Belleville, KS - Hardship Request - Payable to Dianne Kramer for Rent and Utilities	500 00
Republic County Resource Council, Belleville, KS - On behalf of the C A R E Committee (Community Assistance) - Crisis/Hardship Funds	6,000 00
Republic County Resource Council, Belleville, KS - On behalf of the Boy Scout Troop 56 - Replace items destroyed in the October 2008 fire at The First Baptist Church in Belleville, KS	500 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund / Food Bank - Purchase Meat, Fresh Fruits, Vegetables and Personal Care Items for the Food Bank	2,000 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund - Financial Assistance for Utility and Medical Expense for Individuals with Financial Need	2,000 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Children and Youth Committee - Assistance with Funding the School Supply Program	1,000 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Children and Youth Committee - Assistance with Funding the Summer Lunch Program at Second Street Park	1,000 00
Cloud County Community College Foundation, Concordia, KS - Scholarships for Renewable Energy Major, Nursing or General Study Major	3,000 00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde High School - Elmo TT-02RX Document Camera	500 00
USD #109, Belleville, KS - On behalf of the East Elementary School - Title 1 Reading and Math - Accelerated Reader Tests	500 00
USD #109, Belleville, KS - On behalf of the Middle School - Title 1 Reading and Math - Accelerated Reader Tests	500 00
Belleville After School Program, Belleville, KS - Scholarship Assistance	1,000 00
USD #333, Concordia, KS - Concordia After School Program - Financial Support	1,000 00
City of Belleville, KS - On behalf of the Belleville Public Library - Financial Assistance with Digitizing the Library's Newspaper Collection	500 00
City of Belleville, KS - On behalf of the Belleville Municipal Swimming Pool - Financial Assistance with Swimming Lessons	500 00
City of Jamestown, KS - On behalf of the Downtown Activity Center - Purchase Tables, Chairs and Weather Radio	500 00
City of Glasco, KS - On behalf of the Glasco Fire Department - Purchase Icom 16 Channel Radios for the Volunteer Fire Department	1,000 00
City of Courtland, KS - Purchase Swing Set for the Courtland Pool Area and Mini-Park on Main Street	500 00
City of Formoso, KS - On behalf of the Formoso Public Library - Flooring	500 00
Glasco Community Foundation - Support with Operating the Corner Store Building and Support for the Free University Programming and Summer Art and Recreation in the Park Program	500 00
National Orphan Train Complex, Concordia, KS - Track Light System and Permanent Museum Exhibits	1,000 00
Big Brothers Big Sisters, Concordia, KS - Background Checks	500 00
POW Camp Concordia Preservation Society, Concordia, KS - Roof Contribution for the T-9 Former Warehouse on the WW II POW Camp	500 00
America's Junior Miss Scholarship Foundation - On behalf of the Cloud County Junior Miss Program, Concordia, KS - Scholarship Support	500 00
Cloud County Health Center, Concordia, KS - On behalf of the Lifeline Program - Upgrade Equipment	1,000 00

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST  
2010 DISTRIBUTIONS

TAX I D #23-7222272

SCHEDULE 2

High Banks Hall of Fame, Inc , Belleville, KS - Assistance with purchasing an 8 x 16 Car Trailer	1,000 00
The Blair Center for the Arts Foundation, Belleville, KS - Financial assistance to finish a large multifunctional meeting room above the lobby	1,000 00
America's Junior Miss Scholarship Foundation - On behalf of the Kansas Junior Miss, Belleville, KS - Scholarships	500 00
Republic County Historical Society Museum, Belleville, KS - Prairie Days Youth Camp - Expenses	400 00
Courtland Arts Center, Courtland, KS - Financial Assistance for the opening of the "She Flies with Eagles" Exhibit	500 00
Church People Concerned, Belleville, KS - Window Restoration Project at the Golden Belle Haven Senior Center	500 00
Church People Concerned, Belleville, KS - Computer for the Golden Belle Haven Senior Center	500 00
Cloud County Association for Retarded Citizens - Financial Support (John McCahan Funds)	3,942 00
Meadowlark Hospice, Clay Center, KS - Financial Support (John McCahan Funds)	3,942 00
Glen Frew, Republic, KS - Hardship Request - US Medical Supplies - Pride Liftchair	500 00
Mary Ann Thomas, Concordia, KS - Hardship Request - Jay Hatfield Mobility - Powerchair	500 00
Ray and Marlene Matthews, Belleville, KS - Hardship Request - City of Belleville Utility Payment	300 00
Heather Greer, Concordia, KS - Hardship Request - Cares, Inc - Service Dog	500 00
Teresa Kadel, Concordia, KS - Hardship Request - Funk Medical & Mobility - Power Chair Repairs	356 00
Republic County Resource Council, Belleville, KS - On behalf of the C A R E Committee (Community Assistance) - Crisis/Hardship Funds	4,000 00
Republic County Resource Council, Belleville, KS - On behalf of the Doodle Bug Academy - Printer/Copier	400 00
Republic County Resource Council, Belleville, KS - On behalf of the Parent-Teacher Organization, USD #109 C A R E S - Audio Equipment Upgrade	1,000 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund - Financial Assistance for Utility and Medical Expense for Individuals with Financial Need	3,000 00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde High School - Craftsman Power Washer	500 00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde Grade School - Picnic Table for the Eagles Garden	500 00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde High School - High Speed Processors for the Technology Training Program	500 00
USD #333, Concordia, KS - Cloud County Alternative High School - Field Trip Expenses - Attendance Incentives and Work Study Rewards	200 00
USD #333, Concordia, KS - Learning Cooperative of North Central Kansas at CCDC, Cloud County Development Center - Skyward Summit Climbing Structure	500 00
USD #109, Belleville, KS - On behalf of the East Elementary School - Accelerated Reader Tests	500 00
USD #109, Belleville, KS - On behalf of the Republic County Middle School - Accelerated Reader Tests	500 00
USD #109, Belleville, KS - On behalf of the Republic County Junior High - "Study Island" Program	500 00
USD #334, Glasco and Miltonvale, KS - On behalf of the Miltonvale Schools - Accelerated Reader Program	500 00
USD #334, Glasco and Miltonvale, KS - On behalf of the Miltonvale High School - After Prom Party - Food, Drinks and Prizes for Students	500 00
USD #334, Glasco and Miltonvale, KS - Miltonvale Student Council - Projects and Activity Funding	500 00
USD #334, Glasco and Miltonvale, KS - Southern Cloud Schools - Upgrade and Renewal of the Fast Forward Program	1,000 00
Cloud County Community College Foundation, Concordia, KS - Scholarships in General Studies	6,000 00
Belleville After School Program, Belleville, KS - Scholarship Assistance	1,500 00
Glasco Community Preschool, Inc - Assistance with Utility Expenses and Liability Insurance	500 00
City of Jamestown, KS - On behalf of the Jayhawk Park - Playground Equipment and Pea Gravel / Ground Covering	1,000 00
City of Miltonvale, KS - EMS Service - Handheld Radios	2,000 00
Glasco Community Foundation - Support with Operating the Corner Store Building	1,000 00
High Banks Hall of Fame, Inc , Belleville, KS - Trade Show and Traveling Expenses to Advertise the Museum	500 00

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST  
2010 DISTRIBUTIONS

TAX I D #23-7222272

SCHEDULE 2

America's Junior Miss Scholarship Program - Kansas Junior Miss Program - Scholarships	200 00
Belleville Main Street Program Inc - Bucket Truck to Make Repairs to the Downtown Sound System	200 00
National Orphan Train Complex, Concordia, KS - Gravel for the North Parking Lot	500 00
The Brown Grand Theatre, Concordia, KS - Intercom System	500 00
Republic County Historical Society Museum, Belleville, KS - Update the Security System	500 00
Great Plains of Republic Co, Inc , Belleville, KS - Republic County Hospital - Pedometers	500 00
Great Plains of Republic Co, Inc , Belleville, KS - Republic County Hospital - Paging System	500 00
The Blair Center for the Arts Foundation, Belleville, KS - Heavy Duty Security Doors	500 00
The Blair Center for the Arts Foundation, Belleville, KS - Boy Scout Troop 56 - Trailer, Topper and Camping Supplies	500 00
Church People Concerned, Belleville, KS - Handicap Power Assisted Entry Door Opener	1,000 00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund / Food Bank - Purchase Meat, Fresh Fruits, Vegetables and Personal Care Items for the Food Bank	<u>3,000 00</u>
2010 Total	79,771 55
LESS: REFUNDED GRANT (849.02)	
	\$ 78,922.53