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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u> _	For the	2012 calendar year, or tax year beginning JUN 1, 2012 and endin	9 MAY 31, 2013	
В	Check if applicable	C Name of organization	D Employer identification number	
,	applicable	' KANSAS PIPELINE ASSOCIATION		
	Addres	C/O MICHAEL POTVIN, KANSAS GAS SERVICE		
	Name	David Division A	26-1421804	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	suite E Telephone number	
F	Termin	The second secon	316-253-3643	
F	ated Amend		G Gross receipts \$ 273,43	30.
<u> </u>	lreturn lApplic		H(a) Is this a group return	
<u> </u>	tion pendir		for affiliates?	No
		SAME AS C ABOVE]	No
_			 -	
		empt status:501(c)(3) _X501(c)(_6) ◀ (insert no.)4947(a)(1) or	If "No," attach a list. (see instructions)	,
		te: KPA-AWARENESS.COM	H(c) Group exemption number ►	- TZ CI
			Year of formation: 2006 M State of legal domicile	: K2
P	art I∫	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: DEVELOP		<u> </u>
Activities & Governance	ļ	& ESTABLISH A WORKING LIAISON BETWEEN PIPEL	INE COMPANIES IN KANSAS	
Ĕ	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net assets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	46
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
S	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
Ę	6	Total number of volunteers (estimate if necessary)	6	0
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖	b	Net unrelated business taxable income from Form 990 Trine 34!VFD	7b	0.
_	 -		Prior Year Current Year	
	8	1 10	0.	0.
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	268,000. 273,43	
Ş.	40	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Be	10	investment income (Fart VIII, column (A), lines 3, 4, and 4 d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	268,000. 273,43	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII; column (A); line 12)	0. 70,00	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0.</u>
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	<u>0.</u>
Exnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	Q.
Ş	} b	Total fundraising expenses (Part IX, column (D), line 25)	155 550	
	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	177,578. 284,2	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	177,578. 354,2	
<u></u>	19	Revenue less expenses Subtract line 18 from line 12	90,422. <80,7	<u>92.</u>
JV @ 6 201	<u> </u>		Beginning of Current Year End of Year	
Sets	[20	Total assets (Part X, line 16)	190,874. 108,4	
€ \$	21	Total liabilities (Part X, line 26)		<u>13.</u>
≥ S	22	Net assets or fund balances. Subtract line 21 from line 20	188,341. 107,5	<u>49.</u>
	Part II	Signature Block		_
	der pen	alties 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
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pi		
-	.,	Michael Potres	0<70BEn, 11-2013	,
2	gn	Signature of officer	Date	_
C L		MICHAEL POTVIN, PRESIDENT		
Ý, n	ere	Type or print name and title		
_			Date Check X PTIN	
_		Print/Type preparer's name Preparer's signature		0
Pa		ALAN BOWES ALAN BOWES 44		
	eparer	Firm's name ALAN BOWES CPA LLC	Firm's EIN 27-106199	<u>U</u>
Us	e Only	Firm's address 6805 BROOKSIDE ROAD		_
		KANSAS CITY, MO 64113	Phone no. 816-304-069	3
<u>M</u>	ay the l	RS discuss this return with the preparer shown above? (see instructions)	X Yes	No
-	2001 12-		Form 990 (2012)

Form	990 (2012) C/O MICHAEL POTVIN, KANSAS GAS SERVICE 26-1421804 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	DEVELOP & ENHANCE COMMUNICATIONS & ESTABLISH A WORKING LIAISON BETWEEN
	PIPELINE COMPANIES IN KANSAS
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Dut the agent and the same of the transport of the same the green which were not letted on
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	TRAIN EMERGENCY RESPONDERS TO ENHANCE PUBLIC SAFETY
	TRAIN EMERGENCI RESIGNADERS TO EMIRACE TODDIC DATELI
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	TO HOLD MEETINGS TO PROMOTE AND EDUCATE PUBLIC SAFETY
4c	(Code) (Expenses \$
	TO EDUCATE AND PROVIDE AWARENESS TO THE GENERAL PUBLIC ABOUT PIPELINE
	SAFETY
	Other resource (December & Cabadula O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses
23200 12-10-	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		j
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- <i>'</i> -	 	
O	Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ļ	}	l
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	}	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		-	
• •	as applicable.	ļ		1
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		}	l
u	Part VI	11a	ł	X
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.0		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	}	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		T	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Ì	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	1	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization]		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u></u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u></u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b]	
			- 000	(2012)

Form 990 (2012)

C/O MICHAEL POTVIN, KANSAS GAS SERVICE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			[
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u></u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			}
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			}
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		İ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		}	}
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c]	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Port V line 1	34		X
35a	F400.74000	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-==
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ł	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	}	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ٽٽ		
٠ <i>,</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u>"-</u>		 -
J O	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Mote. First only 350 meta die required to complete obligation	<u></u>	990	(2212)

Form 990 (2012) C/O MICHAEL POTVIN, KANSAS GAS SERVICE
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0	}	}	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ŀ		
•	(gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	Ì		ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ĺ	i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		,	ł
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ı	l
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities)		}
11	Section 501(c)(12) organizations. Enter]		}
а	Gross income from members or shareholders	ļ		}
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them)	}		j
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	[
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ĺ		
	organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>	ļ	L
14a		14a	ļ	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	1990	(2012)

232005 12-10-12

C/O MICHAEL POTVIN, KANSAS GAS SERVICE

26-1421804

Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X	
Sec [.]	tion A. Governing Body and Management						
			1		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	46		l		
	If there are material differences in voting rights among members of the governing body, or if the governing			1	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ					
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	42	ų l			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				
	officer, director, trustee, or key employee?			2		<u>X</u> _	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision		**		
	of officers, directors, or trustees, or key employees to a management company or other person?			3	X	37	
4	Did the organization make any significant changes to its governing documents since the prior Form S		as filed?	5		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?		one or	6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	Spoint	One or	7a	x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders or	- 'a	-17		
U	persons other than the governing body?	CNI	5.4010, OI	7b	X	ı	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hv ti	ne following:				
а	The governing body?	,		8a	x		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)				
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?		•	10a		_X_	
þ	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			12b	X		
С	in Schedule O how this was done	es, c	escribe	12c	х		
13	Did the organization have a written whistleblower policy?			13		х	
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·				
а	The organization's CEO, Executive Director, or top management official			15a	X		
b	Other officers or key employees of the organization			15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					{	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		}		
	taxable entity during the year?			16a	<u> </u>	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					}	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatı	on's			}	
	exempt status with respect to such arrangements?			16b	L	L	
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE	T /Soc	tion 501(a)(3)a anhi)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- for public inspection. Indicate how you made these available Check all that apply	1 (360	aon so regas only)	avalldí	ii o		
	Own website Another's website X Upon request Other (explain	in Sc	hedule (1)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		•	nd finar	ncial		
13	statements available to the public during the tax year.	.,	o. antorous poney, ar				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	ords of the organiza	ation 🖹	•		
	PARADIGM - 866-477-1162		9				
	PO BOX 9123, WICHITA, KS 67277						
23200 12-10	8			Forn	990	(2012)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one				than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both ar officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	- -	eran	dad	recic	I Us	166)	from	from related	other
	(list any	55		1		l		the	organizations	compensation
	hours for	Þ.	بو	[뵱)	organization	(W-2/1099-MISC)	from the
	related	stee	<u>₹</u>		بو	E		(W-2/1099-MISC)		organization
	organizations	al fr	onati	ľ	e e	8				and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	E E			organizations
	line)	Ĕ	Ĕ.	5	홀	主旨	요	<u> </u>		
(1) MICHAEL POTVIN	6.00				ĺ	[
PRESIDENT		X	<u> </u>	X		-		0.	0.	0.
(2) BILL HAISLIP	3.00	,	ļ				,			_
VICE PRESIDENT		X		X		<u> </u>	_	0.	0.	0.
(3) TERI ANDERSON	3.00		ĺ		ĺ	1				
SECRETARY		X		X		<u> </u>	_	0.	0.	0.
	<u> </u>				ŀ					
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Par		tees, Key Em	_	_	and	d Hig	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation	(E) Reportable compensation	,	am	(F) imateo ount c	_
		week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		comp fro orga and	other pensate om the inization relate nization	on ed
			=	=.		×_	±υ	٦						
													<u></u> _	
	Sub-total	II, Section A	•			•	>		0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wh	ho r	eceived more than \$100	0,000 of reportable	<u>0.</u>			0.
	compensation from the organization							_					Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such ındıvıdual										3		x
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J	for such individual			4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				-		relat	ted organization or indiv	idual for services		5		x
Sec ⁻	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation fi	om	
	the organization. Report compensation for (A)	the calendar y	ear	end	ng v	vith	or w	/ithir	n the organization's tax (B)	year		(C)	
PAF	Name and business	address							Description of s MANAGEMENT &		C	omper	sation	1
	SOUTH RIDGE ROAD, WI	CHITA,	KS	6	720	09		(REIMBURSEMEN	ſ		21	3,38	<u>31.</u>
							_							
													_	
2	Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to	tho	se III 1	stec	d above) who received r	nore than			200	
												Form 9	29U (2	012

Form 990 (2012) C/O MICHAEL POTVIN, KANSAS GAS SERVICE
Part VIII | Statement of Revenue

L		Check if Schedule O conta	ins a response :	to anv question ir	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .	1a					
g a	b	Membership dues	1b					
A, C	С	Fundraising events	1c		ļ			
ar ar	d	Related organizations	. 1d					
iğ,	е	Government grants (contribution	ons) 1e			}		
ri S	f	All other contributions, gifts, grants	s, and	}				
ē₽		similar amounts not included above	e 1				ı	
말	g	Noncash contributions included in lines 1	la-1f \$			1		
<u>8</u>	h	Total. Add lines 1a-1f		▶.			·	
-				Business Code				
9	2 a	MEMBERSHIP DUES	AND AS	541900	273,430.	273,430.		
E G	b							<u> </u>
e S	С							
e a	d							
Program Service Revenue	е			<u> </u>				<u> </u>
<u> </u>	f	All other program service rever	nue	L				
		Total, Add lines 2a-2f			273,430.			
	3	Investment income (including of	dividends, intere			,		
- 1		other similar amounts)						
1	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties .		P				
	_		(i) Real	(ii) Personal	1			
ł	6 a	Ì						
į	b	' ' '						
	C	` '		-				
}		Net rental income or (loss)	(i) Co					
	/ a	Gross amount from sales of	(i) Securities	(ıi) Other				}
		assets other than inventory Less cost or other basis		 				1
	G			1				
	_	and sales expenses Gain or (loss)	· · · · · ·	 				4
	d	Gross income from fundraising	evente (not					
Jue .	0 0	including \$	of					
Other Revenu	ĺ	contributions reported on line		1		•		1
æ		Dort IV Iron 10	a a]				1
the	h	Less: direct expenses	b					,
Ò	i	Net income or (loss) from fund	_	•				}
	l	Gross income from gaming act	-					
	-	Part IV, line 19	а	ł	İ	}		
	ь	Less: direct expenses	 b	1				t
	l	Net income or (loss) from game	ing activities					
1	ĺ	Gross sales of inventory, less i						
	ļ	and allowances	а			j		Ì
	ь	Less: cost of goods sold	b				1	
	l .	Net income or (loss) from sales	s of inventory	•				
		Miscellaneous Revenue		Business Code				
	11 a				 	<u> </u>		<u> </u>
	ь					<u> </u>		<u> </u>
	c							ļ
	d	All other revenue					<u> </u>	<u> </u>
	е	= -		. •		 	ļ	
0000	12	Total revenue. See instructions.		<u> </u>	273,430.	273,430.	0.	
23200 12-10)- 12							Form 990 (2012)

Form 990 (2012)

C/O MICHAEL POTVIN, KANSAS GAS SERVICE

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) (A) Total expenses Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 70,000 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 218,794 Management 3,018 b Legal 2,924 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 795. column (A) amount, list line 11g expenses on Sch O.) 46,490 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,744. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,285. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,333. CRISIS CITY EXPENSES 2,799 TOOLKITS & OTHER PRIZES 40. KANSAS ANNUAL REPORT C e All other expenses 354,222 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Par	t X	Balance Sheet		_,	
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	172,074.	1	104,462.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,800.	4	4,000.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	•		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
	ĺ	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use .		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	1	basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation . 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets .		14_	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	190,874.	16	108,462.
	17	Accounts payable and accrued expenses .	2,533.	17	913.
	18	Grants payable _		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
jab	1	key employees, highest compensated employees, and disqualified persons.			
]	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third]	
	}	parties, and other liabilities not included on lines 17-24) Complete Part X of	l]]	
]	Schedule D .	2,533.	25	012
	26	Total liabilities. Add lines 17 through 25	4,333.	26	913.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and]]	
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets	 	28	
<u>n</u>	29	Permanently restricted net assets		29	
ī.		Organizations that do not follow SFAS 117 (ASC 958), check here ► X		} }	
ō		and complete lines 30 through 34.	^		٨
set	30	Capital stock or trust principal, or current funds	0.		0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	100 341	+	107 540
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	188,341.		107,549.
_	33	Total net assets or fund balances	188,341.		107,549.
	34	Total liabilities and net assets/fund balances	190,874.	34	108,462.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the agreementation is described below. Attach to Form 000 or Form 000 is

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III	•	, , , ,	•
		PIPELINE ASSOCIA	TION	Em	ployer identification number
	C/O MIC	HAEL POTVIN, KAN	SAS GAS SER	VICE	26-1421804
Pa	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	eation's direct and indirect politic	cal campaign activities	_	\$
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1					\$
	Enter the amount of any excise tax	• •			\$
	If the organization incurred a section	* =		•	Yes No
	Was a correction made?		•		Yes No
b	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	tion activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to of	ther organizations for s	ection 527	
	exempt function activities			•	\$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	and on Form 1120-POL	-,	
	line 17b			. •	\$
4	Did the filing organization file Form	1120-POL for this year?			- ☐ Yes ☐ No
5	Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC) If	ation listed, enter the amount par comptly and directly delivered to	d from the filing organia separate political org	zation's funds. Also enter ganization, such as a sepa	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

Schedule C (Form 990 or 990-EZ) 2012 C	O MICHAE	L POTVIN, KA	NSAS GAS SER	VICE 26-	1421804 Page 2
Part II-A Complete if the organ		empt under sectio	n 501(c)(3) and file	d Form 5/68	
(election under section		 			
- -	-		Part IV each affiliated of	group member's nai	me, address, EIN,
expenses, and share					
B Check 🕨 🔛 if the filing organizatio	n checked box A	and "limited control" pro	ovisions apply		
	on Lobbying Exp ures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce nublic opinior	(grass roots lobbying)			
b Total lobbying expenditures to influe	• •		, T		
	•	ody (direct loobying)	•		
	s ra and ruj	•	• • •		
	add lines to and	1 a)	• •		
e Total exempt purpose expenditures (··		
f Lobbying nontaxable amount Enter	T T T T T T T T T T T T T T T T T T T				
If the amount on line 1e, column (a) or (bbying nontaxable am	ount is:		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exc			1
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	0,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a If zero o	•	•			
i Subtract line 1f from line 1c. If zero o		•			
j If there is an amount other than zero		or line 1, did the organiz	ation file Form 4720	· · · · · · · · · · · · · · · · · · ·	
reporting section 4911 tax for this ye					Yes No
(Some organizat		veraging Period Under	Section 501(h) n do not have to comp	lete all of the five	
			es 2a through 2f on pag		
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount		+	 		
(150% of line 2a, column(e))	·				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					1
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 C/O MICHAEL POTVIN, KANSAS GAS SERVICE 26-1421804 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed descrip	ugh 1i below, provide in Part IV a detailed description (a)		a)	(b	(b)	
of the lobbying activity.				Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, stallocal legislation, including any attempt to influence public opinion on a legislative manufacture.				-,		
or referendum, through the use of.	atter					
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c c Media advertisements?	through 1i)?					
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?)					
South and the state of the stat						
g Direct contact with legislators, their starts, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar r	1		 			
	ileans.		 			
i Other activities?	. }		 			
j Total. Add lines 1c through 1i	(-)(0)0					
2a Did the activities in line 1 cause the organization to be not described in section 501	(C)(3)?		 			
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under sect	· ·		 			
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year	ar?	- F04/-	\(F\) == ==			
Part III-A Complete if the organization is exempt under section 50 501(c)(6).) 1(C)(4), Section	n 501(c))(5), or se	ction		
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X		
3 Did the organization agree to carry over lobbying and political expenditures from the	e prior year?		3		X	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, a answered "Yes." 1 Dues, assessments and similar amounts from members	are answered	"No," U	1 (b) Par	t III-A, III	ne 3, is	
	mounto of politic	al	<u> </u>			
	inounts of point	ai	1			
expenses for which the section 527(f) tax was paid).			0.5			
a Current year	•		2a			
b Carryover from last year		2b_	 			
c Total	400(-) -		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section			3_			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what						
does the organization agree to carryover to the reasonable estimate of nondeductil	ble lobbying and p	olitical	•	ł		
expenditure next year?			. 4			
5 Taxable amount of lobbying and political expenditures (see instructions)			5			
Part IV Supplemental Information						
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4;	Part I-C, line 5, Pa	ırt II-A (affil	liated group	list); Part II	-A, line 2;	
and Part II-B, line 1. Also, complete this part for any additional information						
	 					

INFO INLC CALL BEFORE YOU Employer identification number % ⊠ 26-1421804 PROVIDE PIPELINE SAFETY OMB No 1545-0047 Open to Public Inspection SERVICE GREENHOUSE & (h) Purpose of grant or assistance RETROFIT KS FOREST ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. COST Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. C/O MICHAEL POTVIN, KANSAS GAS SERVICE 70,000, (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable KANSAS PIPELINE ASSOCIATION Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance 48-0667209 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government KANSAS FOREST SERVICE Name of the organization MANHATTAN KS 66502 2610 CLAFLIN ROAD Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Schedule I (Form 990) (2012)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

232101 12-18-12

Page 2 . ,

26-1421804

(Form 990) (2012) C/O MICHABL POTVIN, KANSAS GAS SERVICE
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the	le the information	required in Part I, I	ine 2, Part III, columr	information required in Part I, line 2, Part III, column (b), and any other additional information.	ormation.
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		KANSAS FOREST SE	SERVICE		
(H) PURPOSE OF GRANT OR ASSISTANCE:	24	IT KS FORE	ETROFIT KS FOREST SERVICE		
GREENHOUSE & PROVIDE PIPELINE SAFETY	}	INEC CAEL	INFO INLC CALL BEFORE YOU DIG	DIG	
PROGRAM.					

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KANSAS PIPELINE ASSOCIATION C/O MTCHAEL POTVIN. KANSAS GAS SERVICE Employer identification number 26-1421804

C/O MICHMED TOTALN, INMEDIA CIA DERVICE 20 1421001
FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS A CONTRACT
WITH PARADIGM COMPANY TO PROVIDE MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS ELECT THE GOVERNING
BODY
FORM 990, PART VI, SECTION A, LINE 7B: ALL OF THE DECISIONS OF THE
GOVERNING BODY ARE APPROVED BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY ARE PROVIDED A
COPY OF THE FORM 990 FOR REVIEW BEFORE IT IS FILED. THEY DISCUSS AND
APPROVE THE FORM 990 AT ONE OF THEIR PERIODIC MEETINGS.
ALTHOUGH THE TAXPAYER DID NOT HAVE SOME OF THE POLICIES LISTED IN
SECTION B OF PART VI PAGE 6 (POLICIES) AT THE END OF THIS TAX YEAR,
THEY ARE IN THE PROCESS OF ADOPTING THESE POLICIES AND THEY WILL BE
LISTED AS SOON AS IMPLEMENTED. ALSO SEE ATTACHED A LIST OF MEMBERS AND
OFFICERS.
FORM 990, PART VI, SECTION B, LINE 12C: 3 OF THE OFFICERS ARE RESPONSIBLE
FOR MONITORING AND ENFORCING THIS POLICY
FORM 990, PART VI, SECTION B, LINE 15: THERE IS NO COMPENSATION PAID

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

 $\triangleright \mathbf{X}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. KANSAS PIPELINE ASSOCIATION print 26-1421804 C/O MICHAEL POTVIN, KANSAS GAS SERVICE File by the Number, street, and room or suite no. If a P.O box, see instructions Social security number (SSN) due date for filing your 1021 EAST 26TH STREET N return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions WICHITA, KS 67219 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 80 Form 4720 (individual) 03 Form 4720 09 10 Form 990-PF 04 Form 5227 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 8870 12 Form 990-T (trust other than above) 06 PARADIGM • The books are in the care of ▶ PO BOX 9123 - WICHITA, KS 67277 Telephone No ▶ 866-477-1162 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) __. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year ► X tax year beginning JUN 1, 2012 $_{\mathrm{max}}$, and ending $_{\mathrm{max}}$ MAY 31, 2013 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: L___ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 0. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev 1-2013)