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Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB NO 1545-0047

2012

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 07-01, 2012, and ending 06-30, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **SAN ANTONIO PIPELINERS ASSOCIATION**
 Number and street (or P.O. box, if mail is not delivered to street address): **5805 CALLAGHAN RD** Room/suite: **205**
 City or town, state or country, and ZIP + 4: **SAN ANTONIO, TX 78228**

D Employer identification number: **30-0747984**
 E Telephone number: **(210) 706-5816**
 F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) **▶** H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **▶ WWW.SAPIPELINERS.ORG**

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

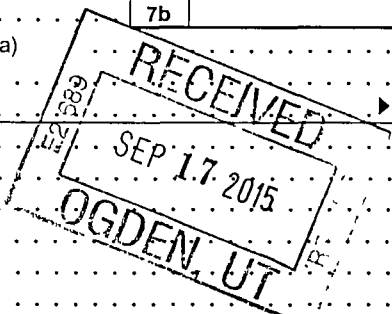
K Check if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 46,483**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|------------|---|--|-------|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 7,144 |
| | 2 | Program service revenue including government fees and contracts | 2 | 17,466 |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 21,873 |
| | c | Less: direct expenses from gaming and fundraising events | 6c | 12,438 |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 9,435 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | b | Less: cost of goods sold | 7b | |
| | 7c | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 34,045 |
| Net Assets | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 8,000 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 16,323 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 24,323 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 9,722 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 9,722 | |



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here: Signature of officer MICHAEL JOHNSTON, TREASURER; Date 9.9.2015

Paid Preparer Use Only: Print/Type preparer's name DEREK SCHRIVER; Preparer's signature; Date 08-31-2015; Check self-employed; Firm's name SCHRIVER CARMONA & CARRERA PLLC; Firm's EIN 27-3473554; Firm's address 5805 CALLAGHAN RD STE 301 San Antonio TX 78228; Phone no 210-680-0350

May the IRS discuss this return with the preparer shown above? See Instructions

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

SAN ANTONIO PIPELINERS ASSOCIATION

30-0747984

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|---|--------------|-------------------------------|-------------------------------|
| | | <u>GOLF TOURNEY</u> (event type) | (event type) | <u>NONE</u> (total number) | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 21,873 | | 21,873 |
| | 2 | Less Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 21,873 | | 21,873 |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 12,438 | | 12,438 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | (12,438) |
| 11 | Net income summary. Combine line 3, column (d), and line 10 ▶ | | | 9,435 | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---------------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | () |
| 8 | Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to 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.

OMB No 1545-0047

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**Open to Public
Inspection**

Name of the organization

SAN ANTONIO PIPELINERS ASSOCIATION

Employer identification number

30-0747984

01. General explanation attachment

PRIMARY EXEMPT PURPOSE: THE PRIMARY PURPOSE OF THE SAN ANTONIO PIPELINERS ASSOCIATION IS TO
PROVIDE AN OPPORTUNITY FOR "PEER-TO-PEER" NETWORKING FOR MEN AND WOMEN INVOLVED IN THE
PIPELINE AND MIDSTREAM INDUSTRIES. MONTHLY MEETINGS WILL BE HELD AT THE PETROLEUM CLUB OF
SAN ANTONIO AND WILL INCLUDE A TIME OF NETWORKING, A BUFFET, AND A SPEAKER. TOPICS WILL
RANGE FROM TECHNICAL ISSUES IMPORTANT TO THE INDUSTRY, GOVERNMENTAL AFFAIRS AFFECTING THE
INDUSTRY, AND ACADEMIA'S EFFORTS TO PREPARE AND INFLUENCE THE NEXT GENERATION TOWARD A
CAREER IN THE OIL AND GAS INDUSTRY.

02. List of grants and similar amounts paid (Part I, line 10)

| ACTIVITY | SCHOLARSHIP |
|--------------|-------------|
| GRANTEE | VARIOUS |
| RELATIONSHIP | NONE |
| AMOUNT | 8,000 |

03. Description of other expenses (Part I, line 16)

| DESCRIPTION | AMOUNT |
|-------------------------|--------|
| ADVERTISING | 2,403 |
| BUSINESS EXPENSES | 850 |
| DUES AND MEMBERSHIPS | 1,687 |
| WEBSITE | 3,068 |
| MEALS AND ENTERTAINMENT | 244 |
| SUPPLIES | 192 |
| EVENT DINNERS | 5,862 |

Name of the organization

Employer identification number

SAN ANTONIO PIPELINERS ASSOCIATION

30-0747984

FEES

2,017