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Form 990-PF

## Return of Private Foundation

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

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2014

Open to Public  
Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation LEVA AND FRANK DUCLOS FOUNDATION CO CITIZENS NATIONAL BANK		A Employer identification number 23-7222272
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 or province, country, and ZIP or foreign postal code CONCORDIA, KS 66901		
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 2,341,123		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> <input type="checkbox"/>

<b>Part I</b> Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc , received (attach schedule)	2,000			
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	2,237	2,237		
	4 Dividends and interest from securities.	27,443	27,443		
	5a Gross rents	27,798	27,798		
	b Net rental income or (loss) 27,798				
	6a Net gain or (loss) from sale of assets not on line 10	35,159			
	b Gross sales price for all assets on line 6a 223,574				
	7 Capital gain net income (from Part IV, line 2)		35,159		
	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)	343	343		
	<b>12 Total.</b> Add lines 1 through 11	94,980	92,980		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc	13,811	11,811		2,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,375	1,375		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,562	1,904		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,548	2,440		1,108
	<b>24 Total operating and administrative expenses.</b>				
	Add lines 13 through 23	21,296	17,530		3,108
	25 Contributions, gifts, grants paid	110,467			110,467
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	131,763	17,530		113,575
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-36,783			
	<b>b Net investment income</b> (if negative, enter -0-)		75,450		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing . . . . .				
2	Savings and temporary cash investments . . . . .		163,044	172,599	172,599
3	Accounts receivable ►				
	Less allowance for doubtful accounts ►				
4	Pledges receivable ►				
	Less allowance for doubtful accounts ►				
5	Grants receivable . . . . .				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
7	Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
8	Inventories for sale or use . . . . .				
9	Prepaid expenses and deferred charges . . . . .				
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule) . . . . .	949,189	903,833	1,009,729	
c	Investments—corporate bonds (attach schedule) . . . . .				
11	Investments—land, buildings, and equipment basis ►	130,950			
	Less accumulated depreciation (attach schedule) ►		130,950	130,950	1,158,125
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)		1,243,184	1,207,383	2,341,123
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .			0	
Net Assets or Fund Balances	<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 . . . . .		1,243,184	1,207,383	
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 instructions) . . . . .	1,243,184	1,207,383		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	1,243,184	1,207,383		

**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	1,243,184
2	Enter amount from Part I, line 27a . . . . .		2	-36,783
3	Other increases not included in line 2 (itemize) ►		3	2,543
4	Add lines 1, 2, and 3 . . . . .		4	1,208,944
5	Decreases not included in line 2 (itemize) ►		5	1,561
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30		6	1,207,383

**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>	SHORT-TERM SALES	P	2014-01-01	2014-12-31
<b>b</b>	LONG-TERM SALES	P	2013-01-01	2014-12-31
<b>c</b>	Capital Gain Dividends			
<b>d</b>				
<b>e</b>				
<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>	37,292		36,969	323
<b>b</b>	174,518		151,446	23,072
<b>c</b>				
<b>d</b>				11,764
<b>e</b>				
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>				323
<b>b</b>				23,072
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss)	<i>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</i>	<b>2</b>	35,159
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<i>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</i>	<b>3</b>	323

**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 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))
2013	112,909	2,219,939	0 05086
2012	97,440	2,142,962	0 04547
2011	88,119	1,866,336	0 04722
2010	82,209	1,709,617	0 04809
2009	79,118	1,673,251	0 04728
<b>2</b> Total of line 1, column (d).			0 23892
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 04778
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.			2,347,213
<b>5</b> Multiply line 4 by line 3.			112,157
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).			755
<b>7</b> Add lines 5 and 6.			112,912
<b>8</b> Enter qualifying distributions from Part XII, line 4.			113,575

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see 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		
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		1	755
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" 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	755
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	755
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	800
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	800
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	45
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> 45 <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
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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>			
1c	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 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <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 instructions). . . . .	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	12		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 . . . . . ►	15
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16	At any time during calendar year 2014, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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.

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 instructions)? . . . . .			
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			
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 2014? . . . . .			
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? . . . . .	<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 instructions) . . . . .			
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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 2014 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 2014) . . . . .			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .			
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 2014? . . . . .			

**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 4945(d)(4)(A)? (see 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> <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 instructions)? . . . . .</p> <p>Organizations relying on a current notice regarding disaster assistance check here. . . . . <input 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>5b</b> <b>No</b></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> <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> <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 instructions)**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account other allowances</b>
CITIZENS NATIONAL BANK 115 W 6TH CONCORDIA, KS 66901	Trustee 5 00	11,811		
5 INDIVIDUALS FROM COMMUNITY	ADVISORY COMMIT	2,000		
GRANT ADVISORY COMMITTEE CONCORDIA KS 66901	0 00			

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

<b>(a) Name and address of each person paid more than \$50,000</b>	<b>(b) Type of service</b>	<b>(c) Compensation</b>
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	Expenses
1	
2	
3	
4	

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

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

All other program-related investments See instructions

**3** \_\_\_\_\_  
\_\_\_\_\_  
**Total.** Add lines 1 through 3 ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	1,067,091
b	Average of monthly cash balances. . . . .	1b	162,748
c	Fair market value of all other assets (see instructions). . . . .	1c	1,153,118
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	2,382,957
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	2,382,957
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	35,744
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,347,213
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	117,361

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

1	Minimum investment return from Part X, line 6. . . . .	1	117,361
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	755
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	755
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	116,606
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	116,606
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	116,606

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	113,575
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	113,575
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	755
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	112,820
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years		

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				116,606
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only. . . . .			7,360	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .				
<b>b</b> From 2010. . . . .				
<b>c</b> From 2011. . . . .				
<b>d</b> From 2012. . . . .				
<b>e</b> From 2013. . . . .				
<b>f Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ► \$ _____ 113,575				
<b>a</b> Applied to 2013, but not more than line 2a			7,360	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2014 distributable amount. . . . .				106,215
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<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 instructions . . . . .				
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				10,391
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2015.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .				
<b>b</b> Excess from 2011. . . . .				
<b>c</b> Excess from 2012. . . . .				
<b>d</b> Excess from 2013. . . . .				
<b>e</b> Excess from 2014. . . . .				

**Part XIV Private Operating Foundations** (see 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 2014, 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 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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	110,467
<b>Total</b>			► 3a	110,467
<b>b Approved for future payment</b>				
<b>Total</b>			► 3b	

Part XVT-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated		Unrelated business income	Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments. . . . .				14	2,237
<b>4</b> Dividends and interest from securities. . . . .				14	27,443
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .				16	27,798
<b>6</b> Net rental income or (loss) from personal property. . . . .					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory. . . . .				18	35,159
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory. . . . .					
<b>11</b> Other revenue a <u>ROYALTY INCOME</u>				15	94
b <u>STOCK LITIG. SETTLEMENT</u>				14	249
c					
d					
e					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .					92,980
<b>13</b> <b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .				13	92,980
(See worksheet in line 13 instructions to verify calculations.)					

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

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

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash. . . . .	1a(1)	No
(2) Other assets. . . . .	1a(2)	No
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	1c	No

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

\* \* \* \* \*

2015-05-14

\* \* \* \* \*

**Signature of officer or trustee**

Date

### Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Yvonne G Brownell	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00129973
	Firm's name ► MIZE HOUSER & COMPANY PA			Firm's EIN ►	
	Firm's address ► 534 S KANSAS AVE 400 TOPEKA, KS 666033454			Phone no (785) 233-0536	

## TY 2014 Accounting Fees Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIZE Houser	1,375	1,375	0	0

## TY 2014 Investments Corporate Stock Schedule

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

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS & MUTUAL FUNDS	903,833	1,009,729

## TY 2014 Investments - Land Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Category / Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	130,950		130,950	1,158,125

## TY 2014 Other Decreases Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Amount
12/31/14 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	1,561

## TY 2014 Other Expenses Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COPIES AND POSTAGE FOR MEETINGS	305			305
FARM INSURANCE	215	215		
FARM MGMT FEE	2,224	2,224		
MEMORIAL DAY FLOWERS	35			35
OTHER ROYALTY DEDUCTIONS	1	1		
PUBLISH NOTICE OF MEETINGS	619			619
TRAVEL - ADVISORY COMMITTEE	149			149

## TY 2014 Other Income Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INCOME	94	94	
STOCK LITIG SETTLEMENT	249	249	

## TY 2014 Other Increases Schedule

**Name:** LEVA AND FRANK DUCLOS FOUNDATION

CO CITIZENS NATIONAL BANK

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Description	Amount
12/31/13 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	2,543

## TY 2014 Taxes Schedule

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

**EIN:** 23-7222272

**Software ID:** 14000265

**Software Version:** 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARM REAL ESTATE TAX	1,657	1,657		
FEDERAL EXCISE TAX ON INVEST & ESTIMATES	658			
FOREIGN TAXES PAID	241	241		
ROYALTY PRODUCTION TAX	6	6		

# The Leva and Frank Duclos Foundation, A Charitable Trust

Account #: 2100280

Tax Worksheet From 1/1/2014 to 12/31/2014

Trust Category: Irrevocable Trust

Admin Officer: Amy DeGraff

Dates Open: 7/7/1972 to Present

Invest Officer: Amy DeGraff

Trust Year End: December

Tax State: Kansas

Date Printed: 04/22/2015

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
Bank of New York Mellon Corp	064058100	125.000000	03/15/2013	03/06/2014	356	0.00	4,094.93	-3,605.00	0.00	489.93	Sold 125 shares @ \$32.8600	
Oppenheimer Sr Floating Rate A	68381K101	94.899000	12/27/2013	08/12/2014	228	0.00	793.36	-800.00	0.00	-6.54	Sold 94.899 shares @ \$8.3600	
Oppenheimer Sr Floating Rate A	68381K101	2,673.857000	03/10/2014	08/12/2014	155	0.00	22,353.44	-22,513.88	0.00	-160.44	Sold 2,673.857 shares @ \$8.3600	
Metropolitan West Ultra S/Duration Bd	592905814	2,337.209000	08/12/2014	11/26/2014	106	0.00	10,050.00	-10,050.00	0.00	0.00	Sold 2,337.209 shares @ \$4.3000	
					Short-Term Total	0.00	37,291.73	-36,968.88	0.00	322.85		

#### Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale	Cost Adjustment	Gain/Loss	Description of Transaction
McDonalds Corp	580135101	45.000000	03/12/2007	03/06/2014	2,551	0.00	4,293.38	-2,019.15	0.00	2,274.23	Sold 45 shares @ \$95.5100	
CVS Corp	126650100	25.000000	09/19/2008	03/06/2014	1,994	0.00	1,832.22	-922.75	0.00	909.47	Sold 25 shares @ \$73.3900	
CVS Corp	126650100	30.000000	02/22/2010	03/06/2014	1,473	0.00	2,198.66	-1,034.10	0.00	1,164.56	Sold 30 shares @ \$73.3900	
Pfizer Inc	717081103	125.000000	03/12/2007	03/06/2014	2,551	0.00	4,087.43	-3,165.00	0.00	922.43	Sold 125 shares @ \$32.8000	
Honeywell Intl Inc	438516106	40.000000	03/12/2007	03/06/2014	2,551	0.00	3,801.54	-1,898.80	0.00	1,902.74	Sold 40 shares @ \$95.1400	
United Technologies	913017109	35.000000	03/12/2007	03/06/2014	2,551	0.00	4,111.38	-2,286.55	0.00	1,824.83	Sold 35 shares @ \$117.5700	
International Business Machines Corp	459200101	25.000000	03/12/2007	03/06/2014	2,551	0.00	4,695.17	-2,349.25	0.00	2,345.92	Sold 25 shares @ \$187.9900	
Sigma Aldrich	826552101	20.000000	09/30/2010	03/06/2014	1,253	0.00	1,883.36	-1,198.80	0.00	684.56	Sold 20 shares @ \$94.2700	
Sigma Aldrich	826552101	20.000000	09/21/2007	03/06/2014	2,358	0.00	1,883.37	-942.60	0.00	940.77	Sold 20 shares @ \$94.2700	
AT&T Inc Com	00206R102	120.000000	03/12/2007	03/06/2014	2,551	0.00	3,862.73	-4,472.40	0.00	-609.67	Sold 120 shares @ \$32.2900	
Oppenheimer Intl Growth Fd A	68380L100	255.374000	03/02/2012	03/10/2014	738	0.00	9,875.30	-7,313.91	0.00	2,561.39	Sold 255.374 shares @ \$38.6700	
American Century Ginnie Mae Adv	025081837	1,083.416000	12/04/2012	03/10/2014	461	0.00	11,635.89	-12,134.26	0.00	-498.37	Sold 1,083.416 shares @ \$10.7400	
Federated Total Return Bond Fund	31428Q507	2,006.003000	12/04/2012	03/10/2014	461	0.00	22,045.98	-23,390.00	0.00	-1,344.02	Sold 2,006.003 shares @ \$10.9900	
Federated Total Return Bond Fund	31428Q507	825.751000	10/02/2012	03/10/2014	524	0.00	9,075.00	-9,620.00	0.00	-545.00	Sold 825.751 shares @ \$10.9900	

# The Leva and Frank Duclos Foundation, A Charitable Trust

Account #: 2100280

Tax Worksheet: From 1/1/2014 to 12/31/2014

Trust Category: Irrevocable Trust

Admin Officer: Amy DeGraff

Dates Open: 7/7/1972 to Present

Invest Officer: Amy DeGraff

Trust Year End: December

Tax State: Kansas

Date Printed: 04/22/2015

Tax ID: 23-7222272

## Capital Gains and Losses

### Individual Transactions

#### Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Federated Total Return Bond Fund	31428Q507	736 524000	08/02/2012	03/10/2014	585	0.00	8,094.40	-8,536.31	0.00	-441.91	Sold 736 524 shares @ \$10.9900
Oppenheimer Intl Growth Fd A	68380L100	34,788000	09/30/2010	06/06/2014	1,345	0.00	1,379.00	-913.53	0.00	465.47	Sold 34,788 shares @ \$39.6400
Wright Selected Blue Chip Fund	98235F107	391 184000	03/02/2012	06/06/2014	826	0.00	5,367.05	-4,522.09	0.00	844.96	Sold 391 184 shares @ \$13.7200
Federated Total Return Bond Fund	31428Q507	177 545000	07/12/2010	06/06/2014	1,425	0.00	1,974.30	-1,979.63	0.00	-5.33	Sold 177,545 shares @ \$11.1200
MFS Research Bond Fund A	55272P810	299 786000	12/04/2012	06/06/2014	549	0.00	3,279.66	-3,339.62	0.00	-59.96	Sold 299 786 shares @ \$10.9400
Oppenheimer Sr Floating Rate A	68381K101	2,887 077000	12/04/2012	08/12/2014	616	0.00	24,135.96	-23,905.00	0.00	230.96	Sold 2,887.077 shares @ \$8.3600
Federated Short Term Income Fund Institutional Srv	31420C308	1,358 227000	03/02/2012	11/26/2014	999	0.00	11,640.00	-11,721.49	0.00	-81.49	Sold 1,358 227 shares @ \$8.5700
Procter & Gamble Co	742718109	55,000000	03/12/2007	11/26/2014	2,816	0.00	4,871.24	-3,425.40	0.00	1,445.84	Sold 55 shares @ \$88.6700
Coca Cola Co	191216100	100 000000	03/12/2007	11/26/2014	2,816	0.00	4,417.90	-2,393.50	0.00	2,024.40	Sold 100 shares @ \$44.2800
Johnson & Johnson	478160104	50,000000	11/20/2002	11/26/2014	4,389	0.00	5,347.88	-3,012.55	0.00	2,335.33	Sold 50 shares @ \$107.0600
Medtronic Inc	585055106	10,000000	09/21/2007	11/26/2014	2,623	0.00	732.88	-568.30	0.00	164.58	Sold 10 shares @ \$73.3900
Medtronic Inc	585055106	60,000000	08/06/2003	11/26/2014	4,130	0.00	4,397.31	-3,179.91	0.00	1,217.40	Sold 60 shares @ \$73.3900
General Electric Co	369604103	155,000000	03/12/2007	11/26/2014	2,816	0.00	4,144.61	-5,345.95	0.00	-1,201.34	Sold 155 shares @ \$26.8400
General Electric Co	369604103	5 000000	09/30/2010	11/26/2014	1,518	0.00	133.70	-81.50	0.00	52.20	Sold 5 shares @ \$26.8400
Mastercard Inc Cl A	57636Q104	55 000000	08/24/2011	11/26/2014	1,190	0.00	4,749.69	-1,769.02	0.00	2,980.67	Sold 55 shares @ \$86.4600
Oracle Systems Corp	68389X105	110,000000	03/15/2013	11/26/2014	621	0.00	4,571.50	-4,005.09	0.00	566.41	Sold 110 shares @ \$41.6600
					Long-Term Total	0.00	174,518.49	-151,446.46	0.00	23,072.03	
					Individual Transactions Total	0.00	211,810.22	-188,415.34	0.00	23,394.88	

4/22/2015  
4 39 PM

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE FOUNDATION  
2014 DISTRIBUTIONS

DUCLOS GRANTS XLSIDUC

TAX I D #23-7222272

SCHEDULE 2

2014 Distributions	Amount
<b>Republic County Resource Council, Belleville, KS -</b>	
On behalf of the C A R E Committee (Community Assistance) - Crisis / Hardship Funds	\$ 6,000.00
On behalf of the Harvest Community Garden - Fence, Walkways and Picnic Tables	\$ 1,000.00
On behalf of the Summer Lunch Program - Kitchen Items	\$ 800.00
On behalf of the Doodle Bug Academy - Parking Lot Improvements	\$ 500.00
On behalf of the Republic County Czech Club - Restore Original Backdrop	\$ 500.00
On behalf of the C A R E Committee (Community Assistance) - Crisis / Hardship Funds	\$ 7,000.00
On behalf of the Summer Lunch Program - Renovation of the Closet Area and Ergonomic Mats	\$ 500.00
Supplemental Distribution	\$ 500.00
<b>Cloud County Community Resources Council, Concordia, KS -</b>	
On behalf of the Crisis Assistance Fund - Utility and Medical Assistance for Individuals with Financial Need	\$ 2,000.00
On behalf of the Food Bank - Purchase Food, Food Items, Personal Hygiene Items and Household Items	\$ 5,000.00
Funding the School Supply Program	\$ 800.00
Cloud County Food Bank - Purchase Food, Food Items, Personal Hygiene Items and Household Items	\$ 5,000.00
On behalf of the Crisis Assistance Fund - Utility and Medical Assistance for Individuals with Financial Need	\$ 2,000.00
On behalf of the Holiday Food Basket Program	\$ 1,000.00
Supplemental Distribution	\$ 500.00
<b>USD #109, Belleville, KS -</b>	
On behalf of Republic County Schools - MTSS (Kansas Multi-Tier System of Supports) Program	\$ 500.00
On behalf of the Republic County Schools (East Elementary School) - Purchase Supplies for the MTSS Program (Multi-Tiered System of Support)	\$ 500.00
On behalf of the Future Business Leaders of America (FBLA) Chapter - Hotel Expenses for the Conference	\$ 750.00
Accelerated Reader (AR) Program - Quizzes	\$ 500.00
<b>USD #333, Concordia, KS -</b>	
On behalf of the Concordia After School Program - Summer Activity Funds	\$ 1,000.00
On behalf of the Cloud County Development Center - Purchase materials, toys and sensory table	\$ 430.00
On behalf of Concordia Elementary School - Purchase Pathways to Reading Material and Training	\$ 3,000.00
On behalf of the Concordia Elementary School - Purchase Materials for the MTSS Program (Multi-Tiered System of Support)	\$ 650.00
On behalf of the Concordia High School - Media Center Renovation	\$ 500.00
On behalf of the National Honor Flight Program - Funding for One Low-Income Concordia High School Student to Participate in the Spring 2015 Trip	\$ 550.00

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THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE FOUNDATION  
2014 DISTRIBUTIONS

DUCLOS GRANTS XLSIDUC

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SCHEDULE 2

<b>Belleville After School Program, Belleville, KS -</b>	
Scholarship Assistance	\$ 3,000.00
Scholarship Assistance	\$ 2,000.00
<b>Concordia Wesleyan Church, Concordia, KS -</b>	
On behalf of the Bright Beginnings Preschool - Purchase Smart Board	\$ 1,000.00
<b>North Central Kansas CASA, Inc., Concordia, KS</b>	
On behalf of Golden Rule Preschool - Purchase 100 Books for the Golden Rule Preschool Book Carnival	\$ 500.00
<b>City of Jamestown, KS -</b>	
Purchase two refrigerators for the community building	\$ 1,000.00
On behalf of the Jamestown City Library - Internet Service	\$ 500.00
Funding for installation of new water lines	\$ 500.00
<b>City of Belleville, KS -</b>	
On behalf of the Belleville Public Library - Front Door Replacement	\$ 1,000.00
On behalf of the Belleville Police Department - NCK Pride Program Funding	\$ 500.00
On behalf of the Belleville Public Library - Restroom Upgrade	\$ 700.00
<b>City of Miltonvale, KS -</b>	
Handicapped Ramps for Corner of 4th Street and Ash Street	\$ 1,500.00
<b>City of Glasco, KS -</b>	
On behalf of the Glasco Senior Citizens - Floor Repair	\$ 500.00
On behalf of the Fire Department - Bunker Gear and Fire Extinguishers	\$ 2,000.00
On behalf of the Glasco Senior Center - Carpet Cleaning, Housekeeping and Tree/Bush Trimming	\$ 500.00
<b>City of Cuba, KS -</b>	
Downtown Beautification Projects	\$ 500.00
On behalf of the Hillcrest Public Library - Glass Display Cases	\$ 500.00
<b>City of Republic, KS -</b>	
On behalf of the Republic Fire Department - Purchase Rescue Saw and All Purpose Blade	\$ 1,000.00

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SCHEDULE 2

<b>City of Clyde, KS -</b> On behalf of the Randolph Decker Library - Exterior Paint	\$ 500.00
<b>Republic County, KS -</b> On behalf of the Republic County Health Department - Purchase Color Printer and Office Chairs	\$ 500.00
On behalf of the Norway Community Center - Sidewalk Extension	\$ 500.00
On behalf of the Republic County Economic Development - ROZ Student Loan Reimbursement - Matching Funds	\$ 1,500.00
On behalf of the Pleasant Ridge Cemetery - Flag Poles	\$ 1,000.00
<b>Glasco Community Foundation, Glasco, KS -</b> Support with Operating the Corner Store Building and Programming	\$ 1,000.00
Assistance with Utility Expenses and Liability Insurance	\$ 1,000.00
<b>Belleville Main Street Program Inc , Belleville, KS -</b> On behalf of Rocky Pond Christmas - Purchase Additional Lighting	\$ 500.00
Farmer's Market Funding	\$ 500.00
Downtown Sound System Funding	\$ 500.00
Historic Plaza Downtown Flowers Planters	\$ 750.00
On behalf of the Rocky Pond Christmas Lights - Expansion	\$ 1,000.00
<b>Great Plains of Republic Co., Inc , Belleville, KS -</b> On behalf of the Republic County Hospital - Nursing Pillows and Educational Materials	\$ 500.00
On behalf of the Republic County Hospital - Car Seat Safety Program	\$ 1,000.00
On behalf of the Republic County Hospital - Project Red - Purchase Resource Materials	\$ 1,000.00
On behalf of the Republic County Hospital - Car Seat Safety Program - Purchase Infant/Toddler Car Seats	\$ 1,500.00
On behalf of the Republic County Hospital - Breast Feeding Education Program - Equipment Loan Program Funding	\$ 500.00
<b>Cloud County Health Center, Concordia, KS -</b> Purchase Recliner Chairs	\$ 800.00
<b>Blair Center for the Arts Foundation, Belleville, KS -</b> Free Summer Matinees	\$ 1,000.00
On behalf of the Cub Scouts Pack 56 - Timer for the Aluminum Pinewood Derby Racetrack and Computer Program	\$ 500.00
Replace the Commercial Size Popcorn Machine and the Color Printer	\$ 1,000.00
On behalf of USD 109 Cares - Replace Commercial Size Hot Dog Roller/Warmer	\$ 400.00

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<b>Church People Concerned Foundation, Belleville, KS -</b> On behalf of the Golden Belle Haven Senior Center - Handicap Chair Lift On behalf of the Golden Belle Haven Senior Center - Entry Door Replacement	<b>SCHEDULE 2</b>	\$ 1,000.00
<b>Kansas Crossroads Resource Conservation and Development Area, Inc., Clay Center, KS</b> On behalf of the Republic County 4-H Council Belleville KS - Purchase Tables and Chairs		\$ 500.00
<b>High Banks Hall of Fame, Belleville, KS -</b> Repair LED Signage on the Museum Building Wiring and Lighting Expenses for recent addition		\$ 500.00
<b>United States Conference of Catholic Bishops, Washington, DC -</b> On behalf of the Sisters of St. Joseph of Concordia, KS - National Night Out Funding On behalf of the Helping Hands Program - Food and Financial Assistance to Individuals and Families		\$ 300.00
<b>Nicol Home, Inc., Glasco, KS -</b> Computer Equipment Touch Screen Kiosks		\$ 1,500.00
<b>Miltonvale Educational and Charitable Fund, Miltonvale, KS</b> On behalf of MERIT Inc. - Band Shell Repair City Park Band shell Electrical Upgrade		\$ 1,000.00
<b>Cloud County Association for Retarded Citizens, Inc</b>		\$ 2,000.00
<b>Meadowlark Hospice</b>		\$ 3,136.00
<b>Belleville Wesleyan Church, Belleville, KS -</b> On behalf of the Stepping Stones Preschool - Preschool Improvements		\$ 500.00
<b>City of Munden, KS -</b> Community Building Project Funding		\$ 1,500.00
<b>City of Courtland, KS -</b> On behalf of the Courtland Parks Committee - Swimming Pool Repairs and Grass Seeding		\$ 2,000.00

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	SCHEDULE 2	
<b>City of Burr Oak, KS -</b>		
On behalf of the Burr Oak Community Library - Building Fund		\$ 1,000.00
<b>Glasco Community Foundation, Glasco, KS</b>		
Maintaining and Operating the Corner Store Building and Programming Activities		\$ 1,000.00
<b>Great Plains of Republic Co , Inc , Belleville, KS -</b>		
<b>National Orphan Train Complex, Concordia, KS -</b>		
Building Repairs		\$ 1,000.00
<b>Freedom Board, Inc. - Concordia, KS -</b>		
Building Repairs		\$ 1,000.00
<b>Republic County Historical Society, Belleville, KS -</b>		
Reimbursement for 1930's Barn Relocation Expenses		\$ 1,000.00
<b>Cloud County Historical Society, Concordia, KS -</b>		
Lester's Sweet Shop Display		\$ 500.00
<b>KSDS Inc., Washington, KS -</b>		
Paper Supply Cost for Buildings and Accessible Housing		\$ 500.00
Anonymous Recipient, Concordia KS -		\$ 435.00
Anonymous Recipient, Belleville KS -		\$ 475.00
Anonymous Recipient, Concordia KS -		\$ 500.00
Anonymous Recipient, Cuba KS -		\$ 500.00
Anonymous Recipient, Concordia KS -		\$ 730.10
Anonymous Recipient, Belleville KS -		\$ 577.90
Anonymous Recipient, Concordia KS -		\$ 500.00
Anonymous Recipient, Scandia KS -		\$ 171.63
Anonymous Recipient, Belleville KS -		\$ 237.24
Anonymous Recipient, Belleville KS -		\$ 500.00
Anonymous Recipient, Concordia KS -		\$ 175.87
Anonymous Recipient, Belleville KS -		\$ 109.07

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THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE FOUNDATION  
2014 DISTRIBUTIONS

DUCLOS GRANTS XLSIDUC

TAX ID #23-7222272

Anonymous Recipient Cuba KS -  
Anonymous Recipient Jamestown KS -

SCHEDULE 2

\$	399.00
\$	454.00

\$ 110,466.81

**NOTICE OF GRANT REQUEST DEADLINE  
THE LEVA AND FRANK DUCLOS FOUNDATION**

The semi-annual meeting of the Advisory Board of the Leva and Frank Duclos Foundation is scheduled for Tuesday, May 19, 2015 at The Citizens National Bank in Concordia, KS. Special requirements must be met when applying for a grant:

1. Requests will only be accepted from Cloud, Republic and adjacent counties.
2. Requests 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, phone number and e-mail address (if available) of a contact person who will be available for questions by telephone from 9-10 a.m. on the date of the meeting.
3. Organizations:  
Every organization submitting a request must submit a copy of its 501(c)(3) tax-exempt status letter issued by the Internal Revenue Service. The request must be signed by the President of the organization.  
Municipalities:  
Public schools, municipalities and counties are not required to have 501(c)(3) letters. A request by public schools, municipalities or counties must be signed by the chief official of the governing body. A request signed only by an employee or department head is not sufficient.
4. Individuals applying for hardship needs should contact The Citizens National Bank for income and net worth guidelines.
5. Priority will be given to requests for: medical hardship relief, community resource councils, facilities and equipment for the handicapped and education.
6. All organizations, public schools, municipalities, and/or counties receiving funds from the Foundation should submit documentation of how the grant funds were expended as soon as possible. This documentation should be in the form of a copy of the invoice for the goods or services purchased and must be received by The Citizens National Bank, Trust Division before another request for assistance from the Foundation will be considered.

Requests should be submitted to:

The Citizens National Bank  
Trust and Investment Services Division  
Attn: Amy DeGraff, VP & TO  
115 West 6<sup>th</sup> Street  
P.O. Box 409  
Concordia, KS 66901-0409

The Trust Division must receive all requests by 5:00 p.m., Friday, May 1, 2015. No late applications will be accepted

**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	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
9	\$81,678
10	\$89,189
11	\$96,700
12	\$104,211
Each additional family member	\$7,511

- 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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**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 \_\_\_\_\_

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	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
9	\$81,678
10	\$89,189
11	\$96,700
12	\$104,211
Each additional family member	\$7,511

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

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 \_\_\_\_\_