

EXTENDED TO NOVEMBER 16, 2026

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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/Form990 for instructions and the latest information.**2025**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning and ending													
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization GREATER HOUSTON VOLLEYBALL ASSOCIATION</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">8835 WHEAT CROSS DR.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77095</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOELLEN SAULSBERRY 18122 SHORELINE VISTA LN, CYPRESS, TX 77433</td> </tr> </table>	C Name of organization GREATER HOUSTON VOLLEYBALL ASSOCIATION		Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	8835 WHEAT CROSS DR.		City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77095		F Name and address of principal officer: JOELLEN SAULSBERRY 18122 SHORELINE VISTA LN, CYPRESS, TX 77433	
C Name of organization GREATER HOUSTON VOLLEYBALL ASSOCIATION													
Doing business as													
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite												
8835 WHEAT CROSS DR.													
City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77095													
F Name and address of principal officer: JOELLEN SAULSBERRY 18122 SHORELINE VISTA LN, CYPRESS, TX 77433													
D Employer identification number 76-0570381													
E Telephone number (281)-578-6046													
G Gross receipts \$ 991,739.													
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: WWW.TEXASTORNADOS.ORG													
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other													
L Year of formation: 1998 M State of legal domicile: TX													

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TRAINING AND SUPPORT OF TEXAS TORNADOS VOLLEYBALL CLUB PLAYERS		
	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)	2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	1	
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	38	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	9.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,135,566.	991,730.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,976.	9.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,142,542.	991,739.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	579,834.	506,446.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	609,476.	592,597.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,189,310.	1,099,043.
	19	Revenue less expenses. Subtract line 18 from line 12	-46,768.	-107,304.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	250,333.	121,628.
	21	Total liabilities (Part X, line 26)	36,177.	15,111.
	22	Net assets or fund balances. Subtract line 21 from line 20	214,156.	106,517.

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	
	JOELLEN SAULSBERRY, PRESIDENT/DIRECTOR			
	Type or print name and title			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ self-employed PTIN
	KATHRYN T. GIBSON, CPA	KATHRYN T. GIBSON, C	06/26/26	P00978886
	Firm's name	Firm's EIN		
	FITTS, ROBERTS, KOLKHORST & CO PC	74-1699466		
	Firm's address	Phone no.		
	5718 WESTHEIMER, STE 1900	713-260-5230		
	HOUSTON, TX 77057			

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25