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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C HOUSTON CHEMICAL ASSOCIATION
12436 FM 1960 WEST PMB 158
HOUSTON, TX 77065

D Employer identification number

76-0233175

E Telephone number

281-272-4115

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► N/A

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

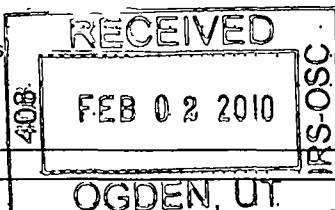
J Organization type (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 99,718.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	510.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,021.
	4 Investment income	4	1,176.
	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) (att sch)		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	91,011.
	b Less: direct expenses other than fundraising expenses	6b	68,146.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	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 ► _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	31,572.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	25,100.
	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	1,150.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► SEE STATEMENT 2)	16	9,068.
	17 Total expenses (add lines 10 through 16)	17	35,318.
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,746.
	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	79,834.
	20 Other changes in net assets or fund balances (attach explanation)	20	-8,571.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	67,517.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	79,834.	22 67,517.
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	79,834.	25 67,517.
26 Total liabilities (describe ► _____)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,834.	27 67,517.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)



Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)

28 SEE STATEMENT 5

(Grants \$ 24,000.) If this amount includes foreign grants, check here ► 28a 24,000.

29 DONATIONS TO 501(C)3 ORGANIZATIONS - SAN JACINTO COLLEGE, METHODIST HOSPITAL, AND CHEMICAL EDUCATION FOUNDATION.

(Grants \$ 1,100.) If this amount includes foreign grants, check here 29a 1,100.

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule) . . .

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(b) Title and average hours (c) Compensation (if (d) Contributions to (e) Expense account

Part V Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes Yes No
34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. Yes No
35a X
35b

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? Yes No
36 X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No
37a 0.

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N Yes No
37b X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions Yes No
38a X

b Did the organization file **Form 1120-POL** for this year? Yes No
38b N/A

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 unpaid at the start of the period covered by this return? Yes No
39a N/A
39b N/A

39 501(c)(7) organizations. Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b N/A

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. Yes No
 section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A
40b

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I Yes No
40e X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40c 0.

d Enter amount of tax on line 40c reimbursed by the organization Yes No
40d 0.

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 Yes No
41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► DAVID FORTUNE Telephone no. ► 281-272-4115
 Located at ► 12436 FM 1960 WEST PMB 158 HOUSTON TX ZIP + 4 ► 77065

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: ► Yes No
42b X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Yes No
42c X

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 Yes No
43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
45 X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the 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.'

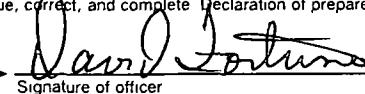
	Yes	No
46		
47		
48		
49a		
49b		

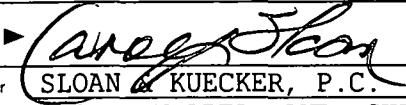
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

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 1-26-2010
Signature of officer
► David Fortune - Treasurer
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 1-19-10	Check if self-employed ► <input type="checkbox"/> P00236645	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SLOAN & KUECKER, P.C. ► 1234 BAY AREA BLVD, SUITE D HOUSTON, TX 77058-2538		EIN ► 76-0655741	Phone no ► (281) 488-7273

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

BAA

► Yes No
Form 990-EZ (2008)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number
76-0233175

HOUSTON CHEMICAL ASSOCIATION

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>CHRISTMAS DANC</u> (event type)	(b) Event #2 <u>GOLF OUTINGS</u> (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
		46,074.	30,917.	11,261.	88,252.
1	Gross receipts				
2	Less: Charitable contributions				
3	Gross revenue (line 1 minus line 2)	46,074.	30,917.	11,261.	88,252.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	40,213.	16,611.	10,107.	66,931.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				66,931.
	9 Net income summary. Combine lines 3 and 8 in column (d)				21,321.

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.

REVENUE		(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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Combine lines 1 and 7 in 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? _____

b If 'No,' Explain:

YES	NO
-----	----

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

10a

11 Does the organization operate gaming activities with nonmembers?

11

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?

12

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

14 Provide 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 contact with a third party from whom the organization receives gaming revenue?

- 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:

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?

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ _____

15a

17a

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only □

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization HOUSTON CHEMICAL ASSOCIATION	Employer identification number 76-0233175
	Number, street, and room or suite number. If a P.O. box, see instructions 12436 FM 1960 WEST PMB 158	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HOUSTON, TX 77065	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► DAVID FORTUNE

Telephone No ► 281-272-4115 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or
► tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

2008**FEDERAL STATEMENTS****PAGE 1****HOUSTON CHEMICAL ASSOCIATION****76-0233175****STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ERIC MARTINEZ	
DONEE'S ADDRESS:	12835 BIRCH FALLS	
	HOUSTON, TX 77065	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	TAYLOR GASPARD	
DONEE'S ADDRESS:	58 PARSLEY COURT	
	LAKE JACKSON, TX 77566	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	ZACHARY DREYFUSS	
DONEE'S ADDRESS:	5215 PITT STREET	
	NEW ORLEANS, LA 70115	
CASH AMOUNT GIVEN:		\$ 2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	JENNA PONZI	
DONEE'S ADDRESS:	118 EAST FAIRBRANCH CIRCLE	
	THE WOODLANDS, TX 77382	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	NICOLE SCOTT	
DONEE'S ADDRESS:	1615 WEST LAKE DR	
	GLADEWATER, TX 75647	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	COLE KOHUT	
DONEE'S ADDRESS:	17710 SURREYWEST LANE	
	SPRING, TX 77379	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KATIE LOMBARDI	
DONEE'S ADDRESS:	18831 FOREST ELMS DR	
	SPRING, TX 77388	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	AMANDA DREYFUSS	
DONEE'S ADDRESS:	10901 WILLOWISP	
	HOUSTON, TX 77035	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	RICHARD WILLIAMS	
DONEE'S ADDRESS:	8437 BOIS D' ARC LANE	
	RICHMOND, TX 77469	
CASH AMOUNT GIVEN:		\$ 1,200.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	KANDACE MALONE	
DONEE'S ADDRESS:	13710 GREENWOOD MANOR	
	CYPRESS, TX 77429	
CASH AMOUNT GIVEN:		\$ 1,200.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	CLINTON HERMAN	
DONEE'S ADDRESS:	11 GREENHILL TRAIL	
	TROPHY CLUB, TX 76262	
CASH AMOUNT GIVEN:		\$ 1,200.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	CHRISTOPHER KATO	
DONEE'S ADDRESS:	909 WILLOWBRIAR	
	DEER PARK, TX 77536	
CASH AMOUNT GIVEN:		\$ 1,200.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	JOSEPH SCOTT	
DONEE'S ADDRESS:	1615 WEST LAKE DR	
	GLADEWATER, TX 75647	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	JONATHAN HART	
DONEE'S ADDRESS:	9611 CAFE TERRACE	
	SAN ANTONIO, TX 78251	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SARITA WILLIAMS	
DONEE'S ADDRESS:	8437 BOID D' ARC LANE	
	RICHMOND, TX 77469	
CASH AMOUNT GIVEN:		\$ 1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	SCOTT HANSON	
DONEE'S ADDRESS:	146 TOWNE TERRACE, APT #74	
	LAS GATOS, CA 95032	
CASH AMOUNT GIVEN:		\$ 800.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	EMILE TURBEVILLE	
DONEE'S ADDRESS:	300 CADEN SPRINGS RD	
	EL DORADO, AR 71730	
CASH AMOUNT GIVEN:		\$ 800.
CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	RACHEL RADER	
DONEE'S ADDRESS:	1415 WHEATBRIDGE DR	
	HOUSTON, TX 77041	
CASH AMOUNT GIVEN:		\$ 650.

2008**FEDERAL STATEMENTS****PAGE 3****HOUSTON CHEMICAL ASSOCIATION****76-0233175****STATEMENT 1 (CONTINUED)**
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP	
DONEE'S NAME:	STEPHANIE LOMBARDI	
DONEE'S ADDRESS:	18831 FOREST ELMS DR	
	SPRING, TX 77388	
CASH AMOUNT GIVEN:		\$ 450.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	METHODIST HOSPITAL	
	HOUSTON, TX	
CASH AMOUNT GIVEN:		\$ 100.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	SAN JACINTO COLLEGE	
	HOUSTON, TX	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	DONATION	
DONEE'S NAME:	CHEMICAL EDUCATION FOUNDATION	
DONEE'S ADDRESS:	1555 WILSON BLVD STE 700	
	ARLINGTON, VA 22209	
CASH AMOUNT GIVEN:		\$ 500.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE ASSISTANT		\$ 4,800.
BANK CHARGES		119.
INSURANCE		1,075.
MAILBOX		125.
MERCHANT SERVICE FEES		2,539.
MISCELLANEOUS		410.
TOTAL	\$	<u>9,068.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON SECURITIES		\$ -8,571.
TOTAL	\$	<u>-8,571.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FOSTER AND PROMOTE EDUCATION OF ITS MEMBERS AND THE PUBLIC OF CHEMICAL MANUFACTURING AND DISTRIBUTION.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SCHOLARSHIPS AWARDED TO COLLEGE STUDENTS -

3	-	\$2000	SCHOLARSHIPS
5	-	\$1500	SCHOLARSHIPS
4	-	\$1200	SCHOLARSHIPS
3	-	\$1000	SCHOLARSHIPS
2	-	\$800	SCHOLARSHIPS
1	-	\$650	SCHOLARSHIP
1	-	\$450	SCHOLARSHIP