

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort 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.

2019

Open to  
Public  
Inspection

## 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		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 (713) 542-1923
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  527K 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 . . . . . 

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	13,173
4	Investment income . . . . .	4	1,213
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	105,573
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	61,070
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	44,503
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	58,889

10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	36,340
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	50
14	Occupancy, rent, utilities, and maintenance . . . . .	14	
15	Printing, publications, postage, and shipping . . . . .	15	143
16	Other expenses (describe in Schedule O) . . . . .	16	13,847
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	50,380
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	8,509
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	72,536
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-521
21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	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
22 Cash, savings, and investments	72,536	22
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	72,536	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	72,536	27
		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 **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) <b>(if not paid, enter -0-)</b>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TONI CANNATA DIRECTOR	2.00	0	0	0
DAVID FORTUNE DIRECTOR	2.00	0	0	0
CHRIS YEE DIRECTOR	2.00	0	0	0
DAVID AMUNDSON DIRECTOR	2.00	0	0	0
BERT GUTIERREZ PRESIDENT	3.00	0	0	0
RAY HEINEN VICE PRESIDENT	3.00	0	0	0
MIKE DE LA CRUZ TREASURER	3.00	0	0	0
RICK KNUBLEY SECRETARY	3.00	0	0	0
MARY MARTINEZ ADMIN ASSISTANT	3.00	0	0	0
DON HUTTON PAST PRESIDENT	3.00	0	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 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	37b	
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
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	40d	
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	No
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. ► _____		
The organization's books are in care of ► MIKE DE LA CRUZ		Telephone no. ► (713) 542-1923
42a 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: ► _____	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	No
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 <b>Form 1041</b> - Check here ► <input type="checkbox"/> 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	

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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	48	
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	49a	
b If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	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 . . . . .  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.)
<p><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)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b> 0</p>

# 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.

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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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.

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>GOLF OUTING</b> (event type)	(b) Event #2 <b>CHRISTMAS EVENT</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
<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
<b>Direct Expenses</b>				
<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))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<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: \_\_\_\_\_

**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:

<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
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

**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:	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 BRENNNA 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 BRENNNA SWIENTONIOSK 1,600.00 09/17/2019 BREELY SWIENTONIOSK 1,400.00 09/18/2019 COLLIN DUBROS 1,100.00 09/19/2019 BROOK ELLIOT 950.00 09/19/2019 CHANDLER ELLIOT 1,000.00 09/19/2019 MADELINE CRANFORD 950.00 09/23/2019 CORBIN COCHRAN 550.00 09/24/2019 DANNY MALONE 900.00 09/24/2019 ANDREW LITZINGER 1,600.00 09/24/2019 UNNAMED 840.00 09/26/2019 KASI VITA 950.00 09/30/2019 CLAIR BAKER 900.00 09/30/2019 CARI BAKER 800.00 10/01/2019 MADISON DISHAW 1,200.00 10/02/2019 GABRIEL PHILLIPS 1,100.00 10/02/2019 ELISE SHAUF 1,100.00 TOTAL FOR SCHOLARSHIP AWARDS 36,340.00