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SCANNED JAN 1 2 2015

332001 10-29-13

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 private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning JUN 1	<u>, 2013 and</u>	ending M	AY 31, 2014						
Вс	heck if	C Name of organization			D Employer identifi	cation number					
a	oplicable	KANSAS PIPELINE ASSOCIATION	Ŋ								
	Address change	C/O MICHAEL POTVIN, ONE GAS	S								
	Name change	Doing Business As		-	26-1	421804					
	initial	Initial Description of the second of the sec									
	Termin-	15 EAST 5TH STREET	,		'	947-7460					
	Amende		reion postal code	l	G Gross receipts \$ 280,800.						
\Box	Applica	TULSA, OK 74103	g p		H(a) Is this a group r						
	pending	F Name and address of principal officer:MICHAEL	POTVIN		for subordinates						
		SAME AS C ABOVE	- 0 - 1 - 1 - 1		H(b) Are all subordinates i						
ıT	ax-exe	mpt status:	rt no.) 4947(a)(1)	or 527	1 ''	list. (see instructions)					
		E NPA-AWARENESS.COM	10 11 (4)(1)	0 02.	H(c) Group exempted						
		organization: X Corporation Trust Association	Other -	I Vear		State of legal domicile: KS					
		Summary		I E I CUI	oriorination. 2000 [W Clate of legal dofficile, 12D					
		Briefly describe the organization's mission or most significa	ent activities: DEVE	J.OD.E	ENHANCE COM	MINITOATTONS					
Activities & Governance		E ESTABLISH A WORKING LIAISON									
nar	-	Check this box I if the organization discontinued in									
Ver		lumber of voting members of the governing body (Part VI,		sea or more	1 _	48					
G			•	• • •	<u>3</u>	42					
త		lumber of independent voting members of the governing b			4						
ties		otal number of individuals employed in calendar year 2013	(Part V, line 2a)		5	0					
tivi		otal number of volunteers (estimate if necessary)		•	6						
Ac		otal unrelated business revenue from Part VIII, column (C)			<u>7a</u>	0.					
	יו פו	let unrelated business taxable income from Form 990-T, lir	ne 34		7b	0.					
				-	Prior Year	Current Year					
ī		Contributions and grants (Part VIII, line 1h)		· ·	0.	0.					
Revenue		Program service revenue (Part VIII, line 2g)	•		273,430.	280,800.					
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			0.	0.					
		otal revenue - add lines 8 through 11 (must equal Part VIII			<u>273,430.</u>	280,800.					
	-	Grants and similar amounts paid (Part IX, column (A), lines			70,000.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es		Salaries, other compensation, employee benefits (Part IX, o		0.	0.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
χ̈		otal fundraising expenses (Part IX, column (D), line 25)	• <u> </u>	0.							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e			284,222.	292,487.					
		otal expenses. Add lines 13-17 (must equal Part IX, colum		.	354,222.						
	19 F	Revenue less expenses. Subtract line 18 from line 12	·		<80,792 .						
Net Assets or Fund Balances		\		Be	ginning of Current Year	End of Year					
Sset	20 T	otal assets (Part X, line 16)			108,462.	96,433.					
쭕	21 1	otal liabilities (Part X, line 26)			<u>913.</u>	571.					
		let assets or fund balances Subtract line 21 from line 20			107,549.	95,862.					
Pa	ırt II	Signature Block									
		ties of perjury, I declare that I have examined this return, including				ly knowledge and belief, it is					
true,	correct	and complete. Declaration of preparer (other than officer) is base	d on all information of w	hich preparer	has any knowledge.						
		Michael Polito			/2/29/	14					
Sig	ו ו	Signature of officer			Date						
Her	e	MICHAEL POTVIN, PRESIDENT									
		Type or print name and title									
			's signature	<u>ጎ</u> [Date Check	X PTIN					
Paid	<u> </u>	ALAN BOWES ALAN	BOWES 4	<i>b</i>	2-20-17 self-employ	red P00098538					
Prep	arer	Firm's name ALAN BOWES CPA LLC			Fırm's EIN ▶	27-1061990					
Use		Firm's address 6805 BROOKSIDE ROAD		-							
		KANSAS CITY, MO 6411	3		Phone no.81	6-304-0693					
May	the ID	S discuss this return with the preparer shown above? (see				X Ves No					

4d Other program services (Describe in Schedule O.)

Total program service expenses

Expenses \$ including grants of \$

Revenue \$

Form **990** (2013)

Form 990 (2013) C/O MICHAEL POTVIN, ONE GAS
Part IV Checklist of Required Schedules

			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			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	<u>X</u>
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV,	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	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 167 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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	_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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u> _
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 other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7.7
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4-		7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	حد ا		77
^ -	complete Schedule G, Part III	19		<u>X</u>
20a		20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2013)
		LOUIT	23U (∠∪ I 3}

Form 990 (2013) C/O MICHAEL POTVIN, ONE GAS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	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		X
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	3.00		
	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			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	-		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
28	instructions for applicable filing thresholds, conditions, and exceptions)			
_		00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
	If "Yes," complete Schedule N, Part I	31	_	<u>· X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		<u>X</u> _
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			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
b	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		
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	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2013)

Form 990 (2013) C/O MICHAEL POTVIN, ONE GAS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line 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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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.			
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
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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).			
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_		·
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		`
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	:	[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 ((2013)

Form 990 (2013)

C/O MICHAEL POTVIN, ONE GAS

26-1421804

Page 6 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 or note to any line in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	1.55	110
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	2	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
-	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>		
a	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 reached 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 Revenue Code.)	<u>, , , , , , , , , , , , , , , , , , , </u>	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	.10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
ь	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 arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, air	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	>	
	PARADIGM - 866-477-1162	-		
	PO BOX 9123, WICHITA, KS 67277			

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organization r (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one h an	(D) Reportable compensation from		(E) Reportable compensation from related	(F) Estimated amount of other	
- -	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	th organiz (W-2/109	ation	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MICHAEL POTVIN	6.00							-				
PRESIDENT	1 2 2 2	X	-	Х		<u> </u>		, ,	. 0.	0.	0	
(2) BILL HAISLIP	3.00	┨	1							,	ę ·	
VICE PRESIDENT	2 00	X	ļ	X	ļ				0.	. 0 .	0	
(3) KAREN PEREZ	3.00	ļ.,		7,					•		•	
SECRETARY	ļ	X		X					0.	0.	0	
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332007 10-29-13

		_		_
2/0	MICHAEL	POTVIN,	ONE	GAS

Par	t VII Section A. Officers, Directors, Tru		ploy	ees	and	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	(de		Pos		than	one	Reportable	Reportable		Est	imate	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	sation amo		ount	of
		week	offi	cer an	dad	recto	or/trus	tee)	from	from related		(other	
		(list any	흥						the	organizations	,	comp	ensa	tion
		hours for	ndividual trustee or director		1	1	8		organization	(W-2/1099-MIS	C)	fro	m th	е
		related	8	stee		ĺ	ž		(W-2/1099-MISC)	,		orga	ınızat	on
		organizations	ţ	Institutional trustee	Officer	ş	Highest compensated employee		,		1	•	relat	
		below	dead	뵱		월	Se St	5				orga	nızatı	ons
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16	Sub-total		٠.						0.		0.			0.
			•		٠						0.			
. C	Total from continuation sheets to Part \				٠	••			0.	, <u>.</u>				0.
<u>d</u>								<u> </u>	0.		0.			0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable	9			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former office	r director or tri	iste	e ke	v er	mole	vee	or	highest compensated e	molovee on				
·	line 1a? If "Yes," complete Schedule J for				-	•	-		•	•		ا م	l	X
											·	3_		
4	For any individual listed on line 1a, is the s									the organization		-		
	and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sch	edule	e J i	for such individual .	•	1	4		<u> </u>
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr/	elat	ted organization or indivi	dual for services				
	rendered to the organization? If "Yes," con	mplete S <u>chedul</u>	e J f	or se	uch	pers	son					5		X
Sec	tion B. Independent Contractors								····					
1	Complete this table for your five highest c	ompensated in	dene	ande	nt c	ont	racto	are f	that received more than	\$100,000 of com	nenci	ation fr	om	
•	· · · · · · · · · · · · · · · · · · ·										perise	11101111	OIII	
	the organization. Report compensation fo	r the calendar y	ear	enai	ng v	vitn	or w	rtnir		/ear				
	(A)								(B)		_	(C		
	Name and busines	s address							Description of s	ervices	<u> </u>	omper	Isatio	n
PAI	RADIGM INC							ļ	MANAGEMENT &	EXPENSE				
222	2 SOUTH RIDGE ROAD, WI	CHITA.	KS	6"	720	09		- 1	REIMBURSEMEN			247	7,4	69.
								T			-			
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2	Total number of independent contractors		iot li	mite	a to	tno	se li:	stec	above) who received m	ore than				
	\$100,000 of compensation from the organ	nization					<u>T</u>							
												C	MA	

26-1421804

Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	(A)	(B)	(C)	(D)
	•				Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ 1	а	Federated campaigns	1a					
			1b					:
ا ڇُي			1c					
# #			1d					ļ
S.E		Government grants (contribut	· ·· ·· 					
20		All other contributions, gifts, gran						:
3 2	·	similar amounts not included abo	l i					
<u> </u>	a	Noncash contributions included in lines						
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		•				
				Business Code				
e 2	a a	MEMBERSHIP DUES	S AND AS	541900	280,800.	280,800.		
울 _ -	b							
\$ ₹	С							
e a	d							
Program Service Revenue	e							
ጅ	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			280,800.			
3		Investment income (including	dividends, intere	est, and	_			
		other similar amounts)						
4	,	Income from investment of ta				_		
5	,	Royalties	•		~			
1			(i) Real	(ii) Personal		-		
6	a	Gross rents						
	b	Less: rental expenses						
ļ	c	Rental income or (loss)				,_		
	d	Net rental income or (loss)				ı		
7	a	Gross amount from sales of	(i) Securities	(ii) Other			•	
		assets other than inventory						
	b	Less: cost or other basis				_		
		and sales expenses				-		,
	С	Gain or (loss)						
	d	Net gain or (loss)		. ▶				
	3 a	Gross income from fundraisin	ng events (not			•		
Other Revenu		ıncludıng \$	of	i				
اق		contributions reported on line	1c) See	İ			~	
<u>a</u>		Part IV, line 18	а					
₹	b	Less: direct expenses	. b			•		
Ŭ .	C	Net income or (loss) from fund	draising events	•				
9) a	Gross income from gaming a	ctivities. See					
Ì		Part IV, line 19	. а				•	
ŀ		Less: direct expenses	b					
Ì		Net income or (loss) from gan	_	>				
10) a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b					
	С	Net income or (loss) from sale		. •				ļ
<u> </u>		Miscellaneous Revenu	ie	Business Code				
11	la							
	b							
	C							
	d	All other revenue						
	е			▶				
	2	Total revenue. See instructions.		.	280,800.	280,800.	0.	0.

Form 990 (2013) C/O MICHAEL POTVIN, ONE GAS

Part IX Statement of Functional Expenses

Secti	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 respon-		this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and				-				
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include		•						
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits				<u> </u>				
10	Payroll taxes		· · · · · · · · · · · · · · · · · · ·						
11	Fees for services (non-employees):	245 460							
а	Management	245,469.			·				
b	Legal	2,120.							
C	Accounting	2,140.		<u> </u>					
· d	Lobbying Professional fundraising services. See Part IV line 17								
e	Professional fundraising services. See Part IV, line 17 Investment management fees								
f g	Other. (If line 11g amount exceeds 10% of line 25,								
y	column (A) amount, list line 11g expenses on Sch O.)	795.		,					
12	Advertising and promotion	1,110.							
13	Office expenses	232.							
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	,							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	1,305.							
20	Interest .								
21	Payments to affiliates ,		· · · · · · · · · · · · · · · · · · ·						
22	Depreciation, depletion, and amortization								
23	Insurance ,								
24	Other expenses. Itemize expenses not covered 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 0.)								
а	TOOLKITS & OTHER PRIZES	37,998.							
b	EDUCATION EXPENSES	2,000.							
С	INSURANCE	1,354.							
d	CRISIS CITY EXPENSES	64.							
е	All other expenses	40.							
25	Total functional expenses. Add lines 1 through 24e	292,487.							
26	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 if following SOP 98-2 (ASC 958-720)								

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 81,633. Cash - non-interest-bearing 104,462. 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,000 14,800. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other secunties. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 108,462 96,433. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 913. Accounts payable and accrued expenses 17 18 18 Deferred revenue . . . 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 Schedule D 913. 26 Total liabilities. Add lines 17 through 25 571 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 0 30 Capital stock or trust principal, or current funds 30 0. 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 107,549. Retained earnings, endowment, accumulated income, or other funds 32 95,862. 32 107,549. 33 Total net assets or fund balances 33 95,862. 108,462. 96,433. Total liabilities and net assets/fund balances

Form 990 (2013)

review, or compilation of its financial statements and selection of an independent accountant?

.. .

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

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Form **990** (2013)

X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

➤ See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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.			
Nan	ne of organization KANSAS	PIPELINE ASSOCIA	TION	Emp	loyer identification number
	C/O MIC	HAEL POTVIN, ONE	GAS		26-1421804
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) or is a section 527 o	rganization.
2 3	Volunteer hours				
		janization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955		
'2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 . :	·
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				└─ Yes └─ No
	of If "Yes," describe in Part IV.		an acation E04/a	V avaant aaatian E04/	· /~\/@\
		ganization is exempt und		· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expended				•
2	Enter the amount of the filing organ		•	. .	
_	exempt function activities				
3	Total exempt function expenditures				
_	line 17b Did the filing organization file Form				
	Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organ a separate political or	nzation's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
	-				

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

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13 KANSAS PIPELINE ASSOCIATION

Schedule C (Form 990 or 990 EZ) 2013 Part II-A Complete if the organization	C/O MICHAEL	POTVIN, O	NE GAS	26-	1421804 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and th	lea Form 5/68	
A Check In the filing organization expenses, and sha		expenditures).	in Part IV each affiliated	I group member's na	ıme, address, EIN,
Limi	ts on Lobbying Expe ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to inflib Total lobbying expenditures to inflic Total lobbying expenditures (add I d Other exempt purpose expenditure Total exempt purpose expenditure 	uence a legislative boo ines 1a and 1b) es	dy (direct lobbying)			
f Lobbying nontaxable amount. Ent			oth columns		
If the amount on line 1e, column (a) on Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500,000 but not over \$1,500,000 Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zero i If there is an amount other than zeroporting section 4911 tax for this	or (b) is: The lob 20% of 0,000 \$100,00 \$100,000 \$175,00 ,000,000 \$225,00 \$1,000, or less, enter -0- or less, enter -0- or on either line 1h or year? 4-Year Ave	the amount on line 100 plus 15% of the explored plus 10% of the explored plus 5% of the explored plus	nount is: e. ccess over \$500,000. ccess over \$1,000,000. cess over \$1,500,000. cess over \$1,500,000.		Yes No
		<u> </u>	ear Averaging Period	-3,	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	,			1	
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2013

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 C/O MICHAEL POTVIN, ONE GAS 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)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	No	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				_
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
n bailes demonstrations seminars conventions speeches lectures of any similar means?				
i Other activities?				
* * * * * * * * * * * * * * * * * * * *				
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 section 4912		١		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	= E01/a)	(E) an ac		
	on ou i(c)	(5), or se	ection	
501(c)(6).			V	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1		<u>X</u>
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 prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section		3		X
answered "Yes." 1 Dues, assessments and similar amounts from members		. 1	Γ	
1 Dues, assessments and similar amounts north members				
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	al	1		-
***	al			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	eal	2a		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 		2a 2b		-
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 		2b		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 		2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	 ess	2b 2c		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages. 	 ess	2b 2c . 3		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? 	 ess	2b 2c 3		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pages. 	 ess	2b 2c . 3		

SCHEDULE O

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(Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

KANSAS PIPELINE ASSOCIATION

Employer identification number

C/O MICHAEL POIVIN, ONE GAS 20-1421804
FORM 990, PART VI, SECTION A, LINE 3:
EXPLANATION: THE ORGANIZATION HAS A CONTRACT WITH PARADIGM COMPANY TO
PROVIDE MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION HAS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE MEMBERS ELECT THE GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: ALL OF THE DECISIONS OF THE GOVERNING BODY ARE APPROVED BY THE
MEMBERS
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: 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.
FORM 990, PART VI, LINE 12B:
EXPLANATION: 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2		
Name of the organization KANSAS PIPELINE ASSOCIATION	Employer identification number		
C/O MICHAEL POTVIN, ONE GAS	26-1421804		
FORM 990, PART VI, SECTION B, LINE 12C:			
EXPLANATION: 3 OF THE OFFICERS ARE RESPONSIBLE FOR MONITO	RING AND ENFORCING		
THIS POLICY			
FORM 990, PART VI, SECTION B, LINE 15:			
EXPLANATION: THERE IS NO COMPENSATION PAID			
FORM 990, PART VI, SECTION C, LINE 19:			
EXPLANATION: THE ORGANIZATION WILL PROVIDE COPIES UPON RE	QUEST.		
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Form **8868**

(Rev. January 2014)

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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form)			
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.		
	onic filing (e-file). You can electronically file Form 8868 if					corporation	
	d to file Form 990-T), or an additional (not automatic) 3-mo						
	to file any of the forms listed in Part I or Part II with the ex						
	al Benefit Contracts, which must be sent to the IRS in pag						
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		, · · · · · · · · · · · · · · · · · · ·		gg	,	
Part	I Automatic 3-Month Extension of Time	e. Only s	ubmit original (no copies ne	eded).			
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mc	onth extension - check this box and o	complete			
Part I c				•			
All othe	er corporations (including 1120-C filers), partnerships, REM	ICs. and t		 t an exter	nsion of time	.,	
	ncome tax returns.				er's identifying	number	
Туре							
print	WANGE OF DEPT THE AGGOCTATION			Linployo	Employer identification number (EIN) or $\cdot 26-1421804$		
p	C/O MICHAEL POTVIN, ONE GAS						
File by th	Number of the first section of		Social se				
due date filing you	· ·	ee manac	dons.	Social security number (SSN)			
return So		oroign add	ress see instructions			 _	
	TULSA, OK 74103	oreigir add	ress, see instructions.				
	TODSA, OK		·				
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			01	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A		···	08	
	720 (Individual)	03	Form 4720 (other than individual)	-		09	
Form 9		04	Form 5227				
	90-T (sec. 401(a) or 408(a) trust)	 				10	
	90-T (trust other than above)	06	05 Form 6069			11	
rom s	PARADIGM] 00	Form 8870		·· · · · <u> </u>	12	
• The	books are in the care of ▶ PO BOX 9123 - 1	MTCHT	TA VC 67277				
		WICHI.					
	phone No. ► 866-477-1162	aa.4ha.1.1=	Fax No.				
	e organization does not have an office or place of business					>	
	is is for a Group Return, enter the organization's four digit						
box >					ers the extens	ion is for.	
1	request an automatic 3-month (6 months for a corporation						
-	JANUARY 15, 2015 , to file the exemp	it organiza	tion return for the organization name	d above.	The extension	-	
J:	s for the organization's return for:						
į	calendar year or			~			
J	X tax year beginning JUN 1, 2013	, an	d ending MAY 31, 2014	_	<u> </u>		
					-		
2 l	f the tax year entered in line 1 is for less than 12 months, o	heck reas	on lilinitial return lili	Final retur	๊ท		
	Change in accounting period						
3a i	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		İ		
<u>r</u>	onrefundable credits. See instructions.			3a	\$	0.	
b l	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and		_		
<u>e</u>	stimated tax payments made. Include any prior year overp	payment a	lowed as a credit.	3b	\$	0.	
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
t	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions	3с	\$	0.	
	n. If you are going to make an electronic funds withdrawal			453-EO a	nd Form 8879-		
LHA 323841 12-31-13	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.	-	Form 886	38 (Rev 1-2014)	