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Form 990-EZ

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)

2014

- 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015**

- B** Check if applicable
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization HOUSTON CHEMICAL ASSOCIATION	D Employer identification number 76-0233175
Number and street (or P O box, if mail is not delivered to street address) 12436 FM 1960 WEST PMB 158	E Telephone number (281) 491-7474
City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77065	F Group Exemption Number ►

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► N/A**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**L 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 ► \$ 145,461****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	10,400
	2 Program service revenue including government fees and contracts	2	
5a	3 Membership dues and assessments	3	8,336
	4 Investment income	4	1,287
6	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	0
7	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6a Gaming and fundraising events	6a	
8	6b Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	125,438
	6c 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)	6c	80,059
9	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,379
	7a Gross sales of inventory, less returns and allowances	7a	
10	7b Less cost of goods sold	7b	0
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
11	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	65,402
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	55,800
	11 Benefits paid to or for members	11	
12	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,250
14	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	164
16	16 Other expenses (describe in Schedule O)	16	12,027
	17 Total expenses. Add lines 10 through 16 ►	17	69,241
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,839
	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	128,311
20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-1,120
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	123,352

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	128,311	22	123,352
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	128,311	25	123,352
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,311	27	123,352

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 SCHOLARSHIPS AWARDED TO COLLEGE STUDENTS - 2 - \$3000 SCHOLARSHIPS5 - \$2300 SCHOLARSHIPS6 - \$1900 SCHOLARSHIPS8 - \$1400 SCHOLARSHIPS6 - \$1000 SCHOLARSHIPS5 - \$800 SCHOLARSHIPS3 - \$750 SCHOLARSHIPS2 - \$600 SCHOLARSHIPSRECIPIENTS INVITED TO HONORARY LUNCHEON(SEE ATTACHED LETTERS)
(Grants \$) If this amount includes foreign grants, check here 28a

29

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

30

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

31 Other program services (describe in Schedule O)

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

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID FORTUNE Director	0	0		
DAVID AMUNDSON Director	2 00	0		
JERRY VOLKIN Secretary	0	0		
DON HUTTON Director	0	0		
GREG PLOSS President	3 00	0		
JERRY SCHWEIGER Director	0	0		
TONI CANNATA Director	0	0		
DAN ODLE Vice President	2 00	0		
JIMMIE ATCHISON Treasurer	0	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		No
35c		No
36		No
37a	37a	
37b		No
38a		
38b		
39a	0	
39b	0	
40a	40b	
40c		
40d		
40e		No
41		
42a	Telephone no (409) 925-1676	
	Located at PO BOX 1515 SANTA FE, TX	ZIP + 4 775101515
42b		No
42c		No
43	43	
44a		
44b		No
44c		No
44d		No
45a		No
45b		No

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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)?

b If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c 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 **37a**

b 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 **39a** 0

b Gross receipts, included on line 9, for public use of club facilities **39b** 0

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40b**, section 4912 **40c**, section 4955 **40d**

b 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

c 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 **40e**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed

42a The organization's books are in care of **JIMMIE ATCHISON** Telephone no (409) 925-1676
Located at PO BOX 1515 SANTA FE, TX ZIP + 4 775101515

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.?
If "Yes," enter the name of the foreign country

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46		No

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization 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 a section 527 organization?

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
NONE				

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
NONE		

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 JIMMIE ATCHISON Treasurer Type or print name and title	2015-08-31 Date
------------------	--	--------------------

Paid Preparer Use Only	Print/Type preparer's name CAROL J SLOAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00236645
	Firm's name <input type="checkbox"/> Sloan & Kuecker PC	Firm's EIN <input type="checkbox"/>			
	Firm's address <input type="checkbox"/> 1234 Bay Area Blvd Suite D Houston, TX 770582538	Phone no (281) 488-7273			

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

2014

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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.Department of the Treasury
Internal Revenue ServiceName of the organization
HOUSTON CHEMICAL ASSOCIATION

Employer identification number

76-0233175

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GOLF OUTINGS (event type)	CHRISTMAS EVENT & SILENT AUCTION (event type)	1 (total number)	
1	Gross receipts . . .	50,992	41,750	32,696	125,438
2	Less Contributions . . .				
3	Gross income (line 1 minus line 2) . . .	50,992	41,750	32,696	125,438
4	Cash prizes . . .				
5	Noncash prizes . . .		4,352	205	4,557
6	Rent/facility costs . . .	22,815	19,959		42,774
7	Food and beverages . .			21,784	21,784
8	Entertainment . . .		5,100		5,100
9	Other direct expenses .	777	1,692	3,375	5,844
10	Direct expense summary Add lines 4 through 9 in column (d)				(80,059)
11	Net income summary Subtract line 10 from line 3, column (d)				45,379

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
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 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 _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.****2014****Open to Public
Inspection**Name of the organization
HOUSTON CHEMICAL ASSOCIATION**Employer identification number**

76-0233175

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity SCHOLARSHIP Donee's Name PER SCHEDULE ATTACHED Cash Amount Given \$53550
Other Expenses 1001	Advertising and Promotion \$250
Other Expenses 1002	Office Expenses \$251
Other Expenses 1012	Insurance \$1124
Other Expenses 1	MERCHANT SERVICE FEES \$5582
Other Expenses 2	ADMINISTRATIVE ASSISTANT \$4800
Other Expenses 5	BANK CHARGES \$20

2014-2015 HCA SCHOLARSHIP RECIPIENTS

8/21/2014

Last Name	First Name	Street	City	St	Zip	Amount
18 Heinen	Gretchen	35 South Buck Ridge	The Woodlands	TX	77381	\$ 3,000
33 Piercy	Brandi	7935 Scenic Canyon Ln.	Houston	TX	77095	\$ 3,000
20 Holland	Alexandria P.	2579 Costa Mesa Circle	League City	TX	77573	\$ 2,300
4 Bryant	Jesse	Chinn Ct.	Houston	TX	77094	\$ 2,300
7 Chang	Shenwei	62 West Prairie Circle	Conroe	TX	77385	\$ 2,300
23 Kohut	Mallory L.	17710 Surrey West Lane	Spring	TX	77379	\$ 2,300
21 Hritovich	James	907 Chinni Court	Houston	TX	77094	\$ 2,300
24 Morandi	Carl	4022 Rosebank Dr.	Houston	TX	77084	\$ 1,900
5 Capo	Christian	19519 Wellers Way	Houston	TX	77095	\$ 1,900
31 O'Donnell	Nicole	11618 Normont	Houston	TX	77070	\$ 1,900
6 Capo	Jonathan S.	16519 Wellers Way	Houston	TX	77095	\$ 1,900
10 Cumming	Brittany	9 Sun Meadow Blvd.	Friendswood	TX	77546	\$ 1,900
2 Anderson	David	14522 River Forest Dr.	Houston	TX	77079	\$ 1,900
17 Heinen	Andrew	35 South Buck Ridge	The Woodlands	TX	77381	\$ 1,400
29 Noakes	Kyle	2514 River Lily Dr	Kingwood	TX	77345	\$ 1,400
15 Goldak	John	926 Burchton Dr.	Sugar Land	TX	77479	\$ 1,400
30 Odie	Danielle	5635 Sycamore Creek Dr.	Kingwood	TX	77345	\$ 1,400
37 Yrizar	Valeria	6702 Sage Grass Lane	Spring	TX	77379	\$ 1,400
32 Piercy	Atysse	7935 Scenic Canyon Ln.	Houston	TX	77095	\$ 1,400
22 Ito	Jacqueline	700 Sylvan Lane	Midland	MI	48640	\$ 1,400
13 Foreto	Erika	4712 Linden Street	Bellaire	TX	77401	\$ 1,400
16 Gutierrez	Gabrielle	3007 Apple Forest Ct.	Kingwood	TX	77345	\$ 1,000
19 Heinen	Jessica	35 South Buck Ridge	The Woodlands	TX	77381	\$ 1,000
11 Cumming	Heather	905 Cleveland St.	Denton	TX	76201	\$ 1,000
1 Arnundson	Abigail M.	4605 Moorland Court	Sugar Land	TX	77479	\$ 1,000
28 Noakes	Connor	2514 River Lily Dr	Kingwood	TX	77345	\$ 1,000
25 Morgan	Melanie	15838 Country Trail	Tomball	TX	77377	\$ 1,000
36 Yrizar	Sebastian	6702 Sage Grass Lane	Spring	TX	77379	\$ 800
14 Glenger	Caroline	1415 Blakely Grove Lane	Pearland	TX	77581	\$ 800
3 Baker	Julia D.	1900 Graystone Hills Dr.	Conroe	TX	77384	\$ 800
35 Yee	Connor	1808 Stonecreek Cr.	Friendswood	TX	77546	\$ 800
26 Moyed	Morgan	11711 Memorial Dr.	Houston	TX	77024	\$ 800
9 Cranford	Abigail E.	2 Skyflower Drive	The Woodlands	TX	77381	\$ 750
34 Ponzi	Matthew	118 East Fairbranch Circle	The Woodlands	TX	77382	\$ 750
12 Ford	Zachary	1909 Deertrail St.	Deer Park	TX	77536	\$ 750
27 Nguyen	Tim	5514 Griggs Rd., Apt 611	Houston	TX	77021	\$ 600
8 Cochran	Corbin	1402 Edgewater Drive	Friendswood	TX	77546	\$ 600
						\$ 53,550
						Total



September 4, 2014

Abigail Amundson
4607 Moorland Court
Sugar Land, TX 77479

Dear Abigail,

Congratulations on being selected as a recipient of this year's Houston Chemical Association Scholarship program.

The applications have been reviewed and please find attached your scholarship check.

On behalf of the Houston Chemical Association, we proudly support and encourage your decision to further your education. The hard work and sacrifices that face you today will prepare you well for the challenges ahead. The value of an education must never be diminished as it is the foundation that will open many doors for success; granting you the opportunity to pursue your dreams.

Annually the HCA hosts a Christmas Scholarship Dance to raise funds for our scholarship program. While this event is for our membership and their invited guests, we also take this opportunity to honor all scholarship recipients by displaying their photograph and a brief bio about each recipient.

To assist in standardizing the photos and bios' to be displayed, Mary Martinez will be contacting each of you at a later date with instructions and guidance regarding bio content and photo size (5" X 7"). (marym@kmcoinc.com)

An open invitation is also extended to you to be our guest at any of the HCA's 2014-2015 Luncheons (09/04/14, 10/02/14, 11/06/14, 01/08/15, 02/05/15, 03/05/15, 04/09/15 and 05/07/15). Our luncheons are held at the Petroleum Club of Houston (Exxon Bldg. bounded by Bell, Milam, Leeland and Travis. The entrance is on the Milam side.) For reservations, please contact Mary Martinez 281-272-4112 or via email, marym@kmcoinc.com.

We wish you the very best in the upcoming academic year.

Sincerely,

David Amundson

David Amundson
President, HCA (2014-2015)

Jerry Schweiger

Jerry Schweiger
Chairman, Scholarships