



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



Form 990-PF

Return of Private Foundation

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

2011

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

For calendar year 2011, or tax year beginning 01-01-2011, and ending 12-31-2011

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

A Employer identification number

23-7222272

City or town, state, and ZIP code
CONCORDIA, KS 66901

B Telephone number (see page 10 of the instructions)

(785) 243-3211

H Check type of organization Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,146,950 **J** Accounting method Cash Accrual
 Other (specify) (Part I, column (d) must be on cash basis.)

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)			
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	20,101	20,101	
4 Dividends and interest from securities.	16,507	16,507	
5a Gross rents	20,849	20,849	
b Net rental income or (loss) 20,849			
6a Net gain or (loss) from sale of assets not on line 10	-556		
b Gross sales price for all assets on line 6a 110,000			
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)	66	66	
12 Total. Add lines 1 through 11	56,967	57,523	

13 Compensation of officers, directors, trustees, etc	13,221	11,221	2,000
14 Other employee salaries and wages			
15 Pension plans, employee benefits			
16a Legal fees (attach schedule)			
b Accounting fees (attach schedule)	1,200	1,200	
c Other professional fees (attach schedule)			
17 Interest			
18 Taxes (attach schedule) (see page 14 of the instructions)	2,095	1,259	
19 Depreciation (attach schedule) and depletion . . .			
20 Occupancy			
21 Travel, conferences, and meetings			
22 Printing and publications			
23 Other expenses (attach schedule)	3,155	1,726	1,429
24 Total operating and administrative expenses.			
Add lines 13 through 23	19,671	15,406	3,429
25 Contributions, gifts, grants paid	84,690		84,690
26 Total expenses and disbursements. Add lines 24 and 25	104,361	15,406	88,119
27 Subtract line 26 from line 12			
a Excess of revenue over expenses and disbursements	-47,394		
b Net investment income (if negative, enter -0-) . . .		42,117	
c Adjusted net income (if negative, enter -0-) . . .			

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing				
	2 Savings and temporary cash investments	391,320	447,900	447,900	
	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)	162,399	61,375	61,464	
	b Investments—corporate stock (attach schedule)	686,303	683,204	672,790	
	c Investments—corporate bonds (attach schedule)	10,211	10,211	10,376	
	11 Investments—land, buildings, and equipment basis ►	130,950	130,950	953,750	
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 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,381,184	1,333,641	2,146,950		
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 ►)				
	23 Total liabilities (add lines 17 through 22)			0	
	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 checked="" type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds	1,381,184	1,333,641		
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see page 17 of the instructions)	1,381,184	1,333,641		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,381,184	1,333,641			
Net Assets or Fund Balances					

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	1,381,184
2	Enter amount from Part I, line 27a	2	-47,394
3	Other increases not included in line 2 (itemize) ►	3	1,800
4	Add lines 1, 2, and 3	4	1,335,590
5	Decreases not included in line 2 (itemize) ►	5	1,949
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,333,641

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)
1 a				
b	Capital Gain Dividends			
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				4,180
b				
c				
d				
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))
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 -556
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 pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8			3 -428

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

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

1 Enter the appropriate amount in each column for each year, see page 18 of 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))
2010	82,209	1,709,617	0 04809
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
2			2 0 26065
3			3 0 05213
4			4 1,866,336
5			5 97,292
6			6 421
7			7 97,713
8			8 88,119

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	842
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <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	842
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	842
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	920
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	920
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed <input type="checkbox"/>	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <input type="checkbox"/>	10	78
11	Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> 78 Refunded <input type="checkbox"/> 11	11	

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	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 Form 1120-POL 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 Form 990-T 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 2011 or the taxable year beginning in 2011 (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 Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ► 15			
16	At any time during calendar year 2011, 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	Yes	No
See 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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	No
c	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
1c	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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see 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 2011 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 2011).	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 2011?	4b	No

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

5a	During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (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). (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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		5b
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 checked="" type="checkbox"/> No	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
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

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)

1 List all officers, directors, trustees, foundation managers and their compensation (See page 22 of the 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
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	11,221		

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions)
If none, enter "NONE"

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 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 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

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	852,014
b	Average of monthly cash balances.	1b	388,641
c	Fair market value of all other assets (see page 24 of the instructions).	1c	654,102
d	Total (add lines 1a, b, and c).	1d	1,894,757
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	1,894,757
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	28,421
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,866,336
6	Minimum investment return. Enter 5% of line 5.	6	93,317

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	93,317
2a	Tax on investment income for 2011 from Part VI, line 5.	2a	842
b	Income tax for 2011 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	842
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	92,475
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	92,475
6	Deduction from distributable amount (see page 25 of the instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	92,475

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	88,119
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	88,119
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 page 26 of the instructions).	6	88,119
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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				92,475
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2011				
a From 2006.				
b From 2007.				
c From 2008.	2,335			
d From 2009.				
e From 2010.				
f Total of lines 3a through e.	2,335			
4 Qualifying distributions for 2011 from Part XII, line 4 ► \$ _____ 88,119				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions).	0			
d Applied to 2011 distributable amount.				88,119
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	2,335			2,335
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
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 page 27 of the instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011.				2,021
7 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).				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see page 27 of the instructions).				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2007.				
b Excess from 2008.				
c Excess from 2009.				
d Excess from 2010.				
e Excess from 2011.				

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 2011, 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)				
a <i>Paid during the year</i>				
SEE SCHEDULE 2 SEE SCHEDULE 2 CONCORDIA, KS 66901	NONE	NONE	COMMUNITY	84,690
Total			► 3a	84,690
b <i>Approved for future payment</i>				
Total			► 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

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

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>				
		2012-05-11	*****	
		Date	Title	
<p>Sign Here</p> <p>Paid Preparer's Use Only</p>	<p>Preparer's Signature</p> <p>Yvonne G Brownell</p>		Date	Check if self-employed <input type="checkbox"/>
	<p>Firm's name</p> <p>Mize Houser & 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>	

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

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 23-7222272
Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

Form 990PF - Special Condition Description:

Special Condition Description

TY 2011 Accounting Fees Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIZE, Houser & CO	1,200	1,200	0	0

TY 2011 Investments Corporate Bonds Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	10,211	10,376

TY 2011 Investments Corporate Stock Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS & MUTUAL FUNDS	683,204	672,790

TY 2011 Investments Government Obligations Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

**US Government Securities - End of
Year Book Value:** 61,375

**US Government Securities - End of
Year Fair Market Value:** 61,464

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

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

TY 2011 Investments - Land Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Category / Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	130,950		130,950	953,750

TY 2011 Investments - Other Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

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

TY 2011 Other Decreases Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Description	Amount
12/31/11 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	1,949

TY 2011 Other Expenses Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

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	715			715
FARM MGMT FEE	1,668	1,668		
FARM INSURANCE	58	58		
COPIES AND POSTAGE FOR MEETINGS	575			575

TY 2011 Other Income Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
STOCK LITIG SETTLEMENT	10		
ROYALTY INCOME	56		

TY 2011 Other Increases Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 11000144

Software Version: 2011v1.2

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

TY 2011 Taxes Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

EIN: 23-7222272**Software ID:** 11000144**Software Version:** 2011v1.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID	98	98		
FEDERAL EXCISE TAX ON INVEST & ESTIMATES	836			
FARM REAL ESTATE TAX	1,161	1,161		

The Leva and Frank Duclos Foundation, A Charitable Trust

Account #	2160280
Tax Worksheet From	1/1/2011 to 12/31/2011

Trust Category: Irrevocable Trust
Dates Open: 7/7/1972 to Present
Trust Year End: December
Date Printed: 03/20/2012

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

Capital Gains and Losses

Individual Transactions

Short-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
	428236103	25.000000	09/30/2010	08/24/2011	328	0.00	618.99	-1,047.00	0.00	-428.01	Sold 25 shares @ \$24.8600
Long-Term											
	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Hewlett-Packard Co	428236103	210,000000	03/12/2007	08/24/2011	1,626	0.00	5,199.50	-8,481.90	0.00	-3,282.40	Sold 210 shares @ \$24.8600
Fed Home Loan Banks, 11/18/2011; 4.875%	3133XH9H9	100,000,000000	09/20/2007	11/18/2011	1,520	0.00	100,000.00	-101,024.11	0.00	-1,024.11	Matured
Marratt Vacations Worldwide Corp	57164Y107	0.111000	07/16/2007	12/29/2011	1,627	0.00	1.90	-2.76	0.00	-0.86	Sold 0.111 shares @ \$17.1247
Long-Term Total				Long-Term Total		0.00	105,201.40	-109,508.77	0.00	-4,307.37	
Individual Transactions Total				Individual Transactions Total		0.00	105,820.39	-110,555.77	0.00	-4,735.38	

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST
2011 DISTRIBUTIONS

TAX I.D.#23-7222272

SCHEDULE 2

2011 *Distributions*

	Amount
Anonymous Recipient, Aurora, KS - Hardship Request - Medically related travel expenses	200.00
Anonymous Recipient, Clyde, KS - Hardship Request - City of Aurora - Utilities	261.71
Anonymous Recipient, Belleview, KS - On behalf of the C.A.R.E. Committee (Community Assistance) - Crisis/Hardship Funds	500.00
Republic County Resource Council, Belleview, KS - On behalf of the Parent-Teacher Organization, USD 109 C A R E.S. - LCD Projectors, Speakers and Mounting Equipment	6,000.00
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	2,000.00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund - Financial Assistance for Utility and Medical Expenses for Individuals with Financial Need	3,000.00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Children and Youth Committee - Assistance with Funding the School Supply Program	3,000.00
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 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 Resources Council, Concordia, KS - On behalf of Club 81 - Roof Repairs	500.00
Cloud County Community College Foundation, Concordia, KS - Scholarships	6,000.00
USD #333, Concordia, KS - LCNCK - Wii System with Gaming Supports	400.00
USD #333, Concordia, KS - Grades 3-6 - Apple IPod Learning Lab	2,000.00
USD #333, Concordia, KS - Concordia Jr/Sr. High School Library - Kindle Wireless Reading Devices	500.00
USD #333, Concordia, KS - Concordia After School Program - Field Trips and Activities Support	500.00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde High School - SMART Board	500.00
Belleview After School Program, Belleview, KS - Scholarship Assistance	1,000.00
City of Jamestown, KS - On behalf of the Jamestown City Library - Internet/Telephone Access and Computer Antivirus Protection	500.00
City of Glasco, KS - Glasco Senior Center - Kitchen and Front Entrance Improvements	500.00
City of Glasco, KS - Glasco Volunteer Fire Department - Bunker Gear	1,000.00
City of Courtland, KS - City Park - Picnic Shelter	500.00
City of Milonvale, KS - Fire Department - Adapters for Rescue Equipment	1,000.00
City of Republic, KS - Rae Hobson Memorial Library - Guttering	500.00
City of Concordia, KS - NCK Paws - Stainless Steel Walk In Bathing Tub	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	1,000.00
America's Junior Miss Scholarship Foundation - On behalf of the Cloud County Junior Miss Program, Concordia, KS - Scholarship Support	1,000.00
High Banks Hall of Fame, Inc., Belleview, KS - Trade Show Display Kit	500.00
Courtland Arts Center, Courtland, KS - Stereo System	500.00
Cloud County Historical Society, Concordia, KS - Replace Plate Glass Windows	1,000.00
Closes Up Foundation - Assistance with Funding the May 2011 Trip to Washington D.C. for Concordia High School Students	500.00
Concordia Lutheran Church, Concordia, KS - Bright Beginnings Preschool - Tricycles	400.00
NCK Veterans Service Center Inc, Concordia, KS - Bright Beginnings Preschool - Operating Expenses	2,000.00
Anonymous Recipient, Concordia, KS - Hardship Requests - Utilities	500.00
Cloud County Association for Retarded Citizens - Financial Support (John McCahan Funds)	3,712.00

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST
2011 DISTRIBUTIONS

TAX I.D.#23-7222272

SCHEDULE 2

Meadowlark Hospice, Clay Center, KS - Financial Support (John McCahan Funds)	3,712.00
Anonymous Recipient, Concordia, KS - Hardship Request - Medical Equipment	565.00
Anonymous Recipient, Scandia, KS - Hardship Request - USD #426 Enrollment and Book Rental Fees for Layton, Alexander and Zyden Robison	92.80
Anonymous Recipient, Concordia, KS - Hardship Request - Utilities	300.00
Anonymous Recipient, Concordia, KS - Hardship Request - CPAP Machine and Supplies	510.00
Anonymous Recipient, Concordia, KS - Hardship Request - USD #426 Enrollment and Book Rental Fees for Amber Fedencia	90.00
Anonymous Recipient, Concordia, KS - Hardship Request - Power Wheelchair	500.00
Anonymous Recipient, Concordia, KS - Hardship Request - Hot Water Heater and Supplies	397.17
Anonymous Recipient, Concordia, KS - Hardship Request - Special Seating for Wheelchair	400.00
Anonymous Recipient, Concordia, KS - Hardship Request - Shower Chair and Commode	250.00
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 Parent-Teacher Organization, USD #109 C.A.R.E.S - Computers for the USD 109 Schools	2,000.00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Crisis Assistance Fund - Purchase Meat, Fresh Fruits, Vegetables and Personal Care Items for the Food Bank	3,000.00
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	2,500.00
Cloud County Community Resources Council, Concordia, KS - On behalf of the Holiday Food Basket Program	500.00
Cloud County Community College Foundation, Concordia, KS - Scholarships	6,000.00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde Grade School - Two Laptop Computers	500.00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde High School - Financial Assistance to Host a Heartland Against Hunger Event	500.00
USD #224, Clifton-Clyde, KS - On behalf of the Clifton-Clyde Grade School - iPad Touches for the Kindergarten Class	500.00
USD #109, Belleville, KS - Republic County Schools (East Elementary School) - Pads for the MTSS Program (Multi-Tiered System of Support)	500.00
USD #109, Belleville, KS - Republic County Schools (East Elementary School and Middle School) - Accelerated Reader Tests	500.00
USD #109, Belleville, KS - New Teacher / Mentor Program	500.00
USD #109, Belleville, KS - Joe Coles Bullying Prevention Program	500.00
USD #333, Concordia, KS - On behalf of the Junior High Special Education Program - Purchase positive Reinforcement Rewards for Students	100.00
USD #333, Concordia, KS - On behalf of the National Honor Flight Program - Funding for One Low-Income Concordia High School Student to Participate in the March 2012 Trip	500.00
USD #333, Concordia, KS - On behalf of the Concordia Elementary School Tier 2 Reading Intervention Program	500.00
USD #333, Concordia, KS - On behalf of the Concordia Junior High School Friends of Rachel Organization and Concordia Junior High School StuCo - Funding the "Promotional Nights" at the Junior High Basketball Games	250.00
Belleville After School Program, Belleville, KS - Scholarship Assistance	1,000.00
Belleville Wesleyan Church, Belleville, KS - On behalf of the Stepping Stones Preschool - Budget Assistance to Purchase Stackng Chairs, Costumes, Puppets and Puppet Stands	250.00
Glesco Community Preschool, Inc., Glesco, KS - Assistance with Utility Expenses and Liability Insurance	500.00
Clay County Child Care Center Inc., Clay Center, KS - On behalf of Early Head Start (Home Visitation Program) Contracting with Cloud County Community College, Heidi Hittle (Group Home), and Jenny Rappert and Angela Beins (Family Daycares) - Child Development Equipment	250.00
Close Up Foundation - Assistance with Funding the May 2012 Trip to Washington D.C. for Concordia High School Students	500.00
City of Miltonvale, KS - On behalf of the Hillcrest Public Library - Relocation Expenses	1,000.00
City of Cuba, KS - On behalf of the Hillcrest Public Library - Relocation Expenses	500.00
Glesco Community Foundation, Glesco, KS - Support with Operating the Corner Stone Building	500.00
City of Concordia, KS - On behalf of the Concordia Police Department - Drug Abuse Resistance Education (D.A.R.E.) Program - T-Shirts for 6th Graders Participating in the D.A.R.E. Program	500.00

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE TRUST
2011 DISTRIBUTIONS

TAX ID.#23-7222272

SCHEDULE 2

City of Courtland, KS - Hat, Coat and Boot Rack for the Volunteer Fire Department	500.00
City of Belleville, KS - On behalf of the Belleville Public Library - Brochure / Literature Display Rack	250.00
City of Belleville, KS - On behalf of the Belleville Police Department - Educational Programs and Equipment related to Impaired and Distracted Driving	500.00
Belleville Main Street Program Inc., Belleville, KS - On behalf of the Republic County Economic Development - Start-up Costs for the ROZ Student Loan Seed Fund	500.00
High Banks Hall of Fame, Inc., Belleville, KS - Museum Building Sign Repair	300.00
The Blair Center for the Arts Foundation, Belleville, KS - Wichita Children's Theater Funding	500.00
National Orphan Train Complex, Concordia, KS - Historic Passenger Train Car Rehabilitation Project	500.00
Republic County Historical Society Museum, Concordia, KS - On behalf of The Friends of Pawnee Indian Village, Inc. - Exhibit Case Lighting	500.00
Great Plains of Republic Co., Inc., Belleville, KS - On behalf of the Republic County Hospital - NuStep Exercise Machine	500.00
Great Plains of Republic Co., Inc., Belleville, KS - On behalf of the Republic County Hospital - Bathroom Scales for Project Red	1,000.00
United States Conference of Catholic Bishops, Washington, D.C. - On behalf of the Sisters of St. Joseph of Concordia - Financial Assistance to the Helping Hands Program	500.00
Clyde Development, Inc., Clyde, KS - On behalf of Park Villa Nursing Home - Purchase Infusion Pump System	
	84,689.88

2011 Total.

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 2012. The deadline for requests is Friday, April 20, 2012 at 5:00 p.m. No late applications will be considered.

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	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
9	\$76,683
10	\$83,750
11	\$90,817
12	\$97,884
Each additional family member	\$7,067

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	_____	_____
_____	_____	_____
_____	_____	_____
Total Income	\$ _____	\$ _____

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
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	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
9	\$76,683
10	\$83,750
11	\$90,817
12	\$97,884
Each additional family member	\$7,067

- 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

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

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

Other information you would like the Duclos Foundation committee to consider:

Please attach a current financial statement and a current income statement.

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: _____
