

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

Tax period beginning 01/01/2015 and ending 12/31/2015

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)

Room/Suite

Telephone number

321 N. MAIN STREET

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 (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

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	KS	67505	US
<input type="checkbox"/> 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	KS	67505	US

5. **Tax closing date** Month 12/ Year 2015

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	Title		
PAUL HAWKINS	DIRECTOR		
Address			
325 EAST 16TH AVENUE			
City	State	Zip	Country
HUTCHINSON	KS	67501	US
Name	Title		
Address			
City	State	Zip	Country
Name	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 PAUL HAWKINS		Address 325 EAST 16TH AVENUE		
City HUTCHINSON		State KS	Zip 67501	Country US
Name		Address		
City		State	Zip	Country
Name		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 X		Month MARCH	Day 16	Year 2016
Name of Signer (printed or typed) PAUL HAWKINS	Title DIRECTOR	Phone Number (620) 663-3211		