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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">SAN ANTONIO PIPELINERS ASSOCIATION</p> Number and street (or P O box, if mail is not delivered to street address) Room/suite <p style="text-align: center;">5805 CALLAGHAN RD 205</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SAN ANTONIO TX 78228</p>	D Employer identification number <p style="text-align: center;">30-0747984</p> E Telephone number <p style="text-align: center;">210-706-5816</p> F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

Website: ▶ SAPIPELINERS.ORG

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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **142,612**

2013

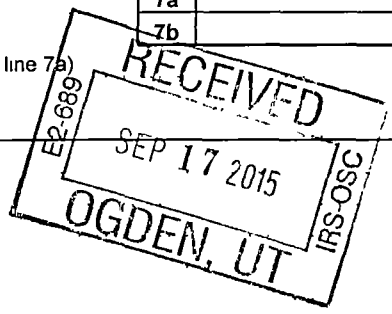
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue

Expenses

Net Assets



1	Contributions, gifts, grants, and similar amounts received		21,551
2	Program service revenue including government fees and contracts		19,650
3	Membership dues and assessments		
4	Investment income		1
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
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	100,410
c	Less: direct expenses from gaming and fundraising events	6c	67,305
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33,105
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	1,000
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,307
10	Grants and similar amounts paid (list in Schedule O)	10	32,000
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	29,272
17	Total expenses. Add lines 10 through 16	17	61,272
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,035
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	9,722
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	23,757

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e			
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a	The organization's books are in care of ▶ <u>MICHAEL JOHNSTON</u> Telephone no ▶ <u>210-706-5816</u> 5805 CALLAGHAN RD STE 205 Located at ▶ <u>SAN ANTONIO</u> TX ZIP + 4 ▶ <u>78228</u>		
b	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)? If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42b			
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country. ▶ _____		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

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

	Yes	No
46		X

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

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

49b		
-----	--	--

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. If there is none, enter "None"

(a) Name and title of each employee	(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. If there is none, enter "None"

(a) Name and business address of each independent contractor	(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 ▶ Yes No

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Date

MICHAEL JOHNSTON **TREASURER** 9.9.2015
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DEREK SCHRIVER CPA	Preparer's signature DEREK SCHRIVER CPA	Date 09/02/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00958022
Firm's name ▶ SCHRIVER, CARMONA, CARRERA, PLLC	Firm's EIN ▶ 27-3473554		Phone no 210-680-0350	
Firm's address ▶ 5805 CALLAGHAN RD STE 301 SAN ANTONIO, TX 78228-1129				

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization

SAN ANTONIO PIPELINERS ASSOCIATION

Employer identification number

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>MIDSTREAM FUNDR</u> (event type)	<u>SAPA GOLF TOURN</u> (event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	56,790	43,620		100,410
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	56,790	43,620		100,410
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	9,494	661		10,155
	6 Rent/facility costs	17,332	18,667		35,999
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,577	11,574		21,151
	10 Direct expense summary. Add lines 4 through 9 in column (d)				67,305
11 Net income summary. Subtract line 10 from line 3, column (d)				33,105	

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. Subtract line 7 from line 1, column (d)					

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.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information.

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

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

OMB No 1545-0047

2013**Open to Public
Inspection****SAN ANTONIO PIPELINERS ASSOCIATION**

Employer identification number

30-0747984**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
SCHOLARSHIP REFUND	\$ 1,000
TOTAL	\$ 1,000

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS

RELATIONSHIP TO ORG	CLASS OF ACTIVITY	DATE OF GIFT	DESC. OF PROPERTY
CASH CONTRIB.	NONCASH CONTRIB.	BOOK VALUE	BV EXPL. FMV EXPL.
\$ 32,000	\$ 0	\$ 0	

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
EVENT DINNERS	\$ 14,289
DUES AND FEES	\$ 9,056
REGISTRATION	\$ 584
SUPPLIES	\$ 300
GIFTS	\$ 1,267
MEALS AND ENTERTAINMENT	\$ 78
POSTAGE	\$ 123
WEBSITE	\$ 3,575
TOTAL	\$ 29,272

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

Name of the organization

SAN ANTONIO PIPELINERS ASSOCIATION

Employer identification number

30-0747984

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.

A SECONDARY GOAL OF THE SAN ANTONIO PIPELINERS ASSOCIATION (SAPA) IS TO PROVIDE SCHOLARSHIPS TO DESERVING SECOND, THIRD, FOURTH OR FIFTH-YEAR COLLEGE STUDENTS PURSUING A BACHELOR OR GRADUATE DEGREE IN MATH, SCIENCE, OR ENGINEERING. ONE HALF OF THE SCHOLARSHIPS WILL BE DISTRIBUTED TO RELATIVES OF SAPA MEMBERS IN GOOD STANDING WHICH INCLUDES PAYMENT OF THE YEARLY MEMBERSHIP FEE AND ATTENDANCE AT A MINIMUM OF FOUR MEETINGS, EVIDENCED BY SIGNATURE AND ATTENDANCE RECORDS DURING THE CALENDAR YEAR PRECEDING THE REVIEW OF THE RELATIVE'S SCHOLARSHIP APPLICATION. THE STUDENTS MUST BE ENROLLED AS FULL TIME (MINIMUM 12 HOURS). THE REMAINING SCHOLARSHIPS SHALL BE DISTRIBUTED TO NEEDY, BUT DESERVING FULL TIME STUDENTS WHO HAVE BEEN RECOMMENDED BY A SOUTH TEXAS COLLEGE OR UNIVERSITY DEAN OF MATH, SCIENCE, OR ENGINEERING.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

A SECONDARY GOAL OF THE SAN ANTONIO PIPELINERS ASSOCIATION (SAPA) IS TO PROVIDE SCHOLARSHIPS TO DESERVING SECOND, THIRD, FOURTH OR FIFTH-YEAR COLLEGE STUDENTS PURSUING A BACHELOR OR GRADUATE DEGREE IN MATH, SCIENCE,

Name of the organization

SAN ANTONIO PIPELINERS ASSOCIATION

Employer identification number

30-0747984

OR ENGINEERING. ONE HALF OF THE SCHOLARSHIPS WILL BE DISTRIBUTED TO RELATIVES OF SAPA MEMBERS IN GOOD STANDING WHICH INCLUDES PAYMENT OF THE YEARLY MEMBERSHIP FEE AND ATTENDANCE AT A MINIMUM OF FOUR MEETINGS, EVIDENCED BY SIGNATURE AND ATTENDANCE RECORDS DURING THE CALENDAR YEAR PRECEDING THE REVIEW OF THE RELATIVE'S SCHOLARSHIP APPLICATION. THE STUDENTS MUST BE ENROLLED AS FULL TIME (MINIMUM 12 HOURS). THE REMAINING SCHOLARSHIPS SHALL BE DISTRIBUTED TO NEEDY, BUT DESERVING FULL TIME STUDENTS WHO HAVE BEEN RECOMMENDED BY A SOUTH TEXAS COLLEGE OR UNIVERSITY DEAN OF MATH, SCIENCE, OR ENGINEERING.