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Form **990**

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.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 02/01 , 2015, and ending 01/31 , 20 16

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **Houston Striders Inc**

Doing business as

Number and street (or P O box if mail is not delivered to street address) **PO Box 572426** Room/suite

City or town, state or province, country, and ZIP or foreign postal code **Houston, TX, 77257**

D Employer identification number **76-0365370**

E Telephone number **713-780-9246**

G Gross receipts $ **433,812**

F Name and address of principal officer **Mark Coleman**
PO Box 572426, Houston, TX 77257

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

H(c) Group exemption number ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1985**

M State of legal domicile **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Support runners and running as a competitive sport and as healthy exercise.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,767	34,252
9	Program service revenue (Part VIII, line 2g)	372,295	399,328
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	226	222
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,460
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,288	431,342
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	133,272	106,400
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	221,059	257,198
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	354,331	363,598
19	Revenue less expenses. Subtract line 18 from line 12	22,957	67,744

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	292,560	361,024
21	Total liabilities (Part X, line 26)	417	2,738
22	Net assets or fund balances. Subtract line 21 from line 20	292,143	358,286

Part II Signature Block

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 Date

▶ **Keith Willhelm, Treasurer**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

G2
M 2-12