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Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form 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. 1545-1150

2014

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.

A For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 5805 CALLAGHAN RD 205 City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO TX 78228	D Employer identification number 30-0747984
Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ Website: WWW.SAPIPELINERS.ORG	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	E Telephone number 210-706-5816
Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other _____	F Group Exemption Number ▶
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.		G Total gross receipts \$ 163,633

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

1 Contributions, gifts, grants, and similar amounts received	1	28,885
2 Program service revenue including government fees and contracts	2	17,450
3 Membership dues and assessments	3	
4 Investment income	4	2
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	117,296
c Less: direct expenses from gaming and fundraising events	6c	78,884
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,412
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	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,749
10 Grants and similar amounts paid (list in Schedule O)	10	
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	30,350
17 Total expenses. Add lines 10 through 16	17	30,350
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	54,399
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	23,757
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	78,156

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

P NE
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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

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
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)
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)?
35b 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed: NONE
42a The organization's books are in care of: MICHAEL JOHNSTON Telephone no.: 210-706-5816
5805 CALLAGHAN RD STE 205 Located at: SAN ANTONIO TX ZIP + 4: 78228
42b 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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:
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: 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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		
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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 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

Signature of officer: *[Signature]* Date: **9.9.2015**

MICHAEL A JOHNSTON **TREASURER**

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: **08/31/15** Check if self-employed PTIN: **P00958022**

Firm's name: **SCHRIVER, CARMONA, CARRERA, PLLC** Firm's EIN: **27-3473554**

Firm's address: **5805 CALLAGHAN RD STE 301 SAN ANTONIO, TX 78228-1129** Phone no: **210-680-0350**

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

2014

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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.

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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>SAPA GOLF TOURN</u> (event type)	<u>MIDSTREAM CLASS</u> (event type)	<u>NONE</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	74,375	42,921		117,296
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	74,375	42,921		117,296
Direct Expenses	4 Cash prizes ...				
	5 Noncash prizes	7,419	7,853		15,272
	6 Rent/facility costs	26,789			26,789
	7 Food and beverages				
	8 Entertainment		13,418		13,418
	9 Other direct expenses	11,558	11,847		23,405
	10 Direct expense summary. Add lines 4 through 9 in column (d)				78,884
11 Net income summary. Subtract line 10 from line 3, column (d)				38,412	

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))
Revenue	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 conducts gaming activities: _____
 a Is the organization licensed to conduct 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

SAN ANTONIO PIPELINERS ASSOCIATION

30-0747984

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

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 314
WEBSITE EXPENSES	\$ 164
EVENT DINNERS	\$ 15,444
DUES AND FEES	\$ 11,420
SUPPLIES	\$ 1,743
POSTAGE	\$ 306
GIFTS	\$ 959
TOTAL	\$ 30,350

FORM 990-EZ, PART III - 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.

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

Name of the organization

Employer identification number

SAN ANTONIO PIPELINERS ASSOCIATION

30-0747984

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.