

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.

2020

Open to  
Public  
Inspection

## A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

|  |            |  |
|--|------------|--|
| C Name of organization<br>Northeastern Chemical Association Inc  |            | D Employer identification number<br>22-2589832 |
| Number and street (or P. O. box, if mail is not delivered to street address)<br>12434 Santiago Cove Ln | Room/suite | E Telephone number<br>(914) 419-8077           |
| City or town, state or province, country, and ZIP or foreign postal code<br>Houston, TX 77041          |            | 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: ► [Necalinc.org](http://Necalinc.org)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 . . . . . ► \$ 7,753

## 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  | 0     |
|          | 2 Program service revenue including government fees and contracts . . . . .  | 2  | 2,928 |
|          | 3 Membership dues and assessments . . . . .  | 3  | 4,800 |
|          | 4 Investment income . . . . .  | 4  | 25    |
|          | 5a Gross amount from sale of assets other than inventory . . . . .   | 5a |       |
|          | b Less: cost or other basis and sales expenses . . . . .   | 5b | 0     |
|          | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5c | 0     |
|          | 6 Gaming and fundraising events  |    |       |
|          | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a |       |
| Expenses | 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 | 0     |
|          | c Less: direct expenses from gaming and fundraising events . . . . .   | 6c | 0     |
|          | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | 6d | 0     |
|          | 7a Gross sales of inventory, less returns and allowances . . . . .   | 7a |       |
|          | b Less: cost of goods sold . . . . .   | 7b | 0     |
|          | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | 7c | 0     |
|          | 8 Other revenue (describe in Schedule O) . . . . .   | 8  |       |
|          | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►   | 9  | 7,753 |

|            |   |    |         |
|------------|---|----|---------|
| Net Assets | 10 Grants and similar amounts paid (list in Schedule O) . . . . .   | 10 | 9,500   |
|            | 11 Benefits paid to or for members . . . . .  | 11 |         |
|            | 12 Salaries, other compensation, and employee benefits . . . . .  | 12 |         |
|            | 13 Professional fees and other payments to independent contractors . . . . .  | 13 | 1,000   |
|            | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14 |         |
|            | 15 Printing, publications, postage, and shipping . . . . .  | 15 |         |
|            | 16 Other expenses (describe in Schedule O) . . . . .  | 16 | 5,946   |
|            | 17 Total expenses. Add lines 10 through 16 . . . . . ►  | 17 | 16,446  |
|            | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 | -8,693  |
|            | 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 | 116,088 |
|            | 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20 |         |
|            | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .  | 21 | 107,395 |



**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. ► <span style="border: 1px solid black; padding: 2px;">37a</span>   | 37a |    |
| b Did the organization file <b>Form 1120-POL</b> for this year?   | 37b | 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?   | 38a | No |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved  | 38b |    |
| 39 Section 501(c)(7) organizations. Enter:  | 39a | 0  |
| a Initiation fees and capital contributions included on line 9  | 39b | 0  |
| b Gross receipts, included on line 9, for public use of club facilities   |     |    |
| 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. ► _____   |     |    |
| The organization's books are in care of ► <u>Tracie McCall</u> Telephone no. ► (734) 812-2990   |     |    |
| 42a Located at ► <u>11631 US Rt 23 Catlettsburg, KY</u> ZIP + 4 ► <u>41129</u>  |     |    |
| 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 <b>Form 1041</b> - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <span style="border: 1px solid black; padding: 2px;">43</span>   |     |    |
| 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 | 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** Yes 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 . . . . .

**47** Yes No

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

**48** Yes No

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

**49a** Yes No

**49b** If "Yes," was the related organization a section 527 organization? . . . . .

**49b** Yes No

**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.

**Sign Here**

\*\*\*\*\*  
Signature of officer

2021-05-06

Date

Tracie McCall Treasurer

Type or print name and title

|                               |   |                      |      |  |                   |
|-------------------------------|---|----------------------|------|--|-------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Ellen McLiverty         | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br>P01055021 |
|                               | Firm's name ► Ellen M McLiverty CPA                   |                      |      | Firm's EIN ►   |                   |
|                               | Firm's address ► 12 Teakwood Ln<br>New City, NY 10956 |                      |      | Phone no. (914) 419-8077                                   |                   |

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-2589832  
**Name:** Northeastern Chemical Association Inc

### 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<br>(Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) |
|--|---|
| <p><b>28</b><br/>Dissemination of information regarding the marketing, distribution, purchasing, manufacturing and/or consumption of chemicals in the northeastern US and Canada<br/>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> | <p><b>28a</b></p>   |

**Form 990EZ, 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. 

| <b>(a) Name and title</b>          | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|------------------------------------|---|---|--|---|
| Robert Sittman President           | 3.00  | 0   | 0  | 0   |
| Marcus Garcia Vice President       | 3.00  | 0   | 0  | 0   |
| Tracie McCall Treasurer            | 3.00  | 0   | 0  | 0   |
| Matt Rush Corresponding Secretary  | 3.00  | 0   | 0  | 0   |
| Helen Speakman Recording Secretary | 3.00  | 0   | 0  | 0   |
| Dave Patten Director               | 3.00  | 0   | 0  | 0   |
| Patrick Foley Director             | 3.00  | 0   | 0  | 0   |
| Erica Ferreira Director            | 3.00  | 0   | 0  | 0   |
| Patrick Forker Director            | 3.00  | 0   | 0  | 0   |
| Matt Cardillo Director             | 3.00  | 0   | 0  | 0   |
| Stephanie Grosch Director          | 3.00  | 0   | 0  | 0   |
| Sam McGuinness Director            | 3.00  | 0   | 0  | 0   |
| John Haggerty Director             | 3.00  | 0   | 0  | 0   |

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

Department of the Treasury

**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.

**2020****Open to Public  
Inspection**

Name of the organization

Northeastern Chemical Association Inc

Employer identification number

22-2589832

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| Form 990EZ,<br>Part I, Line<br>10 | Scholarship; Scholarship; Queens College: 99 University Avenue, Kingston, Ontario, , ; , Scholarship 07/01/2020 2500. 2500.<br>2500. |

# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation  |
|-----------------------------------|--|
| Form 990EZ,<br>Part I, Line<br>10 | Scholarship; Scholarship; Liberty Science Center: 222 Jersey City Blvd, Jersey City, NJ, 07305; , Cash 06/01/2020 5000. 5000.<br>5000. |

# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| Form 990EZ,<br>Part I, Line<br>10 | Scholarship; Scholarship; East Side High School : 1300 Brushy Creek Road , Taylors, SC, 29687; , Cash 03/01/2020 1000. 1000.<br>1000. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| Form 990EZ,<br>Part I, Line<br>10 | Scholarship; Scholarship; Stevenson University: 1525 Greenspring Valley Road, Stevenson, MD, 211530641; , Cash 03/01/2020<br>1000. 1000. 1000. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                    |
|-----------------------------------|--------------------------------|
| Form 990EZ,<br>Part I, Line<br>16 | Credit Card Service Fees 1061. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation     |
|-----------------------------------|-----------------|
| Form 990EZ,<br>Part I, Line<br>16 | Insurance 1108. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                   |
|-----------------------------------|-------------------------------|
| Form 990EZ,<br>Part I, Line<br>16 | Program Meeting Expense 3000. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation   |
|-----------------------------------|---------------|
| Form 990EZ,<br>Part I, Line<br>16 | Supplies 777. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                | Explanation       |
|------------------------------------|-------------------|
| Form 990EZ,<br>Part II, Line<br>24 | Deposit 0. 11000. |