

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2012 and ending 12/31/2012

Organization's legal name

Employer ID number

SOUTH CENTRAL KANSAS LIBRARY FOUNDATION

32-0174692

Other names used by organization (DBA)

Number and street (or P.O. box, if applicable)

321A N. MAIN STREET

Room/Suite

Telephone number

620-663-3211

City or town, state or country and ZIP + 4

SOUTH HUTCHINSON, KS 67505

Web address, if applicable \_\_\_\_\_

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year .....

Check if organization is terminating (going out of business) .....

**Information regarding principal officer:**

Name

PAUL HAWKINS

Street address

321A NORTH MAIN STREET

City, state or country and ZIP + 4

SOUTH HUTCHINSON, KS 67505

**NP**  
**50**

**KANSAS SECRETARY OF STATE**  
**Not-for-Profit Corporation**  
**Annual Report**

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov

**COPY**

THIS SPACE FOR OFFICE USE ONLY

**1. Business entity ID #** This is not the Federal Employer ID Number (FEIN). **3903598**

**2. Name of corporation** Must match name on record with Kansas Secretary of State. **SOUTH CENTRAL KANSAS LIBRARY FOUNDATION**

**3. Mailing address**  
Address will be used to send official mail from the Secretary of State's Office. Do not leave blank.

Attention Name		Address		
PAUL HAWKINS		321 NORTH MAIN STREET		
City	State	Zip	Country	
SOUTH HUTCHINSON	KANSAS	67505	USA	

Check this box if this is a new address. Our records will be updated only if this box is checked.

**4. Principal office address**  
Must be a street, rural route, or highway. A P.O. box is unacceptable.

Address			
321 NORTH MAIN STREET			
City	State	Zip	Country
SOUTH HUTCHINSON	KANSAS	67505	USA

**5. Tax closing date** Month Year **12/2012** **6. State of incorporation** **KANSAS**

**7. Name, title, and address of each officer of corporation**  
If additional space is needed, please provide attachment. Do not leave blank.

Name 1		Title		
PAUL HAWKINS		DIRECTOR		
Address				
325 EAST 16TH AVENUE				
City	State	Zip	Country	
HUTCHINSON	KANSAS	67501	USA	
Name 2		Title		
Address				
City	State	Zip	Country	
Name 3		Title		
Address				
City	State	Zip	Country	

**8. Name and address of each member of governing body of corporation**

If additional space is needed, please provide attachment.

Do not leave blank.

Name 1		Address		
PAUL HAWKINS		325 EAST 16TH AVENUE		
City	State	Zip	Country	
HUTCHINSON	KANSAS	67501	USA	
Name 2		Address		
City	State	Zip	Country	
Name 3		Address		
City	State	Zip	Country	

**9. Federal Employer Identification Number (FEIN)**

32-0174692

Answer either Question 10 or Question 11.

**10. Total number of shares of capital stock issued.**

0

**11. Total number of memberships**

Must be numeric. "NA" or "-" is unacceptable.

1

**12a. Does this corporation hold more than 50% equity ownership in any other business entity that is filed with the Kansas Secretary of State?**

Yes (Complete Question 12b.)  No (Skip to Question 13.)

**12b. Name and ID number of each business**

Name and ID # should be provided exactly as filed with Kansas Secretary of State.

ID number is not Federal Employer ID Number (FEIN)

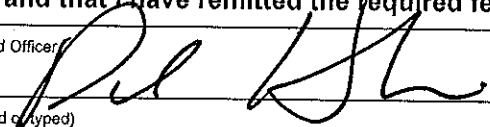
Business Entity Name	Business Entity ID Number
Business Entity Name	Business Entity ID Number
Business Entity Name	Business Entity ID Number

**13. Does this corporation own or lease land in Kansas that is suitable for use in agriculture?**

This question does not apply to 1) tracts of land of fewer than 10 acres, 2) contiguous tracts of land that are fewer than 10 acres in aggregate, or 3) state-assessed railroad operating property.

Yes (Complete Attachment AG.)  No

**14. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**

Signature of Authorized Officer	Month	Day	Year
	MARCH	22	2013
Name of Signer (printed or typed)	Title	Phone Number	
PAUL HAWKINS	DIRECTOR	(620) 663-3211	