

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**  
**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 . . . . . ▶ \$ 119,959

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	13,173
	<b>4</b>	Investment income . . . . .	<b>4</b>	1,213
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</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) . . . . .	<b>6b</b>	105,573
	<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	61,070
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	44,503
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	58,889
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	36,340
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	50
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	143
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	13,847
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	50,380
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	8,509
	<b>19</b>	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) . . . . .	<b>19</b>	72,536
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	-521
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	80,524

**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
<b>22</b> Cash, savings, and investments . . . . .	72,536	<b>22</b>	80,524
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25</b> Total assets . . . . .	72,536	<b>25</b>	80,524
<b>26</b> Total liabilities (describe in Schedule O). . . . .	0	<b>26</b>	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,536	<b>27</b>	80,524

**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				
CHRIS YEE	2.00	0	0	0
DIRECTOR				
DAVID AMUNDSON	2.00	0	0	0
DIRECTOR				
BERT GUTIERREZ	3.00	0	0	0
PRESIDENT				
RAY HEINEN	3.00	0	0	0
VICE PRESIDENT				
MIKE DE LA CRUZ	3.00	0	0	0
TREASURER				
RICK KNUBLEY	3.00	0	0	0
SECRETARY				
MARY MARTINEZ	3.00	0	0	0
ADMIN ASSISTANT				
DON HUTTON	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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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. . . . .	<b>34</b>	No
<b>35a</b> 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>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> 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>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed. ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>MIKE DE LA CRUZ</u> Telephone no. ▶ <u>(713) 542-1923</u> Located at ▶ <u>12436 FM 1960 WEST PMB 158 HOUSTON , TX</u> ZIP + 4 ▶ <u>77065</u>		
<b>b</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: ▶ . . . . .	<b>42b</b>	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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: ▶ . . . . .	<b>42c</b>	No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	

		<b>Yes</b>	<b>No</b>
<b>46</b>	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. . . . .	<b>46</b>	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 . . . . . ☐

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

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

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer		2020-11-02 Date	
	MIKE DE LA CRUZ TREASURER Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DENNIS GARDNER CPA	Preparer's signature	Date	Check <input type="checkbox"/> 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 . . . . . ▶ ☒ **Yes** ☐ **No**

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.)	
<b>28</b> SCHOLARSHIPS AWARDED TO COLLEGE STUDENTS1 - \$1,800 SCHOLARSHIPS2 - \$1,600 SCHOLARSHIPS1 - \$1,500 SCHOLARSHIPS5 - \$1,400 SCHOLARSHIPS4 - \$1,200 SCHOLARSHIPS5 - \$1,100 SCHOLARSHIPS4 - \$1,000 SCHOLARSHIPS3 - \$950 SCHOLARSHIPS3 - \$900 SCHOLARSHIPS1 - \$840 SCHOLARSHIPS2 - \$800 SCHOLARSHIPS1 - \$550 SCHOLARSHIPSRECIPIENTS INVITED TO HONARARY LUNCHEON  (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	0

## **TY 2019 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.

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on 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. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Name of the organization HOUSTON CHEMICAL ASSOCIATION	Employer identification number 76-0233175
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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" 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) Total events
		<b>GOLF OUTING</b> (event type)	<b>CHRISTMAS EVENT</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	37,205	44,283	24,085	105,573
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	37,205	44,283	24,085	105,573
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .		3,690		3,690
	<b>6</b> Rent/facility costs . . . . .	8,992	17,602		26,594
	<b>7</b> Food and beverages . . . . .			15,438	15,438
	<b>8</b> Entertainment . . . . .		650	250	900
	<b>9</b> Other direct expenses . . . . .	4,262	10,086	100	14,448
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				61,070
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				44,503	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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: 784. DESCRIPTION: INTEREST. AMOUNT: 4. DESCRIPTION: OTHER. AMOUNT: 425. TOTAL INCLUDED ON FORM 990-EZ, LINE 4: 1,213.

**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: 36,340.

**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: 4,857. DESCRIPTION: INSURANCE. AMOUNT: 815. DESCRIPTION: OFFICE EXPENSE. AMOUNT: 2,175. TOTAL TO FORM 990-EZ, LINE 16: 13,847.

**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: -521.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	<p>SCHOLARSHIP AWARDS DATE NAME AMOUNT 08/08/2019 SAN JAC FOUNDATION 1,500.00 09/12/2019 ANTE LIA GUTIERREZ 1,400.00 09/12/2019 BRENNA SWIENTONIOS 1,800.00 09/12/2019 CHRISTIAN CAPO1, 400.00 09/12/2019 MICHEAL GODAK 1,000.00 09/12/2019 DANIELLE GUTIERREZ 1,400.00 09/12/2019 JACOB JONES 1,100.00 09/13/2019 GABRIELLE LONG 1,400.00 09/13/2019 COLE KNUBLEY 1,200.00 09/13/2019 TERI PLAZA 900.00 09/13/2019 NASH VOYLES 800.00 09/16/2019 CHRISTINA HERNANDEZ 1,200.00 09/16/2019 NICOLE O'DONNELL 1,200.00 09/16/2019 KAITUN YEE 1,100.00 09/16/2019 DA NIELLE LONG 1,000.00 09/16/2019 GRAYSON KROESCHE 1,000.00 09/17/2019 BRENNA SWIENTONIOSK 1 ,600.00 09/17/2019 BREELY SWIENTONIOSK 1,400.00 09/18/2019 COLLIN DUBROS 1,100.00 09/19/20 19 BROOK ELLIOT 950.00 09/19/2019 CHANDLER ELLIOT 1,000.00 09/19/2019 MADELINE CRANFORD 95 0.00 09/23/2019 CORBIN COCHRAN 550.00 09/24/2019 DANNY MALONE 900.00 09/24/2019 ANDREW LIT ZINGER 1,600.00 09/24/2019 UNNAMED 840.00 09/26/2019 KASI VITA 950.00 09/30/2019 CLAIR BAK ER 900.00 09/30/2019 CARI BAKER 800.00 10/01/2019 MADISON DISHAW 1,200.00 10/02/2019 GABRI EL PHILLIPS 1,100.00 10/02/2019 ELISE SHAUF 1,100.00 TOTAL FOR SCHOLARSHIP AWARDS 36,340.0 0</p>