

Form **990EZ**


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)

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
HOUSTON CHEMICAL ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
12436 FM 1960 WEST PMB 158

City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77065

D Employer identification number
76-0233175
E Telephone number
(713) 542-1923
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 ▶ \$ 125,744

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,310
	4	Investment income	4	3,187
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 	6b	112,247
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	68,579
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	43,668
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	57,165
	10	Grants and similar amounts paid (list in Schedule O)	10	32,150
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	1,255
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	132
	16	Other expenses (describe in Schedule O)	16	15,683
	17	Total expenses. Add lines 10 through 16 ▶	17	49,220
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,945
	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	66,599
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-2,008
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	72,536

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	66,599	22	72,536
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	66,599	25	72,536
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,599	27	72,536

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?
TO 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
See Additional Data Table
(Grants \$) If this amount includes foreign grants, check here ☐
29
(Grants \$) If this amount includes foreign grants, check here ☐
30
(Grants \$) If this amount includes foreign grants, check here ☐
31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐
32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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
TONI CANNATA	2.00	0	0	0
DIRECTOR				
DAVID FORTUNE	2.00	0	0	0
DIRECTOR				
RICK KNUBLEY	2.00	0	0	0
DIRECTOR				
DAVID AMUNDSON	2.00	0	0	0
DIRECTOR				
DON HUTTON	3.00	0	0	0
PRESIDENT				
BERT GUTIERREZ	3.00	0	0	0
VICE PRESIDENT				
RAY HEINEN	3.00	0	0	0
TREASURER				
MIKE DE LA CRUZ	3.00	0	0	0
SECRETARY				
MARY MARTINEZ	3.00	0	0	0
ADMIN ASSISTANT				
JIMMIE ATCHISON	3.00	0	0	0
PAST PRESIDENT				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	34	No
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)?	35a	No
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	35b	
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	35c	No
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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3), 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 40b		
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		
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 40e		No
41 List the states with which a copy of this return is filed.		
42a The organization's books are in care of RAY HEINEN Telephone no. (713) 542-1923 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)? 42b		No
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.? 42c		No
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 44a		No
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 44b		No
c Did the organization receive any payments for indoor tanning services during the year? 44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		No
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) 45b		

	Yes	No
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.	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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A

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		2020-11-02 Date	
	RAY HEINEN TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DENNIS GARDNER CPA	Preparer's signature	Date	Check ☐ if self-employed PTIN P00450966
	Firm's name WRINKLE GARDNER & COMPANY PC			Firm's EIN 76-0361151
	Firm's address PO BOX 1707 FRIENDSWOOD, TX 77549			Phone no. (281) 338-1120

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

Additional Data

Software ID:
Software Version:
EIN: 76-0233175
Name: HOUSTON CHEMICAL ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SCHOLARSHIPS AWARDED TO COLLEGE STUDENTS2 - \$1,500 SCHOLARSHIPS1 - \$1,300 SCHOLARSHIPS11 - \$1,100 SCHOLARSHIPS5 - \$1,000 SCHOLARSHIPS3 - \$800 SCHOLARSHIPS4 - \$700 SCHOLARSHIPS1 - \$550 SCHOLARSHIPS1 - \$500 SCHOLARSHIPSRECIPIENTS INVITED TO HONARARY LUNCHEON (Grants \$ 32,150) If this amount includes foreign grants, check here . . . ► ☐	28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: HOUSTON CHEMICAL ASSOCIATION

EIN: 76-0233175

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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)
		GOLF OUTING (event type)	CHRISTMAS EVENT (event type)	2 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28,382	31,036	52,829	112,247
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	28,382	31,036	52,829	112,247
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		6,797		6,797
	6 Rent/facility costs	7,023	15,234		22,257
	7 Food and beverages			23,444	23,444
	8 Entertainment		500	500	1,000
	9 Other direct expenses	8,150	3,176	3,755	15,081
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				68,579
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				43,668

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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

Name of the organization
HOUSTON CHEMICAL ASSOCIATION**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection****Employer identification number**

76-0233175

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION: DIVIDEND. AMOUNT: 503. DESCRIPTION: INTEREST. AMOUNT: 9. DESCRIPTION: OTHER. AMOUNT: 2,675. TOTAL INCLUDED ON FORM 990-EZ, LINE 4: 3,187.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION: SCHOLARSHIP. GRANTEE NAME: PER DETAIL BELOW. AMOUNT GIVEN: 32,150.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: ADMINISTRATIVE ASSISTANT. AMOUNT: 6,000. DESCRIPTION: BANK CHARGES. AMOUNT: 7,896. DESCRIPTION: INSURANCE. AMOUNT: 843. DESCRIPTION: OFFICE EXPENSE. AMOUNT: 944. TOTAL TO FORM 990-EZ, LINE 16: 15,683.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION: NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS. AMOUNT: -2,008.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	SCHOLARSHIP AWARD DATE NAME AMOUNT 08/23/2018 SAN JACINTO COLLEGE 1,500.00 09/09/2018 KAIT LIN YEE 900.00 09/09/2018 NASH VOYLES 700.00 09/09/2018 KELSI VITA 700.00 09/09/2018 JOSHU A VITA 900.00 09/09/2018 TERI PLAZA 700.00 09/09/2018 NICOLE O'DONNELL 1,100.00 09/09/2018 KYLE NOAKES 550.00 09/09/2018 DANIEL MALONE 800.00 09/09/2018 UNNAMED 1,000.00 09/09/2018 GABRIELLE LONG 1,100.00 09/09/2018 MALORIE LAMAGNA 1,100.00 09/09/2018 GRAYSON KROESCHE 90 0.00 09/09/2018 MALLORY KOHUT 1,300.00 09/09/2018 BRADY KNUBLEY 1,100.00 09/09/2018 JAYCIE JONES 1,100.00 09/09/2018 JACOB JONES 1,100.00 09/09/2018 MARK HAHN 900.00 09/09/2018 DAN IELLE GUTIERREZ 1,100.00 09/09/2018 ANJELICA GUTIERREZ 1,100.00 09/09/2018 MICHAEL GOLDAK 1,000.00 09/09/2018 COLLIN DUBROS 1,000.00 09/09/2018 BRIDGETT FALCONE 1,100.00 09/09/2018 CHANDLER ELLIOTT 1,100.00 09/09/2018 ERIKA DUBROS 1,000.00 09/09/2018 ETHAN CROCKER 800.0 0 09/09/2018 MADELINE GRACE CRANFORD 900.00 09/09/2018 CORBIN COCHRAN 700.00 09/09/2018 WE NTING CHANG 1,500.00 09/09/2018 KYLA BURKHARDT 1,000.00 09/09/2018 CARLI BAKER 800.00 09/0 9/2018 RHETTA AMUNDSON 500.00 09/13/2018 VALERIA YRIZAR-O'FARRILL 1,100.00 TOTAL FOR SCHOL ARSHIP AWARDS 32,150.00