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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury

► Information about Form 990 and its instructions is at www.irs gov/form990

<u>A</u> F	or the	2016 calendar year, or tax year beginning JUN 1, 2016 and er	nding M	AY 31, 2017	
В	Check if	C Name of organization		D Employer identific	cation number
а	pplicable	KANSAS PIPELINE ASSOCIATION	·		
	Addres change	C/O KANSAS GAS SERVICE			
	Name change	Doing business as		26-1	421804
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	r
	Final return/	C/O BILL HAISLIP; PO BOX 3538		785-	431-4272
	termin- ated			G Gross receipts \$	248,800.
	Amend	TOPEKA, KS 66601-3538		H(a) is this a group re	eturn
	Application	F Name and address of principal officer BILL HAISLIP		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1 1	Tax-exe	empt status 501(c)(3)X 501(c)( 6 ) ◀ (Insert no.) 4947(a)(1) or	527	1	list (see instructions)
		e: ► KPA-AWARENESS.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile KS
Pa	art I	Summary			, , , , , , , , , , , , , , , , , , , ,
		Briefly describe the organization's mission or most significant activities DEVELO	OP &	ENHANCE COM	MUNICATIONS
Revenue   Activities & Governance		& ESTABLISH A WORKING LIAISON BETWEEN PIP			
-ig	,	Check this box   if the organization discontinued its operations or dispose			
ČZ ŠČZ	1	Number of voting members of the governing body (Part VI, line 1a)	,	3	42
င်ဂွဲ	Į.	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
Ç%	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	
tie		. ,		T-1	0
<u>Ç</u> ≩	1	Total number of volunteers (estimate if necessary)		6	
Ας.		Total unrelated business revenue from Part VIII, column (C), line 12	,	7a	0.
-	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
زن			.	Prior Year	Current Year
¥3	1	Contributions and grants (Part VIII, line 1h)	-	0.	0.
ζě	1	Program service revenue (Part VIII, line 2g)	ļ	254,000.	248,800.
Çŵ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·	0.	0.
زن	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, $10$ c, and $11$ e) $\frac{1}{2}$	,	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		254,000.	248,800.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	5,000.	2,092.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.,	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
çbe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		203,461.	127,338.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		208,461.	129,430.
	i	Revenue less expenses Subtract line 18 from line 12		45,539.	119,370.
Sec			Be	ginning of Current Year	End of Year
ages	20	Total assets (Part X, line 16)		136,454.	256,824.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
E E	22	Net assets or fund balances. Subtract line 21 from line 20	-	136,454.	256,824.
	art II	Signature Block		130,434.	230,024.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ente and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic			y knowieuge and beller, it is
ii ue	, correc	2.0001 10 20 01 1	cii bichaici	10 /12	/3/17
_		Signature of officer  Signature of officer		Date	12017
Sig				Duto	
Her	e	BILL HAISLIP, PRESIDENT  Type or print name and title		· <del></del>	
				Date Check	DTIN
		Print/Type preparer's name Preparer's signature	I .	n 7 1	X PTIN
Paid		ALAN BOWES ALAN BOWES (1)		0-3-1) If self-employ	
	parer	Firm's name ALAN BOWES CPA LLC		Firm's EIN	<u>27-1061990</u>
Use	Only	Firm's address 6805 BROOKSIDE ROAD			
		KANSAS CITY, MO 64113		Phone no. 81	6-304-0693
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
6320	01 11-1	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	•	Form 990 (2016)

Form 990 (2016) C/O KANSAS GAS SERVICE
Part IV Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	INO
1	If "Yes," complete Schedule A	1		<u>X</u> _
^	•	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	۷.		
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	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	•		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
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		Х
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			i
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		X
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 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u> _
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
14a		14a		X_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ł
	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		<u>X</u> _
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			٠,,
	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	40		v
47	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,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_18_	_	_^_
יט	complete Schedule G, Part III	19		X
	The part of the pa		990	(2016)
				··

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تت			Yes	Na
00-	Did the exceptation energic and as more begantal facilities? If "Yes " complete Schodule Li	200	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21		21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		' !	v
	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			3.7
	Schedule K If "No", go to line 25a	24a		X
b		24b		<del></del>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that-the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
07	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			7.7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		₹.
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		v
24	Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
31		24		~
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		v
22	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	00	ļ ,	v
0.4		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	0.4	١ .	v
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	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?			
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	000	v	
	Note. All Form 990 filers are required to complete Schedule O	38_	<u>X</u>	(2016)
		rorm	33U	(2010)

C/O KANSAS GAS SERVICE

Par	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		105	
	Enter the number of Forms W 2G included in line 1a Enter -0 if not applicable 1b 0	1	1	l
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	I	ĺ	
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			_ <del></del> _
	filed for the calendar year ending with or within the year covered by this return 2a 0	ļ	ĺ	
	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?	3a		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	1		
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ. <b>_</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	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		}	ļ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	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		
	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		ŀ
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\neg \neg$	
_	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	l	1	
	Initiation fees and capital contributions included on Part VIII, line 12	i		
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	- 1	1	
а	Gross income from members or shareholders		l	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
40	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	12a		<del>                                     </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	ļ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	-	<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O	13a	-	
h	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the	}	l	
D	organization is licensed to issue qualified health plans 13b			l
~	Enter the amount of reserves on hand	}	ł	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2016)

Form 990 (2016)

Form 990 (2016) C/O KANSAS GAS SERVICE 26-1421804 Page
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			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part VI			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 1a 42			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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	Х	
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		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, u	more members of the governing body?	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	72		
	The governing body?_	8a	Х	
		8b	X	
	Each committee with authority to act on behalf of the governing body?	OU		<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		7/-	
	Diddle acceptation have been breaken because the office of	40.	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	بمد ا		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		7.	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	├
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?		İ	ļ
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ļ	ł
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			İ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		Į	
	exempt status with respect to such arrangements?	16b	<u> </u>	Ĺ
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) a	vailab	le	
	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, and	l finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PARADIGM LIAISON SERVICES, LLC - 866-477-1162			
	PO BOX 9123, WICHITA, KS 67277			
63200	6 11-11-18	Form	990	(2016)

# 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

(A) Name and Title	(B) Average hours per week	offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from	director, or trustee (E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related_
	below line)	halvidua	Institutio	Officer	Key employee	Highest ( employe	Former			organizations
1) BILL HAISLIP RESIDENT	6.00	x		x				0.	0.	(
2) RON HENNING ICE PRESIDENT	3.00	X		х				0.	0.	
3) CINDY MOLLOY	3.00	x		X				0.	0.	(
ECRETARY		^		^				0.	0.	<u> </u>
		-		-						<del></del>
		-					-			
		-								
		-								
		-		_						
		-								
		-			-					<u></u>
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		-	-							
		-	-		-		_			
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			,
Form	990	(201)	6)

~ 1 ^	********	030	CHRITTAN
C/ U	KANSAS	GAS	SERVICE

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	ane	d Hi	ghes	t C		es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable			imate ount o	
	week					ıs boti or/trus		compensation from	compensation from related	'		other	OI .
	(list any	喜						the	organizations	.		oensa	tion
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS	C)	fro	om the	Ð
	related	stee o	rustee			pensa		(W-2/1099-MISC)			_	anızatı	
	organizations below	al tru	onal t		ployee	com						l relate	
	line)	bivid	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	nızatı	UHS
	1	=	┝╧╌		- 2	Ξē	ш.						
		1											
					-								
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				<u> </u> _	<u> </u>								
		-											
		-		-	<del> </del>	<b>├</b>							
										İ			
		-	-						<del></del>				
		-								1			
4b Cob Add		J		<u> </u>	l	<u> </u>	_	0.		0.			0.
1b Sub-total	II Cootion A							0.		0.			0.
<ul> <li>Total from continuation sheets to Part V</li> <li>Total (add lines 1b and 1c)</li> </ul>	n, Secuon A							0.	-	0.			0.
Total number of individuals (including but including	not limited to the	nose	liste	ed a	bov	e) wh	no r	<del></del>	,000 of reportable			-	
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	oyee	or	highest compensated e	mployee on	:			
line 1a? If "Yes," complete Schedule J for	such individual	1								ļ	_3_		X
4 For any individual listed on line 1a, is the s	urn of reportab	ole c	omp	ens	atioi	n and	ot	her compensation from	the organization		İ		
and related organizations greater than \$15	50,000? If "Yes	," сс	mpl	ete	Sch	edul	J.	for such individual			4		X
5 Did any person listed on line 1a receive or	-						ela	ted organization or indiv	dual for services				- <u>-</u>
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son		<del></del>			5		<u> </u>
Section B. Independent Contractors									<b>*</b>				
1 Complete this table for your five highest co										pens	ation 1	rom	
the organization Report compensation for	the calendar	/ear	eno	ing v	with	or w	ILITE		yeai		(C		
(A) Name and busines:	s address							(B) Description of s	ervices	С	omper		n
PARADIGM LIAISON SERVICE								MANAGEMENT &			<u> </u>		
222 SOUTH RIDGE ROAD, WI		KS	6	72	n 9			REIMBURSEMEN			10	1.3	30.
ZZZ BOOTH KIDOB KOMBĄ WZ	<u> </u>		Ť	<u> </u>					_				
	-												
													_
2 Total number of independent contractors	-	not l	ımıte	ed to	the	se li	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					1						000	
											Form !	990 (	2016)

Form 990 (2016) C/O KANSAS GAS SERVICE
Part VIII Statement of Revenue

	• • • • • • • • • • • • • • • • • • • •	Check if Schedule O cont	aine a reenonee	or note to any line	ın this Part VIII			
		Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	l a	Federated campaigns	1a					
E a		Membership dues	1b	-				
هَ ق		Fundraising events	1c					
Ir A		Related organizations	1d					
Q : E		Government grants (contribut						
Sign		All other contributions, gifts, gran						
를힐	f	similar amounts not included abo						
를 등 등	_	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	i ia- ii ֆ	<b>b</b>				
<u> </u>		Total, Add in os to 11		Business Code				
a g	2 a	MEMBERSHIP DUES	AND AS	541900	248,800.	248,800.		
Š ,	b							
Ser	c							
E §	d							
Program Service Revenue	e							
g		All other program service reve	enue					
		Total, Add lines 2a-2f		<b></b>	248,800.	7		
	3	Investment income (including	dividends, intere	est, and				
İ		other similar amounts)		<b>&gt;</b>				
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
- 1	5	Royalties		▶				
		•	(i) Real	(ii) Personal				
١,	6 a	Gross rents						
ĺ	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
-	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
1	С	Gain or (loss)		<u> </u>				
	d	Net gain or (loss)						
e le	8 a	Gross income from fundraisin	ig events (not					
ᇎ		including \$	of					
Other Reven		contributions reported on line	1c) See					
7		Part IV, line 18	а					
th	b	Less direct expenses	b					
9	С	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		Net income or (loss) from gan	_	<b></b>				
1	0 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b	· L				
<u> </u>	С	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Reveni	16	Business Code			,	. I
1	1 a							
	b		<del></del>			-		
	С							
	_	All other revenue						<del></del>
1	е	Total. Add lines 11a-11d		▶	212 222	240 000		<del>-</del>
١.	2	Total revenue See instructions.		<u> </u>	248,800.	248,800.	0	. 0.

Form 990 (2016) C/O KANSAS GAS SERVICE
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21	2,092.			
2	Grants and other assistance to domestic	i			
	ındıvıduals See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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)			l	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	- Other employee-benefits			<del> </del>	
	Payroll taxes		<del></del>		<del></del>
10 11	Fees for services (non-employees)			<del>   </del>	
a	Management	100,105.			
b	Legal	207.			<del></del>
c	Accounting	1,339.	····		
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)	750.			_
12	Advertising and promotion				
13	Office expenses	574.			·
14	Information technology				·····
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	950.		<del> </del>	
20	Interest	<del></del>		<del> </del>	
21	Payments to affiliates		· ·- ·-		
22	Depreciation, depletion, and amortization	1,754.			· · · · · · · · · · · · · · · · · · ·
23	Insurance Other expenses, Itemize expenses not covered	1,/54.		<del> </del>	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TOOLKITS & OTHER PRIZES	21,654.			
b	BANK CHARGES	5.			
С					
d					
е	All other expenses				
25_	Total functional expenses, Add lines 1 through 24e	129,430.	<u> </u>		
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 It following SOP 98-2 (ASC 958-720)			<u> </u>	

	Check if Schedule O contains a response or note to any line in this Part X		1	(5)
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	124,854.	1	249,624
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	11,600.	4	7,20
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	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		6	
7	Notes and loans receivable, net		7	
8	_Inventories_for_sale_or_use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		10c	
11	_Investments · publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11	·	13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	····	15	<u></u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	136,454.	16	256,82
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		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	
23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
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		25	
_ 26	Total liabilities. Add lines 17 through 25	<u> </u>	26	
	Organizations that follow SFAS 117 (ASC 958), check here  and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	<del></del>	29	·
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.	•		
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	256 02
32	Retained earnings, endowment, accumulated income, or other funds	136,454.	32	<u>256,82</u>
33	Total net assets or fund balances	136,454.	33	256,82
34	Total liabilities and net assets/fund balances	136,454.	34	<u>256,82</u>

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

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

Act and OMB Circular A-133?

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#### SCHEDULE C

Department of the Treasury

(Form 990 or 990-EZ)

# 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.

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

2016

Open to Public Inspection

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection of the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions,	•				
• Section 501(c)(4), (5), or (6) or		mron		Employ	yer identification number
	SAS PIPELINE ASSOCIA	ATION		Employ	=
Dart I A Complete if the	KANSAS GAS SERVICE ne organization is exempt und	der rection 501(c)	or is a section f	527 or	26-1421804
Part I-A Complete if the	le organization is exempt uni	der section soric)	oi is a section c	<i>521</i> 010	janization.
			5		
•	organization's direct and indirect politi	cal campaign activities i	n Part IV	<b>.</b>	
2 Political campaign activity ex	•		-	<b>&gt;</b> \$ _	
3 Volunteer hours for political	campaign activities			• –	
Part I-B Complete if the	ne organization is exempt und	der section 501(c)	(3).		
<del></del>	ise tax incurred by the organization un		,-/	<b>▶</b> \$	
	ise tax incurred by organization manage		-	` <b>▶</b> \$ _	
•	section 4955 tax, did it file Form 4720		-		Yes No
4a Was a correction made?		, , , , , , , , , , , , , , , , , , , ,			Yes No
b If "Yes," describe in Part IV			•	•	
	ne organization is exempt und	der section 501(c),	except section	501(c	)(3).
1 Enter the amount directly ex	pended by the filing organization for se	ection 527 exempt func	tion activities	▶ \$	
•	g organization's funds contributed to o	·			
exempt function activities	, ,	J		<b>▶</b> \$	
•	nditures Add lines 1 and 2 Enter here	and on Form 1120-POL	•	• -	
line 17b				<b>▶</b> \$	
4 Did the filing organization file	Form 1120-POL for this year?		•	-	Yes No
	and employer identification number (E	EIN) of all section 527 pc	Ilitical organizations <b>t</b>	o which	the filing organization
	rganization listed, enter the amount pa		-		• •
contributions received that v	were promptly and directly delivered to	a separate political org	anization, such as a	separate	segregated fund or a
political action committee (P	AC) If additional space is needed, pro	vide information in Part	IV		
(a) Name	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
			filing organization		contributions received and
			funds If none, ent	ter -0	promptly and directly delivered to a separate
				1	political organization
					If none, enter -0
			1		
					<del></del>
			<del> </del>		
	1	ı	1	1	

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-18

## KANSAS PIPELINE ASSOCIATION

Schedule C (Form 990 or 990 EZ) 2016 Part II-A Complete if the org	C/O KANSAS ganization is exe	GAS SERVICE mpt under section	n 501(c)(3) and fil	26-: ed Form 5768 (e	1421804 Page 2 election under
section 501(h)).					
			n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha	re of excess lobbying	expenditures)			
B Check I if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply		<del></del>
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli					
c Total lobbying expenditures (add I	•	-, (,,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure		4)			
f Lobbying nontaxable amount Enti	,	•	h columne		
If the amount on line 1e, column (a) of					<del>                                     </del>
Not over \$500,000		bbying nontaxable am the amount on line 1e			
Over-\$500,000-but-not-over-\$1,00		00-plus-15%-of-the-exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17.		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		33 OVER \$1,300,000		
CVE: \$17,000,000	1 \$1,000,	000			
g. Grassroots nontaxable amount (en	nter 25% of line 1fl				
g_Grassroots nontaxable.amount (enter.25%. of_line_1f)					
Subtract line 1f from line 1c. If zero or less, enter-0-				***************************************	
J If there is an amount other than ze	•	line 11 did the organiz	l ation file Form 4720		
reporting section 4911 tax for this		into 11, ala trio organiz	ation file ( 0111) 4720		Yes No
reporting section 45 (1 tax for this		eraging Period Under	section 501/h)		TesNO
(Some organizations the	hat made a section 5		have to complete all o	of the five columns I	pelow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					
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) 2016

f Grassroots lobbying expenditures

## KANSAS PIPELINE ASSOCIATION

Schedule C (Form 990 or 990 EZ) 2016 C/O KANSAS GAS SERVICE 26-1421804 Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(2	3)	(b)		
		Yes No		Amount		
During the year, did the filing organization attempt to influence foreign local legislation, including any attempt to influence public opinion on a or referendum, through the use of  Nelvinteers?						
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported)</li> </ul>	d 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 le	egislative body?					
h_Rallies,-demonstrations,-seminars,-conventions,-speeches,-lectures,-c						
Other activities?	1-41-y-011-110-1110-11-10-11-10-11-11-11-11-11					
j Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described	n section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					<del></del>	
c_lf_"Yes," enter the amount of any tax incurred by organization manage	ers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 47						
Part III-A Complete if the organization is exempt under	section 501(c)(4), sect	ion 501(c)	(5), or se	ction		
501(c)(6).						
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by	members?		1		X	
2 Did the organization make only in-house lobbying expenditures of \$2,			2	Х		
3 Did the organization agree to carry over lobbying and political campai	gn activity expenditures from	the prior yea	r? 3		Х	
501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."			1			
Dues, assessments and similar amounts from members     Section 162(a) pendeductible lebburgs and political exceptitures (de-	not include amounts of polit	hool				
2 Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).	not include amounts of poin	licai				
a Current year			2a			
b Carryover from last year			2b			
c Total			2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nonder	fuctible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount of	• •	cess				
does the organization agree to carryover to the reasonable estimate of	<u> </u>					
expenditure next year?	Thomas and the second s	poou.	4			
5 Taxable amount of lobbying and political expenditures (see instruction	ns)		5			
Part IV Supplemental Information						
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C	line 5. Part II-A (affiliated grou	io list). Part 1	I-A. lines 1 a	and 2 (see		
instructions), and Part II-B, line 1. Also, complete this part for any additional	• •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
	·					
	· <del></del>					

Schedule C (Form 990 or 990-EZ) 2016

# SCHEDULE'O

(Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization

KANSAS PIPELINE ASSOCIATION C/O KANSAS GAS SERVICE

Employer identification number 26-1421804

FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION HAS A CONTRACT WITH PARADIGM COMPANY TO PROVIDE MANAGEMENT
SERVICES.
FORM 990, PART VI, SECTION A, LINE 6:
THE-ORGANIZATION-HAS-MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS ELECT THE GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B:
ALL OF THE DECISIONS OF THE GOVERNING BODY ARE APPROVED BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11B:
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:
ALTHOUGH THE TAXPAYER DID NOT HAVE SOME OF THE POLICIES LISTED IN
SECTION B OF PART VI PAGE 6 (POLICIES) AT THE END OF THIS TAX YEAR,
THEY ARE IN THE PROCESS OF ADOPTING THESE POLICIES AND THEY WILL BE
LISTED AS SOON AS IMPLEMENTED. ALSO SEE ATTACHED A LIST OF MEMBERS AND
OFFICERS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990 EZ) (2016)			Page 2
Name of the organization KANSAS PIPELINE ASSOCIATION  C/O KANSAS GAS SERVICE		r identific - 1 4 2 1 8	ation number
0,0 121.010 010 0110	<del></del>		
3 OF THE OFFICERS ARE RESPONSIBLE FOR MONITORING AND ENFO	RCING	THIS	POLICY
FORM 990, PART VI, SECTION B, LINE 15:			
THERE IS NO COMPENSATION PAID			
FORM 990, PART VI, SECTION C, LINE 19:	<del></del>		
THE ORGANIZATION WILL PROVIDE COPIES UPON REQUEST.			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
-INCREASE- PERMANENTLY_RESTRICTED ASSETS			1,000.
		<del></del>	