

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

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 Telephone number (see instructions) (785) 243-3211	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,962,079	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,194	2,194		
	4 Dividends and interest from securities	21,681	21,681		
	5a Gross rents	24,323	24,323		
	b Net rental income or (loss) 24,323				
	6a Net gain or (loss) from sale of assets not on line 10	2,365			
	b Gross sales price for all assets on line 6a 14,437				
	7 Capital gain net income (from Part IV, line 2)		2,365		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	120	120		
	12 Total. Add lines 1 through 11	50,683	50,683		
	13 Compensation of officers, directors, trustees, etc	13,275	11,275		2,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,700	1,700		
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	3,034	2,702		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,405	2,429		976
	24 Total operating and administrative expenses. Add lines 13 through 23	21,414	18,106		2,976
	25 Contributions, gifts, grants paid	96,583			96,583
	26 Total expenses and disbursements. Add lines 24 and 25	117,997	18,106		99,559
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-67,314			
	b Net investment income (if negative, enter -0-)		32,577		
	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	163,199	107,569	107,569
	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)	387,267	380,385	491,847
	c Investments—corporate bonds (attach schedule)	465,357	460,112	436,139
	11 Investments—land, buildings, and equipment basis ▶ _____ 130,950 Less accumulated depreciation (attach schedule) ▶ _____	130,950	130,950	926,500
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	1	1	24
	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)	1,146,774	1,079,017	1,962,079	
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	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,146,774	1,079,017	
	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 instructions)	1,146,774	1,079,017		
31 Total liabilities and net assets/fund balances (see instructions) .	1,146,774	1,079,017		

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	1,146,774
2 Enter amount from Part I, line 27a	2	-67,314
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,039
4 Add lines 1, 2, and 3	4	1,080,499
5 Decreases not included in line 2 (itemize) ▶ _____	5	1,482
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,079,017

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Table			
b			
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 See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
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	2,365
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

(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))
2015	114,939	2,288,688	0 05022
2014	112,820	2,347,213	0 04807
2013	112,909	2,219,939	0 05086
2012	97,440	2,142,962	0 04547
2011	88,119	1,866,336	0 04722
2 Total of line 1, column (d)			2 0 241832
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 048366
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 2,038,106
5 Multiply line 4 by line 3			5 98,575
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 326
7 Add lines 5 and 6			7 98,901
8 Enter qualifying distributions from Part XII, line 4			8 99,559

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
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	1	326
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	326
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	326
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	560
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	560
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	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	234
11	Enter the amount of line 10 to be Credited to 2017 estimated tax <input type="checkbox"/> 234 Refunded <input type="checkbox"/>	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 Instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
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? If "Yes," attach a detailed description of the activities	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? If "Yes," attach a conformed copy of the changes	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? If "Yes," attach the statement required by General Instruction T	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? If "Yes," complete Part II, col (c), and Part XV	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? If "No," attach explanation .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	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? Website address N/A	13	Yes	
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 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See 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 ▶	16	Yes	No

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)		Yes	No
	(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 instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
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 2016? <input type="checkbox"/>	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	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 2016 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 2016). <input type="checkbox"/>	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 2016?	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		No
Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b		No
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		No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CITIZENS NATIONAL BANK 115 W 6TH CONCORDIA, KS 66901	Trustee 5 00	11,275		
5 INDIVIDUALS FROM COMMUNITY GRANT ADVISORY COMMITTEE CONCORDIA, KS 66901	ADVISORY COMMIT 0 00	2,000		
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
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	928,912
b	Average of monthly cash balances.	1b	153,986
c	Fair market value of all other assets (see instructions).	1c	986,245
d	Total (add lines 1a, b, and c).	1d	2,069,143
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	2,069,143
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	31,037
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,038,106
6	Minimum investment return. Enter 5% of line 5.	6	101,905

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	101,905
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	326
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	326
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	101,579
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	101,579
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	101,579

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	99,559
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	99,559
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	326
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	99,233

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				101,579
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			8,822	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 99,559				
a Applied to 2015, but not more than line 2a			8,822	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				90,737
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				10,842
7 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).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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 2016, enter the date of the ruling. ▶					
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	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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 <input type="checkbox"/> 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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	96,583
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

(See worksheet in line 13 instructions to verify calculations)

Form **990-PF** (2016)

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

		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
-----------	--	-----------

[illegible]

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

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

**Sign
Here**

* * * * *

2017-05-08

* * * * *

Signature of officer or trustee

Date _____

Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name Yvonne G Brownell	Preparer's Signature	Date	Check if self-employed ► <input 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

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d			
List and describe the kind(s) of property sold (e g , real estate, (a) 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)
200 JP MORGAN CHASE & COMPANY	P	2015-03-26	2016-05-26
264 317 WRIGHT SELECTED BLUE CHIP FD	P	2012-03-02	2016-05-26
0714 SHIRE PLC	P	2013-12-24	2016-07-12
7846 SHIRE PLC	P	2013-12-24	2016-07-22
094 ADVANSIX, INC	P	2010-09-30	2016-11-04
477 778 METROPOLITAN WEST T/R BOND FD	P	2015-03-26	2016-12-22
MEDTRONIC RETURN OF CAPITAL	P		2016-01-20
BAXALTA/SHIRE MERGER FRAC SH	P		2016-06-07
Capital Gain Dividends			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
3,000		3,342	-342
3,000		3,055	-55
14		13	1
151		149	2
1		1	
5,002		5,246	-244
41		41	
225		225	
			3,003

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-342
			-55
			1
			2
			-244

Form 990PF Part XV Line 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>				
VARIOUS NONPROFIT ORG - SEE SCHEDUL VARIOUS VARIOUS, KS 66901	NONE	PC	VARIOUS - SEE ATTACHED SCHEDULE 2	52,340
NCK CASA FBO GOLDEN RULE PRESCHOOL 910 W 11TH STREET CONCORDIA, KS 66901	NONE	PC	RETURNED UNUSED GRANT	-433
VARIOUS SCHOOL DISTRICTS -SEE SCHED VARIOUS VARIOUS, KS 66901	NONE	PC	VARIOUS - SEE ATTACHED SCHEDULE 2	14,500
VARIOUS CITIES COUNTIES-SEE SCHEDUL VARIOUS VARIOUS, KS 66901	NONE	GOV	VARIOUS - SEE ATTACHED SCHEDULE 2	13,065
VARIOUS ORGANIZATIONS - SEE SCHEDUL VARIOUS VARIOUS, KS 66901	NONE	NC	VARIOUS - SEE ATTACHED SCHEDULE 2	8,250
HARDSHIP REQUESTS - SEE SCHEDULE 2 VARIOUS VARIOUS, KS 66901	NONE	I	VARIOUS - SEE ATTACHED SCHEDULE 2	8,861
Total 3a				96,583

TY 2016 Accounting Fees Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MIZE, HOUSER & CO, PA	1,700	1,700	0	0

TY 2016 General Explanation Attachment

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

General Explanation Attachment

Identifier	Return Reference	Explanation	
1		General Explanation Supplemental Information for Form 990-PF	Form 990-PF, Part VII-B, Line 5c Expenditure Responsibility Statement Every organization that receives a grant from the Leva and Frank Duclos Foundation must provide adequate documentation evidencing how the funds granted to them were spent or utilized This documentation is either a copy of the paid invoice/receipt or a copy of the cancelled check for any goods or services If the funds have not been utilized at the time of the next meeting, the Foundation will accept a letter to that effect, however, when the funds are utilized, documentation must be provided Before an organization or municipality will be allowed to request funds in the future, documentation must be received for all previous grants If the funds are not used, we ask that the unused portion be returned to the Foundation The specific requirements for the Foundation's hardship grants and disaster recovery grants are detailed in the applications attached to this return

TY 2016 Investments Corporate Bonds Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MUTUAL FUNDS - FIXED	460,112	436,139

TY 2016 Investments Corporate Stock Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCKS & EQUITY MUTUAL FUNDS	380,385	491,847

TY 2016 Investments - Land Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land	130,950		130,950	926,500

TY 2016 Investments - Other Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OIL AND GAS LEASE-TEXAS	AT COST	1	24

TY 2016 Other Decreases Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Description	Amount
12/31/16 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	1,392
12/31/16 OUTSTANDING ROYALTY PAYMENT	35
MEDTRONICS EXCHANGE 2015 RETURN OF CAP	55

TY 2016 Other Expenses Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARM INSURANCE	482	482		
FARM MGMT FEE	1,946	1,946		
MEMORIAL DAY FLOWERS	38			38
OTHER ROYALTY DEDUCTIONS	1	1		
PUBLISH NOTICE OF MEETINGS	793			793
TRAVEL - ADVISORY COMMITTEE	145			145

TY 2016 Other Income Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INCOME	40	40	
STOCK LITIG SETTLEMENT	80	80	

TY 2016 Other Increases Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Description	Amount
12/31/15 DIVIDENDS RECEIVABLE AND ACCRUED INTEREST	1,039

TY 2016 Taxes Schedule

Name: LEVA AND FRANK DUCLOS FOUNDATION
CO CITIZENS NATIONAL BANK

EIN: 23-7222272

Software ID: 16000303

Software Version: 2016v3.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARM REAL ESTATE TAX	2,455	2,455		
FEDERAL EXCISE TAX ON INVEST & ESTIMATES	332			
FOREIGN TAXES PAID	247	247		

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	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
9	\$83,343
10	\$91,039
11	\$98,735
12	\$106,431
Each additional family member	\$7,696

- 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

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 _____

TAX I D #23-7222272

SCHEDULE 2

2016 Distributions	Amount
Republic County Resource Council, Belleville, KS - On behalf of the C A R E Committee (Community Assistance) - Crisis / Hardship Funds	\$ 8,000 00
Cloud County Community Resources Council, Concordia, KS - School Supply Program Funding	\$ 1,000 00
Cloud County Food Bank - Purchase Food, Fresh Produce and Dairy, 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	\$ 3,000 00
On behalf of the Holiday Food Basket Program - Purchase Hams/Turkeys and Gift Cards	\$ 1,000 00
USD #224, Clifton/Clyde, KS - On behalf of the Clifton Clyde Middle School - Funding for The Logo Mindstorms Education EV3 Curriculum Solution	\$ 1,000 00
On behalf of E3, a Parent Group for USD 224 Schools - Grade School Playground Fencing Project	\$ 1,000 00
On behalf of the Clifton-Clyde High School Yearbook Staff - Purchase New Computer	\$ 500 00
USD #109, Belleville, KS - Republic County Schools - MTSS (Kansas Multi-Tier System of Supports) Program	\$ 1,000 00
Republic County Schools - Accelerated Reader (AR) Program - Quizzes	\$ 1,000 00
Republic County Junior Senior High School - Round Tables for School and Community Activities	\$ 800 00
Republic County High School Marching Buffs - Expenses for Trip to 2016 Fiesta Bowl Parade	\$ 1,000 00
Republic County Schools - Digital Meteorology Program Expenses	\$ 1,000 00
On behalf of the Republic County Schools (East Elementary School) - MTSS Program (Multi-Tiered System of Support) - Funding	\$ 500 00
Funding for the East Elementary Fruit and Vegetable Program	\$ 3,000 00
USD #426, Scandia, KS - Pike Valley High School - Weekend Hunger Relief Program	\$ 1,000 00
On behalf of the Pike Valley High School - Pike Valley Robotics Team - Traveling expenses to attend the regional BEST Robotics Competition in Fort Smith, Arkansas	\$ 500 00
USD #333, Concordia, KS - On behalf of the Concordia Elementary School - Funding for Special Education Materials	\$ 700 00
On behalf of the Concordia Middle School - Funding for 5th Grade Novel Reading Sets	\$ 500 00
On behalf of the Concordia After School Program - Field Trip and Supplies Funding	\$ 1,000 00

5/1/2017 3 41 PM		THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE FOUNDATION 2016 DISTRIBUTIONS		DUCLOS GRANTS.XLS\IDUC	
Belleville After School Program, Belleville, KS -		TAX I D #23-7222272			
Scholarship Assistance		SCHEDULE 2			
Scholarship Assistance				\$	3,500 00
				\$	4,000 00
Glasco Community Preschool Inc, Glasco, KS -				\$	1,000 00
Utility Expenses and Liability Insurance Premiums					
City of Concordia, KS -				\$	2,500 00
On behalf of the Frank Carlson Library - Install an Electronic Sign Board					
City of Jamestown, KS -				\$	965 00
Materials to Pour a Patio on South Side of the Community Building				\$	500 00
Jamestown City Library - ereaders Books and DVDs				\$	1,000 00
On behalf of the Jamestown City Library - Purchase Books				\$	500 00
Purchase upright freezer for the concession stand at the park					
City of Belleville, KS -				\$	1,000 00
On behalf of the Belleville Public Library - Summer Library Program Funding					
City of Glasco, KS -				\$	1,000 00
Vacuum for the Community Swimming Pool				\$	1,500 00
On behalf of the Glasco Senior Citizens Building - Replace Air Conditioner and Furnace and Upgrade Electric Breaker					
City of Cuba, KS -				\$	2,000 00
On behalf of the Cuba Community Hall Safe Sidewalk Project - Replace Sidewalk, Walkway and Correct Drainage Issue in from of the Cuba Community Hall					
City of Clyde, KS -				\$	400 00
On behalf of the Randolph Decker Public Library - Activity Room Seating				\$	1,200 00
On behalf of the Clyde Community Ambulance - New Pagars					
Cloud County, KS -				\$	500 00
On behalf of the Cloud County Health Department and Home Health Agency - Breastfeeding Program Funding					
Glasco Community Foundation, Glasco, KS -				\$	2,000 00
Support with Operating the Corner Store Building and Programming				\$	2,000 00
Maintaining and Operating the Corner Store Building and Programming Activities					
The America's Junior Miss Scholarship Foundation, Mobile, AL				\$	1,000 00
Distinguished Young Woman (Kansas) - Scholarship Funding					

TAX I D #23-7222272

SCHEDULE 2

Belleville Ball Association, Belleville, KS - 20 Ft Flag for the Lions Ball Field	\$	250 00
Belleville Main Street Program Inc., Belleville, KS - Rocky Pond Christmas - Purchase Rope Lights Purchase "Welcome to Belleville" Bags Cruise-In at the Crossroads Car Show - Advertising and Entertainment Funds Printing of Brochures to Promote Belleville Events, Attractions and Businesses Purchase new computer and software Purchase parade banners On behalf of the Rocky Pond Christmas Lights - Purchase Cudde Back Long Range Security Cameras	\$	250 00 250 00 500 00 500 00 500 00 300 00 500 00
Great Plains of Republic Co., Inc., Belleville, KS - On behalf of the Republic County Hospital - Car Seat Safety Program - Purchase Infant/Toddler Car Seats On behalf of the Republic County Hospital - Breast Feeding Education Program - Equipment Loan Program Funding On behalf of the Patient and Family Advisory Council - Vinyl Directories Funding	\$ \$ \$	1,500 00 500 00 1,000 00
Blair Center for the Arts Foundation, Belleville, KS - On behalf of USD 109 Cares, Belleville, KS - Funding for Playground Equipment for East Elementary and Replace Dies for the Die Cut Machine Finishing the Construction of the "Green Room" under the Stage in the Dressing Room Areas Wichita Children's Theater Funding On behalf of USD 109 Cares - Library Improvements at the East Elementary and Republic County High Schools	\$ \$ \$ \$ \$	500 00 2,000 00 2,000 00 500 00
Republic County Ministerial Association, Belleville, KS - Food Bank Financial Assistance		\$2,000 00
High Banks Hall of Fame, Belleville, KS - Large Metal Display Stand Custom Built Cabinet with Shelving for the Library	\$ \$	1,000 00 1,000 00
United States Conference of Catholic Bishops, Washington, DC - Sisters of St Joseph of Concordia, KS - Helping Hands Funding On behalf of the Helping Hands Program - Food and Financial Assistance to Individuals and Families On behalf of the Sew Creative Program - Funding	\$ \$ \$	2,500 00 2,500 00 1,000 00
KSDS Inc., Washington, KS - Service Harnesses	\$	500 00

5/1/2017
3 41 PM

THE LEVA AND FRANK DUCLOS FOUNDATION, A CHARITABLE FOUNDATION
2016 DISTRIBUTIONS

DUCLOS GRANTS.XLS\IDUC

Church People Concerned, Belleville, KS -

On behalf of the Golden Belle Haven - Roof Replacement and Steeple Removal Project

Cloud County Association for Retarded Citizens, Inc.

Meadowlark Hospice

Hardship Requests -

- Anonymous Recipient, Concordia, KS
- Anonymous Recipient, Belleville, KS
- Anonymous Recipient, Belleville, KS
- Anonymous Recipient, Clyde, KS
- Anonymous Recipient, Haddam, KS
- Anonymous Recipient, Clyde, KS
- Anonymous Recipient, Concordia, KS
- Anonymous Recipient, Belleville, KS
- Anonymous Recipient, Concordia, KS
- Anonymous Recipient, Concordia, KS
- Anonymous Recipient, Cuba, KS
- Anonymous Recipient, Concordia, KS
- Anonymous Recipient Belleville, KS
- Anonymous Recipient, Concordia, KS

TAX I D #23-7222272

SCHEDULE 2

\$	2,000 00
\$	2,770 00
\$	2,770 00
\$	1,000 00
\$	600 00
\$	750 00
\$	500 00
\$	1,800 00
\$	450 00
\$	82 00
\$	300 00
\$	895 00
\$	480 00
\$	319 00
\$	685 00
\$	500 00
\$	500 00

\$
97,016 00

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	\$21,978
2	\$29,637
3	\$37,296
4	\$44,955
5	\$52,614
6	\$60,273
7	\$67,951
8	\$75,647
9	\$83,343
10	\$91,039
11	\$98,735
12	\$106,431
Each additional family member	\$7,696

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 _____
