efil	e Pu	ublic Visu	al Render	ObjectId	: 2022031993493	331325 - Sub	omissior	n: 202	22-11	-15	Т	IN: 26-	0187498
,i	00	20	R	eturn of (Organization	Exempt	From	Inco	ome	Tax		OMB No.	1545-0047
Form	3:	90	Under sectio	on 501(c), 527,	or 4947(a)(1) of the	• Internal Reven	nue Code	(excep	ot priva	ate founda	tions)	20	21
		f the Treasury nue Service			<u>s.gov/Form990</u> for		,		•			-	o Public ection
A F	or th	ne 2021 ca	i i		eginning 01-01-202	21 , and endin	ng 12-31-	-2021					
		applicable:	C Name of orga BAYOU CITY N	nization VATERKEEPER IN(2					D Employ	er identi	fication n	umber
_		change hange								26-018	7498		
	itial re	-	Doing busines	is as									
_		rn/terminated								E Telephor	ne numbe	r	
		ed return tion pending		street (or P.O. box oop West Suite 10	if mail is not delivered to 3	o street address)	Room/suite	e		(713) 7	14-8442	>	
-			City or town,	state or province,	country, and ZIP or forei	ign postal code				(713)7	11011	-	
			Houston, TX			5 1				G Gross re	eceipts \$	339,481	
			F Name and Avanna Jolive	address of prin	ncipal officer:			H(a)	Is this	a group re	turn for		
			4101 Woodsl	nire St						dinates?	•••	ΠY	es 🗹 No
7 Te			Houston, TX					H(b)	includ	l subordinat ed?	tes	ר 🗆	∕es □No
		mpt status:) ◀ (insert no.) 🛛 4	947(a)(1) or	527			," attach a l			ons.
JW	ebsi	ite: 🕨 www	v.bayoucitywa	terkeeper.org				п(с)	Group	exemption	numbei		
K For	n of c	organization:		n 🗌 Trust 🗌	Association 🗌 Other 🕨			L Year o	of forma	tion: 2007	M State	of legal de	omicile: TX
	art I	Sumi Briefly des											
Pá	1 1				on or most significant	activities							
		Bayou City	Waterkeeper	utilizes science	on or most significant , policy and the law, i	n collaboration v							
		Bayou City	Waterkeeper	utilizes science		n collaboration v							
		Bayou City	Waterkeeper	utilizes science	, policy and the law, in	n collaboration v							
		Bayou City achieve eq	Waterkeeper uitable policy	utilizes science	, policy and the law, in	n collaboration v							
Governance		Bayou City achieve eq Check this	Waterkeeper uitable policy	utilizes science solutions, and a	, policy and the law, in	n collaboration v nange to benefit	all who li	ve with					
Governance	2	Bayou City achieve eq Check this Number o	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove	, policy and the law, in advance systematic ch	n collaboration wange to benefit	all who li	ve with			veston B		shed.
Governance	2 3	Bayou City achieve eq Check this Number of	Waterkeeper uitable policy s box f voting meml f independent	utilizes science solutions, and a pers of the gove voting membe	, policy and the law, in advance systematic ch erning body (Part VI, I	n collaboration w nange to benefit ine 1a) ody (Part VI, line	all who li	ve with			veston B		shed. 9
Governance	2 3 4 5 6	Bayou City achieve eq Check this Number o Number o Total num Total num	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe ials employed i ers (estimate if	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021	n collaboration v nange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) 	all who li	• • • •			3 3 4 5 6		9 9 3 20
	2 3 4 5 6 7a	Bayou City achieve eq Check this Number o Number o Total num Total num	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe uals employed i ers (estimate if s revenue from	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C),	n collaboration v hange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12	all who li	• • • •			3 3 4 5 6 7a		9 9 3 20 0
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Activities & Governance	2 3 4 5 6 7a b 8	Bayou City achieve eq Check this Number o Number o Total num Total num Total num Contributi	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 F necessary) Part VIII, column (C), from Form 990-T, Par	n collaboration wange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12 rt I, line 11 .	all who li	• • • •	nin the	Lower Galv	422		9 9 3 20 0 0 t Year 331,548
Activities & Governance	2 3 4 5 6 7 a b 8 9	Bayou City achieve eq Check this Number o Number o Total num Total num Total num Contributi Program s	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 necessary) Part VIII, column (C), from Form 990-T, Par 1h)	n collaboration v hange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12 rt I, line 11 .	all who li	• • • •	nin the	Lower Galv	3 4 5 6 7a 7b 422 0		9 9 3 20 0 0 t Year 331,548 0
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Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Contributi Program s Investme Other rev Total reve	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line t VIII, column (, column (A), li s 8 through 11	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part (1h) (2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c	n collaboration wange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12 rt I, line 11 .) ; and 11e) column (A), line	all who li	• • • •	nin the	Lower Galv	veston B 3 4 5 6 7a 7b 422 0 395 253		9 9 9 3 20 0 t Year 331,548 0 364 7,569
Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Otal unrela Net unrela Piogram s Investme Other rev Total reve Grants an	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part (1) 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII,	n collaboration v hange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12 t I, line 11 . 	all who li	• • • •	nin the	Lower Galv	veston B 3 4 5 6 7a 7b 422 0 395 253		9 9 3 20 0 0 t Year 331,548 0 331,548 0 331,548
Revenue Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13 14	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total unrel Net unrel Net unrel Contributi Program s Investme Other rev Total reve Grants an Benefits p	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe ials employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line e (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part I	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Par (1h) (2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines (1)	n collaboration we hange to benefit whange to benefit whange to benefit with a second	all who li	• • • •	nin the	Lower Galv	veston B 3 4 5 6 7a 7b 7b 253 0 0 253 0 0 0 0 0 0 0 0		9 9 3 20 0 t Year 331,548 0 331,548 0 339,481 0 339,481 0
Revenue Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16;	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Other num Net unrela Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part IX, sation, employed plees (Part IX,	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part 2 1h) 2 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines 1 X, column (A), line 11e)	n collaboration we hange to benefit whange to benefit whange to benefit with a second	all who li 1b)	• • • •	nin the	Lower Galv	veston B 3 4 5 6 7a 7b 7b 253 0 0 253 0 0 0 0 0 0 0 0		9 9 9 3 20 0 t Year 331,548 0 331,548 0 339,481 0 0 0 0 0 0
Revenue Activities & Governance	2 3 4 5 6 7 a b 10 11 12 13 14 15 16a b	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Otal num Net unrela Program s Investme Other rev Total reve Grants an Benefits p Salaries, Professio Total fundra	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line e (Part VIII, line t VIII, column (A), li s 8 through 11 unts paid (Part hembers (Part I sation, employed fees (Part IX, column	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 necessary) Part VIII, column (C), from Form 990-T, Part (Part VIII, column (C), from Form 990-T, Part (Part VIII, column (C), from Form 990-T, Part (C), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines 3 X, column (A), line 3 (C), line 25) (25,349	n collaboration v hange to benefit ine 1a) ody (Part VI, line (Part V, line 2a) line 12 rt I, line 11 . 	all who li	• • • •	nin the	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b		9 9 9 3 20 0 0 331,548 0 364 7,569 339,481 0 244,973 1,073
Activities & Governance	2 3 4 5 6 7 a b 10 11 12 13 14 15 16a b 17	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Otal unrel Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line t VIII, column (A), li s 8 through 11 unts paid (Part hembers (Part IX, pert IX, column , column (A), li	policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Par a 1h) e 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines a X, column (A), lines a X, column (A), line 4) the benefits (Part IX, co column (A), line 11e) (D), line 25) ▶25,349 nes 11a–11d, 11f–240	n collaboration we hange to benefit we hange to be	all who li	• • • •	nin the	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b		9 9 9 3 20 0 0 331,548 0 364 7,569 339,481 0 244,973 1,073 125,842
Revenue Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16 i b 17 18	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Other num Other rev Total reve Grants an Benefits p Salaries, Other exp Total fundra Other exp	Waterkeeper uitable policy	utilizes science solutions, and a bers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part I sation, employed fees (Part IX, column , column (A), li s 13–17 (must	policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part 2 1h) 2 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines 1 X, column (A), line 4) the benefits (Part IX, co column (A), line 11e) (D), line 25) ▶25,349 nes 11a–11d, 11f–244 requal Part IX, column	n collaboration we hange to benefit we hange to be	all who li	• • • •	nin the	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b		9 9 9 33 20 0 0 331,548 0 339,481 0 244,973 1,073 125,842 371,888
Explenses Revenue Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16 i b 17 18	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Other num Other rev Total reve Grants an Benefits p Salaries, Other exp Total fundra Other exp	Waterkeeper uitable policy	utilizes science solutions, and a bers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part I sation, employed fees (Part IX, column , column (A), li s 13–17 (must	policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Par a 1h) e 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines a X, column (A), lines a X, column (A), line 4) the benefits (Part IX, co column (A), line 11e) (D), line 25) ▶25,349 nes 11a–11d, 11f–240	n collaboration we hange to benefit we hange to be	all who li		Prid	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b	Curren	9 9 9 3 20 0 0 331,548 0 331,548 0 364 7,569 339,481 0 244,973 1,073 125,842 371,888 -32,407
Explenses Revenue Activities & Governance	2 3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16 i b 17 18	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Other num Other rev Total reve Grants an Benefits p Salaries, Other exp Total fundra Other exp	Waterkeeper uitable policy	utilizes science solutions, and a bers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part I sation, employed fees (Part IX, column , column (A), li s 13–17 (must	policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part 2 1h) 2 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines 1 X, column (A), line 4) the benefits (Part IX, co column (A), line 11e) (D), line 25) ▶25,349 nes 11a–11d, 11f–244 requal Part IX, column	n collaboration we hange to benefit we hange to be	all who li		Prid	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b		9 9 9 3 20 0 0 331,548 0 331,548 0 364 7,569 339,481 0 244,973 1,073 125,842 371,888 -32,407
Explenses Revenue Activities & Governance	2334 567a 91011 1213 141516i 1516i 1718 19	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Other num Net unrela Net unrela Contributi Program s Investme Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe Revenue	Waterkeeper uitable policy	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line t VIII, column (, column (A), li s 8 through 11 unts paid (Part hembers (Part IX, sation, employe fees (Part IX, column , column (A), li s 13–17 (must Subtract line 1	policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Part 2 1h) 2 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines 1 X, column (A), line 4) the benefits (Part IX, co column (A), line 11e) (D), line 25) ▶25,349 nes 11a–11d, 11f–244 requal Part IX, column	n collaboration we hange to benefit we hange to be	all who li		Prid	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b	Curren	9 9 9 3 20 0 0 331,548 0 331,548 0 364 7,569 339,481 0 244,973 1,073 125,842 371,888 -32,407
Revenue Activities & Governance	2 3 4 5 6 7 a b 7 a b 10 11 12 13 14 15 16a b 17 18 19 20 21	Bayou City achieve eq Check this Number of Number of Total num Total num Total num Total num Total num Total num Other num Other rev Total reve Grants an Benefits p Salaries, of Professio Total fundra Other exp Total expe Revenue of Total asse Total liabi	Waterkeeper uitable policy is box f voting meml f independent ber of individu ber of volunte elated business ated business ated business ons and grant service revenu nt income (Part enue (Part VIII nue—add line; d similar amo baid to or for n other compens nal fundraising aising expenses (Part IX enses. Add line; ess expenses. ets (Part X, line; lities (Part X, line;	utilizes science solutions, and a pers of the gove voting membe als employed i ers (estimate if s revenue from taxable income s (Part VIII, line e (Part VIII, line e (Part VIII, line t VIII, column (A), li s 8 through 11 unts paid (Part hembers (Part IX, column (A), li s 13–17 (must Subtract line 1 e 16) ine 26)	, policy and the law, in advance systematic ch erning body (Part VI, I rs of the governing bo n calendar year 2021 f necessary) Part VIII, column (C), from Form 990-T, Par e 1h) e 2g) A), lines 3, 4, and 7d nes 5, 6d, 8c, 9c, 10c (must equal Part VIII, IX, column (A), lines f X, column (A), line f t, column (A), line 11e) (D), line 25) 25,349 nes 11a–11d, 11f–246 equal Part IX, column 8 from line 12 .	n collaboration we hange to benefit we hange to be	all who li		Prid	Lower Galv	Veston B 3 4 5 6 7a 7b 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7b 7b 7b 7b 7b 7b 7b 7b 7b	Curren	9 9 3 20 0 0 t Year 331,548 0 331,548 0 331,548 0 339,481 0 0 244,973 1,073 1,073 1,073 1,073 1,25,842 371,888 -32,407 Year

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

						2022-11-14			
Sign		nature of officer				Date			
Here	Da	vid Popken Board							
	V iy	be or print name a		Derive to device a		DTA			
Paic	ł	Print/Type prep	arer's name	Preparer's signature	Date	Check if self-employed			
Pre	parer	Firm's name	•			Firm's EIN 🕨			
Use	Only	Firm's address	•			Phone no.			
				nown above? (see instructi	ons)	0	Yes	-	
For P	aperwork	Reduction Act	Notice, see the s	eparate instructions.	Cat	No. 11282Y	Fo	rm 99	0 (2021)
				Page 2	2				
	990 (2021)		noguom Comico	Accomplichmente					Page 2
Par			-	Accomplishments	aic Part III				\square
1			ization's mission:	se or note to any line in th			• •	• •	0
				the law, in collaboration w			l systen	ns, achi	ieve
equita	able policy s	solutions, and a	dvance systematic o	change to benefit all who l	ive within the Lower Galv	eston Bay watershed.			
2	Did the or	ganization unde	rtake any significant	t program services during	the year which were not	listed on			
	the prior F	orm 990 or 990	-EZ?				🗌 Ye	es 🔽	No
2	-		w services on Sche						
3	services?		e conducting, or ma	ke significant changes in h	low it conducts, any prog	am		Yes	No
			anges on Schedule	0.			0	163	
4			-	accomplishments for each	of its three largest progra	m services, as measure	d by ex	penses	
			L(c)(4) organization ach program service	is are required to report the reported.	e amount of grants and a	llocations to others, the	e total e	xpense	s,
4a	(Code:) (Expenses \$	90,104 including gr	ants of \$	0) (Revenue \$		0)	
		: Through enforce y and environment		oring gaps, we strengthen com	pliance with the Clean Water	Act and address legacy poll	ution lead	ding to ir	mproved
			tal justice.						
4b	(Code:) (Expenses \$	84,305 including gr	ants of \$	0) (Revenue \$		0)	
				on and enforcement, we protect ower Galveston Bay watersheet		nd require responsible deve	lopment	to secure	e cleaner
4c	(Code:) (Expenses \$	100,834 including gr	ants of \$	0) (Revenue \$		0)	
		e Transitions: Throustrengthening com		cation, we protect front line cli	mate and flood resilience by a	dvocating for nature-based	solutions	, advan	cing
			maniey capacity.						
4d	Other prog	gram services ([Describe in Schedule	e O.)					
	(Expenses	•		ding grants of \$	0) (Revenue	2 \$	0)		
4e	Total pro	gram service e	expenses 🏲	275,243			F	orm 99	0 (2021)
									• (2021)
				Page 2	3				
Form	990 (2021)								Da a a 3
	, ,		quired Schedul	es					Page 3
								Yes	No
1	Is the orga Schedule A	anization descrit	ped in section 501(c	c)(3) or 4947(a)(1) (other	than a private foundation)? If "Yes," complete	1	Yes	
2			ed to complete Sche	edule B, Schedule of Contr	ibutors? See instructions	S	2	Yes	
3	Did the or	ganization enga	ge in direct or indire	ect political campaign activ	vities on behalf of or in op				No
	for public of	office? If "Yes,"	complete Schedule	C, Part I		• •	3		
4				organization engage in lot " complete Schedule C, Pa					_
		chect during th	ie tak yeai: 11 185,	complete Schedule C, Fo	ait il 1 1 1 1 1 1		4		No

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional **	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 990) (2021)

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Form 990 (2021) Page 4 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 22 No column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's 23 No current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 complete Schedule J . **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and* No

		24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ĺ	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	 T	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		1 63	.10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2021)
	Dage 5			
Form	990 (2021)			Page 5

Pa	art V	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinu	ved)			
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered by eturn	2a		3		
b		least one is reported on line 2a, did the organization file all required federal employ • If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. S			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during the			3a		No

b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Image: Comparison of the state		
	Gross income from other sources. (Do not net amounts due or paid to other sources		
U	against amounts due or received from them.)		
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120	
5	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
С	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

	<i>lines</i> 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management	•••	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No No
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			-
b 11a	Did the organization have local chapters, branches, or affiliates?	10a		-
b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	-
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	-
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	-
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes	-
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No
b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes	No
b 111a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
b 111a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes	No No No
b 111a b 12a c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No No
b 11a b 12a c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No No
b 111a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No No
b 111a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes	No No No No

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 \checkmark Own website \square Another's website \checkmark Upon request \square Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Bayou City Waterkeeper David Popken 2010 North Loop West Suite 103 Houston, TX 77018 (713) 714-8442

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Part VII	Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours	Positio than o is b	on (do one bo	(C c no c no c no c n of) t ch unle: ficer	eck me ss pers	ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) Ayanna Jolivet McCloud Executive Director	50	х						43,333	0	0
(2) Lindsay Dofelmier Board Member	2	х						0	0	0
(3) Phillip Beckett Board Member	1	х						0	0	0
(4) Jorge Bustamante Vice Chair	1	х						0	0	0
(5) David Popken Board Chairperson	4			x				0	0	0
(6) Rachel Powers Treasurer	2			x				0	0	0
(7) Elizabeth Bland Secretary	2			x				0	0	0

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Pa	rt VII Section A. Officers, Direct	tors, Trustee	s, Key	Emp	loye	es,	and	Higł	nest Compensate	ed Employees (C	ontin	ued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o is b	one b	ox, ι in of tor/t	t che unles ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC/1099-NEC)	n no	(F) Estima mount o compens from t ganizati relate organiza	ted f other sation the on and ed
				99			ated						
											_		
											+		
											+		
											+		
											1		
											+		
1b 9	Sub-Total	<u> </u>		<u> </u>			•						
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	art VII, Section			•				43,333	0			0
2	Total number of individuals (including	but not limited	to thos		ed a	bove	e) who	rece					
	of reportable compensation from the	organization 🕨	0									Yes	No
3	Did the organization list any former line 1a? If "Yes," complete Schedule			ee, ke	ey ei •	mplo •	oyee, c	or hig •	ghest compensated	employee on	3	162	No
4	For any individual listed on line 1a, is organization and related organization individual									n the			
5	Did any person listed on line 1a recei		•						5		4		No
	services rendered to the organization	• •	lete Sch	edule	e J fo	or su	ich pei	rson			5		No
56	ection B. Independent Contract	Ors											

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization ≥ 0	eceived more than \$100,000 of	

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art VIII Statement of Revenue	to to any line in this Dort)	./11		ſ
Check if Schedule O contains a response or no	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
Federated campaigns 1a tributions, 0			•	•
s Grants 1b Membership dues 1b erAmt 0				
ilar Fundraising events <u>1c</u> 5,893				
Related organizations 1d				
Government grants (contributions) 1e				
All other contributions, gifts, grants, and similar amounts not included above 1f				
325,655 Noncash contributions included in				
lines 1a - 1f:\$ 1g				
0 Total. Add lines 1a-1f ►	331,548			
Busines	s Code			
2a				
2				
2				
f All other program service revenue.				
9 Total. Add lines 2a–2f b	0		•	•
3 Investment income (including dividends, interest, and	other			0
similar amounts)	-	.64 364		
4 Income from investment of tax-exempt bond proceeds	i	0 0		0
5 Royalties		0 0		0
(i) Real (ii) Pers				
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c 0	0			
d Net rental income or (loss)	F			
(i) Securities (ii) Ot	her			
7a Gross amount from sales of assets other than inventory				
b Less: cost or other basis and 7b				

c Gain or (loss) 7c 0	0			
d Net gain or (loss)	· · •			
 a Gross income from fundraising events (not including \$ 5,893 of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Bb c Net income or (loss) from fundraising events 				
c Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities .				
10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory				
	Business Code			
11a b				
c				
d All other revenue	7,569	7,569	0	(
e Total. Add lines 11a–11d	. ► 7,569			
12 Total revenue. See instructions	7,309			
	339,481	7,933	0	
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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organizatio	ns must complete co	lumn (A).
Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,400	42,570	25,206	16,624
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	131,097	129,376	433	1,288
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,750	10,510	2,440	800
10 Payroll taxes	15,726	12,483	1,862	1,381
11 Fees for services (non-employees):				
a Management				
b Legal	299	299		

Page **10**

C	Accounting	18,858		18,858	
c	i Lobbying				
e	Professional fundraising services. See Part IV, line 17	1,073			1,073
f	Investment management fees				
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,553	40,553		
12	Advertising and promotion	905		905	
13	Office expenses	1,371	1,053	256	62
14	Information technology	8,190	4,392	3,488	310
15	Royalties				
16	Occupancy	25,262	19,315	4,482	1,465
17	Travel	1,325	477	832	16
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,958	10,672	2,476	810
23	Insurance	6,249		6,249	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Membership and Dues	769	643	126	0
	b Professional Development	5,320	2,180	2,700	440
	c Board Expenses	983	0	983	0
	d Events	1,080	0	0	1,080
	e All other expenses	720	720		
25	Total functional expenses. Add lines 1 through 24e	371,888	275,243	71,296	25,349
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

------ Page 11 ----

Form	า 990	(2021)					Page 11
Part X Bala		Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			252,271	1	164,190
	2	Savings and temporary cash investments $\ .$		[201,354	2	301,719
	3	Pledges and grants receivable, net			76,000	3	0
	4	Accounts receivable, net	260	4	260		
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in s			6		
\$	7	Notes and loans receivable, net		[7	
ssets	8	Inventories for sale or use				8	
ŝ	9	Prepaid expenses and deferred charges			3,500	9	5,687
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	65,692			
	b	Less: accumulated depreciation	10b	29,295	44,975	10c	36,397
	11	Investments—publicly traded securities .	L1			11	
	12	Investments-other securities. See Part IV, line	11 .	F		12	i

1			1	1
	13	Investments—program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11 1,259	15	1,259
	16	Total assets. Add lines 1 through 15 (must equal line 33)579,615	16	509,512
	17	Accounts payable and accrued expenses	17	0
	18	Grants payable	18	0
	19	Deferred revenue	19	0
	20	Tax-exempt bond liabilities	20	0
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	23	0
	24	Unsecured notes and loans payable to unrelated third parties	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25 .<	26	0
lances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	27	509,512
Ba	28	Net assets with donor restrictions	28	0
or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	29	
sts	30	Paid-in or capital surplus, or land, building or equipment fund	30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds	31	
Net Assets	32	Total net assets or fund balances 541,919	32	509,512
Ne	33	Total liabilities and net assets/fund balances	33	509,512
				Farma 000 (2021)

2a

2b

I

Yes

No

Page 12

Form	n 990 (2021)			Page 12
Pa	Art XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		339,481
2	Total expenses (must equal Part IX, column (A), line 25)	2		371,888
3	Revenue less expenses. Subtract line 2 from line 1	3		-32,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		541,919
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		509,512
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			

□ Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

□ Separate basis □ Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes' check a how helow to indicate whether the financial statements for the year were audited on a senarate basis

	consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2021)

Additional Data

Software ID: 21013178 **Software Version:** v1.00

Form 990, Special Condition Description:

Special Condition Description

Return to Form

efile Public Visual Render				ObjectId: 2	02203199349331	1325 - Subm	ission: 2022-	11-15	TIN: 26-0187498
SCHEDULE A				Public (Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047
(For	HEDULE A m 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section							2021	
Depart	ment of th	ne Treasury			4947(a)(1) nonexe Attach to Form 9				
Interna	Revenue	e Service		Go to <u>www.irs</u>	<u>.gov/Form990</u> for ir			ormation.	Open to Public Inspection
		ne organiza						Employer identif	
BAYO	JCITY	WATERKEEPER	INC					26-0187498	
	rt I				us (All organizations it is: (For lines 1 thro			See instructions.	
1					sociation of churches of	5 ,	, ,	(A)(i).	
2					1)(A)(ii). (Attach Sch				
3					vice organization descr	-		iii).	
4		A medical	research orga	nization operate	ed in conjunction with	a hospital descr	ibed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
	0	name, city,	and state:		-				·
5					t of a college or univer	sity owned or o	perated by a gov	ernmental unit desc	ribed in section
6	\square			mplete Part II.) government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7	\square	An organiz	ation that no	mally receives	a substantial part of its	s support from a	a governmental u	nit or from the gene	ral public described in
8				(vi). (Complete ribed in sectior	Part II.) 170(b)(1)(A)(vi). (Complete Part I	п.)		
9							•	with a land-grant co	llege or university or a
		non-land g	rant college o	of agriculture. S	ee instructions. Enter t	he name, city, a	and state of the o	college or university:	-
10		from activi	ties related to	o its exempt fun	(1) more than 331/3% ctions—subject to cert ess taxable income (le	ain exceptions,	and (2) no more	than 33 1/3% of its	
	_	30, 1975.	See section	509(a)(2). (Co	mplete Part III.)				organization area sand
11			•	•	l exclusively to test for	• •			
12		more publi	cly supported	l organizations o	l exclusively for the be lescribed in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2)). See section 509	
а		organizatio	on(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	ent of the sup		ervised or controlled ir ation vested in the san				
с		Type III f	unctionally	integrated. A s	supporting organization ons). You must com				ated with, its
d		Type III r	non-function	ally integrate	<i>'</i>	zation operated	in connection with	th its supported orga	anization(s) that is not quirement (see
е	\square		,	-	t IV, Sections A and ved a written determin	•		ne I Type II Type I	II functionally
_		integrated,	or Type III n	on-functionally	integrated supporting	organization.			
f g				2	pported organization(· · · · · · · · -	
		lame of sup	ported	(ii) EIN	(iii) Type of	(iv) Is the org	anization listed	(v) Amount of	(vi) Amount of
		organizatio	n		organization (described on lines 1- 10 above (see instructions))	in your govern	ning document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
Tota	1								
	-	vork Reduc or 990-EZ.	tion Act Not	tice, see the Ir	structions for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2021
					Pag	je 2 ———			
Sche	dule A	(Form 990)	2021						Daga 3
	rt II	. ,		e for Organiz	ations Described	in Sections 1	L70(b)(1)(A)	(iv) and 170(b)	Page 2
		(Compl	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I (or if the organi	zation failed to qu	alify under Part III.
Se	ction	A. Public		ralled to qual	fy under the tests li	isted below, p	iease complete	Part III.)	
	ndar			I	I		Γ	I	1

	ieiiuai yeai	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o 1	r fiscal year beginning in)	(4) 2022	(1) 1010	(0) 2020	(4) 2020	(0) ====	(1) 1000
•	membership fees received. (Do not						
2	include any "unusual grant.") . . Tax revenues levied for the						
2	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
S	Section B. Total Support						
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	r fiscal year beginning in)	(u) 2017	(8) 2010	(0) 2013	(4) 2020	(0) 2021	(1) 10001
7	Amounts from line 4 Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
-	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th						ization, check
	this box and stop here					► 🗆	
	Section C. Computation of Public		-				
	Public support percentage for 2021 (lin					14	
	Public support percentage for 2020 Sch					15	
16a	33 1/3% support test—2021. If the o						
	and stop here. The organization qualif						
b	33 1/3% support test-2020. If the	5		,		,	
17-	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a publ -2021. If the ora	anization did not	janization check a box on lin	e 13. 16a. or 16b		% or more.
1/6	and if the organization meets the "facts						
	meets the "facts-and-circumstances" te	est. The organizati	on qualifies as a p	oublicly supported	organization		Þ 🗆
b	10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	: check a box on lii	ne 13, 16a, 16b, d	or 17a, and line 1	5 is 10% or
	more, and if the organization meets the						· _
10	meets the "facts-and-circumstances" f Private foundation. If the organization	test. The organizat	tion qualifies as a	publicly supported	l organization 7b. check this box		🟲 🗆
18	instructions						
							Form 990) 2021
						· ·	-
			Page 3				
Sch	edule A (Form 990) 2021						Page 3
	Part III Support Schedule fo	or Organization	s Described in	n Section 509(a)(2)		
	(Complete only if you	checked the box	on line 10 of P	art I or if the or	ganization faile		er Part II. If
	the organization fails t	o qualify under	the tests listed	below, please co	omplete Part II.)	
	ection A. Public Support	1					
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	219,687	224,263	507,318	272,824	291,255	1,515,347
2	include any "unusual grants.") . Gross receipts from admissions,						<u> </u>
-	merchandise sold or services			-			
	performed, or facilities furnished in any activity that is related to the		18,809	13,456	10,046	5,893	48,204
	organization's tax-exempt purpose						
3							
	are not an unrelated trade or business under section 513						

4	Tax revenues levied for the	

5	organization's benefit and either paid to or expended on its behalf. The value of services or facilities								
5	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5	219,687	243,072	520,774	282,870		297,148	1.	563,551
	Amounts included on lines 1, 2, and		.,			1		,	
b	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)							1,	563,551
Se	ection B. Total Support								
Cale	endar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total	
(or 9	fiscal year beginning in) Amounts from line 6.	219,687	243,072	520,774			297,148	. ,	563,551
9 10a	Gross income from interest,	219,007	243,072	520,774	202,070		237,140	1,	505,551
	dividends, payments received on				13,648		7,933		21,581
	securities loans, rents, royalties and income from similar sources.				-,		,		
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.	0	0	0	13,648		7,933		21,581
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).	219,687	243,072	520,774	296,518		305,081	1,	585,132
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thire	d, fourth, or fifth t	tax year as a sect	ion 501(c)	(3) orgai	nization, cl	neck
	this box and stop here								\blacktriangleright
	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2021 (li					15			.639 %
16	Public support percentage from 2020					16		99	.125 %
	ection D. Computation of Invest Investment income percentage for 20			line 13 column (f	f))	1 4 7	1	1	261.0/
17 18	Investment income percentage for 20	-				17 18			.361 %
	33 1/3% support tests-2021. If the		•			_	and line		.075 70
194	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2020. If the	e organization did	not check a box of	on line 14 or line 1	19a, and line 16 is	s more tha	n 33 1/39	6 and line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publi	icly supported org	anization		. 🕨 🗹	
20	Private foundation. If the organizati	ion did not check a	a box on line 14, 1	19a, or 19b, check	k this box and see	instructio	ns	. 🕨 🗆	
								orm 990)	2021
			Page 4						
Sche	dule A (Form 990) 2021							F	age 4
Pai	t IV Supporting Organization	IS							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Sectio			12C, OF Part 1, CO	Inplete Sections A	, ν, and Ε	. Ir you c	пескеа ро	x
Se	ection A. All Supporting Organiz								
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the s describe the designation. If historic ar			ted. If designated	by class or purpo	ose,			
			ionchin avalain						
	-	-						1	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I	ed organization th	nat does not have					1	

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3a 3c below.

2

3a

3b

- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the b determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? с

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its	
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing	
	organization's supported organizations? If "Yes, " provide detail in Part VI.	-

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).
 10b

Schedule A (Form 990) 2021

Yes

No

3c

4a

4b

4c

5a

5b

5с

6

7

8

9a

9b

9c

10a

_			
		0	
га	u	e	

Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b A family member of a person described on 11a above? b 11c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part С VI Section B. Type I Supporting Organizations Yes No Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly 1 appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or

	applied to such powers during the tax year.	
		1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2

remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,

Section C. Type II Supporting Organizations

1

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of	



Yes

1

2

3

No

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a 🕥 The organization satisfied the Activities Test. Complete line 2 below.
- **b** \square The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🕥 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.

Page 6

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

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2b

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Schedule A (Form 990) 2021

1

	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
	 Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) Other expenses (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets 	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N instructions. All other Type III non-functionally integrated supporting organizations of Section A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in instructions. All other Type III non-functionally integrated supporting organizations must complete Sections ASection A - Adjusted Net Income(A) Prior YearNet short-term capital gain1Recoveries of prior-year distributions2Other gross income (see instructions)3Add lines 1 through 34Depreciation and depletion5Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)7Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)8Section B - Minimum Asset Amount(A) Prior YearAggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):1Average monthly value of securities1aAverage monthly value of other non-exempt-use assets1bFair market value of other non-exempt-use assets1c

	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III supporting organization (see

Schedule A (Form 990) 2021

Page **7**

------ Page 7 ---

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	I	5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to whete details in Part VI). See instructions	hich the organization is respons	sive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
e From 2020				
f Total of lines 3a through e				
q Applied to underdistributions of prior years				
 Applied to 2021 distributable amount 			1	
i Carryover from 2016 not applied (see instructions)				
i Carryover from 2016 not applied (see instructions)				
i Carryover from 2016 not applied (see				
 i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 				

D Applied to 2021 distributable amount	ול			
c Remainder. Subtract lines 4a and 4b	o from line 4.			
5 Remaining underdistributions for yea 2021, if any. Subtract lines 3g and 4 If the amount is greater than zero, See instructions.	ta from line 2.			
6 Remaining underdistributions for 202 lines 3h and 4b from line 1. If the a than zero, explain in Part VI. See in	mount is greater			
7 Excess distributions carryover to 3j and 4c.	2022. Add lines			
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 a	on. Provide the explanations re c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a Ind 3; Part IV, Section E, lines ; and Part V, Section E, lines 2	a, 11b, and 11c; Pa 1c, 2a, 2b, 3a and 3	t IV, Section B, lines 1 and B; Part V, line 1; Part V, Se	2; Part IV, Section C, line 1; ection B, line 1e; Part V
	Facts And C	Circumstances Tes	t	
Debum Deference		-	unlemption	
Return Reference			xplanation	
				Schedule A (Form 990) 2021

Additional Data

Return to Form

 Software ID:
 21013178

 Software Version:
 v1.00

efile Public Visual Rer	nder Objectld: 202203199349331325 - Submission: 2022-11-15	TIN: 26-0187498
Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	borm 990) Attach to Form 990, 990-EZ, or 990-PF. 202	
Name of the organization BAYOU CITY WATERKEEP		Employer identification number
		26-0187498
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	□ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	งท
	527 political organization	
Form 990-PF	□ 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated as a private foundation		
	\Box 501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

Schedule I	B (Form 990) (2021)		Page 3
Name of organization BAYOU CITY WATERKEEPER INC		Employer identification 26-0187498	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
		11	Schedule B (Form 990) (2021)
	Page 4		
	r age r		

Schedule B (Form 990) (2021)	Page 4
Name of organization BAYOU CITY WATERKEEPER INC	Employer identification number
DATOO CITT WATERREEPER INC	26-0187498

 Part III
 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

 Less duplicate copies of Part III if additional space is needed

ed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	Transferee's name, address, and	e) Transfer of gift Relationshij	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	Transferee's name, address, and	e) Transfer of gift Relationshi	o of transferor to transferee	
(a) No from	(b) Burnaga of sift	(a) I loo of aift	(d) Decorintian of how aift is hold	

Part I	(b) Purpose of gift			(c) use of gift	(a) Description of now gift is neid
	Transferee's name, address, and	ZIP 4	(e) Transfer of gift Relationshi	p of transferor to transferee
			_		
(a) No. from Part I	(b) Purpose of gift			(c) Use of gift	(d) Description of how gift is held
.			(6) Transfer of gift	
-	Transferee's name, address, and	ZIP 4	,		p of transferor to transferee
			-		

Schedule B (Form 990) (2021)

Additional Data

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 Software Version:
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efile Public Visua	al Render	ObjectId: 2022031	199349331325 - Subn	nission: 2022-	11-1	5	TIN: 2	6-0187498
SCHEDULE D		Sunnlamor	ntal Financial St	atomonte			OMB No	. 1545-0047
(Form 990) Department of the Treasury		► Complete if the or Part IV, line 6, 7, 8, 9,	 Complete if the organization answered "Yes," on Form 990, rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. www.irs.gov/Form990 for instructions and the latest information. 					D21 to Public
Internal Revenue Service Name of the organ		o to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and	the latest infor		on. Doyer identi		pection
BAYOU CITY WATERKEE					-	-		lumber
Part I Organi	zatione Mai	intaining Donor Advi	sed Funds or Other Si	milar Funds o		187498		
			s" on Form 990, Part IV,			ounts.		
			(a) Donor advise	d funds		(b) Funds ar	nd other a	ccounts
	-							
		ns to (during year)						
3 Aggregate value4 Aggregate value								
55 - 5	•		brs in writing that the assets	bold in donor ad	vicod	funda ara tha		
organization's p	roperty, subje	ct to the organization's ex	clusive legal control?					Yes 🗌 No
charitable purpo	oses and not fo	or the benefit of the donor	onor advisors in writing that or donor advisor, or for an	y other purpose c			_	Yes 🗌 No
	vation Ease			line 7				
	J		es" on Form 990, Part IV, nization (check all that appl					
		oublic use (e.g., recreation		reservation of an	histor	ically importa	ant land ar	-00
\Box	of natural hab		,	reservation of a c		, ,		ea
\square			U P		ertine		liciule	
	on of open spa 2a through 2d		qualified conservation cont	ribution in the for	m of a	conservation	h	
easement on th			qualmed conservation cont					the Year
a Total number of	conservation e	easements			2a			
b Total acreage real	stricted by con	servation easements			2b			
			c structure included in (a) .		2c			
d Number of conse structure listed i			ired after 7/25/06, and not	on a historic	2d			
3 Number of cons tax year ►	ervation easer	nents modified, transferre	ed, released, extinguished, o	or terminated by t	the org	ganization du	ring the	
4 Number of state	es where prope	erty subject to conservation	on easement is located >			_		
		written policy regarding t rvation easements it hold	he periodic monitoring, insp s?	ection, handling o	of viola	ations,	Yes	🗆 No
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations	, and enforcing co	onserva	ation easeme	nts during) the year
7 Amount of experies ► \$	nses incurred	in monitoring, inspecting,	handling of violations, and	enforcing conserv	vation	easements d	uring the	year
			above satisfy the requirem		70(h)(,,,,,	Yes	🗆 No
balance sheet, a	and include, if		ervation easements in its ro footnote to the organizatio ts.				es	
Part III Organi	zations Mai	intaining Collections	of Art, Historical Trea es" on Form 990, Part IV,		er Si	milar Asse	ts.	
historical treasu	ires, or other s	imilar assets held for pub	SC 958, not to report in its r lic exhibition, education, or ents that describes these it	research in furth				
b If the organizati	ion elected, as ires, or other s	permitted under FASB AS similar assets held for pub	SC 958, to report in its reve lic exhibition, education, or	nue statement an				
-	-					▶\$		
2 If the organizati	ion received or	held works of art, histori	cal treasures, or other simil ASC 958 relating to these it	ar assets for fina				
a Revenue include	ed on Form 99	0, Part VIII, line 1				. ►\$		
b Assets included	in Form 990. I	Part X				▶\$		_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		Page 2 —							
edule D (Form 990) 2021									Dag
rt III Organizations Maintaining Col	lections of Art	Historica	Treas	ures o	r Other	Similar A	ssets (cont	tinued)	Pag
Using the organization's acquisition, accession									
items (check all that apply):			_	5		5			
Public exhibition		d (🗌 Loa	n or exch	ange prog	rams			
Scholarly research		e (🗋 Oth	er					
Preservation for future generations					,				
Provide a description of the organization's col Part XIII.	lections and expla	in how they f	urther th	ne organiz	zation's ex	empt purpo	se in		
During the year, did the organization solicit of assets to be sold to raise funds rather than to							🗌 Yes		o
Escrow and Custodial Arrange Complete if the organization ansv line 21.		Form 990, Pa	art IV, I	ine 9, or	reporte	d an amou	nt on Form	n 990,	Part
Is the organization an agent, trustee, custodi									
included on Form 990, Part X?							🗌 Yes	🗆 N	ο
		. fallain a tak				•			_
If "Yes," explain the arrangement in Part XIII Beginning balance	·	-			1c	A	mount		_
					10 1d				
					1e				
Distributions during the year					1f				_
-							0		_
Did the organization include an amount on Fo						,			0
If "Yes," explain the arrangement in Part XIII	. Check here if the	e explanation	has bee	n provide	d in Part >	····	\cup		
art V Endowment Funds. Complete if the organization answ	vered "Ves" on I	Form QQ0 D	art IV/ I	ino 10					
	(a) Current year				ears back	(d) Three ye	ars back (e)	Four yea	rs ba
Beginning of year balance									
Contributions									
Net investment earnings, gains, and losses									
Grants or scholarships									
Other expenditures for facilities									
Other expenditures for facilities and programs									
Other expenditures for facilities and programs Administrative expenses									
Other expenditures for facilities and programs									
Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre	ent year end balar	nce (line 1g, c	olumn (a)) held a	IS:				
Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balar	nce (line 1g, c	olumn (a)) held a	15:				
Other expenditures for facilities and programs	ent year end balar	nce (line 1g, c	olumn (a)) held a	ıs:				
Other expenditures for facilities and programs		nce (line 1g, c	olumn (a)) held a	s:				
Other expenditures for facilities and programs	ıld equal 100%.					the			
Other expenditures for facilities and programs	ıld equal 100%.					r the		Yes	No
Other expenditures for facilities and programs	ld equal 100%. ssion of the organi	zation that ar				r the			No
Other expenditures for facilities and programs	ld equal 100%. ssion of the organi	zation that ar	e held a	nd admin		r the	3a(ii)		No
Other expenditures for facilities and programs	Id equal 100%. sion of the organ	zation that ar	e held a • • • • • R? • •	nd admin		r the			No
Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the	Id equal 100%. sion of the organi ns listed as require organization's en	zation that ar	e held a • • • • • R? • •	nd admin		- the 	3a(ii)		No
Other expenditures for facilities and programs Administrative expenses End of year balance End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shout Are there endowment funds not in the posses organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the rt VI	Id equal 100%. sion of the organi ns listed as require organization's en nt.	zation that ar ed on Schedul dowment fund	e held a e R? . ds.	nd admin 	istered fo		3a(ii) 3b		No
Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the	Id equal 100%. ssion of the organi ns listed as require organization's en nt. vered "Yes" on I ner basis (b) C	zation that ar ed on Schedul dowment fund	e held a • • • • R? • ds. art IV, I	nd admin • • • • • • •	istered fo		3a(ii) 3b rt X, line 1		
Other expenditures for facilities and programs Administrative expenses End of year balance End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shout Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or off (investme	Id equal 100%. ssion of the organi ns listed as require organization's en nt. vered "Yes" on I ner basis (b) C	zation that ar ed on Schedul dowment func Form 990, Pa	e held a e R? . ds. art IV, I is (other)	nd admin • • • • • • •	istered fo	 m 990, Pa	3a(ii) 3b rt X, line 1	0.	
Other expenditures for facilities and programs Administrative expenses End of year balance End of year balance Provide the estimated percentage of the currer Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c shout Are there endowment funds not in the posses organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or oth (investme) Land	Id equal 100%. ssion of the organi is listed as require organization's en nt. vered "Yes" on I ner basis (b) C	zation that ar ed on Schedul dowment func Form 990, Pa	e held a ds. art IV, I is (other)	nd admin	istered fo	 m 990, Pa	3a(ii) 3b rt X, line 1	0.	
Other expenditures for facilities and programs Administrative expenses End of year balance End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c shout Are there endowment funds not in the posses organization by: (i) Unrelated organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Perciption of property (a) Cost or oth (investme) Land	Id equal 100%. ssion of the organi s listed as require organization's en nt. vered "Yes" on I ner basis (b) C ent) 0	zation that ar ed on Schedul dowment func Form 990, Pa	e held a • • • • R? • ds. art IV, I sis (other)	nd admin	istered fo	m 990, Par	3a(ii) 3b rt X, line 1	0.	
Administrative expenses	Id equal 100%. ssion of the organi s listed as require organization's en nt. vered "Yes" on I ner basis (b) C ent) 0 0	zation that ar ed on Schedul dowment func Form 990, Pa	e held a e R? . ds. art IV, l iis (other)	nd admin	istered fo	m 990, Pa	3a(ii) 3b rt X, line 1	0.	No
Other expenditures for facilities and programs Administrative expenses End of year balance End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c shout Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the Complete if the organization answ Description of property (a) Cost or oth (investme) Land	Ild equal 100%. ssion of the organion ssion of the organic ssion of the organic ssio	zation that ar ed on Schedul dowment func Form 990, Pa	e held a e R? . ds. art IV, I is (other)	nd admin	istered fo	m 990, Pai lepreciation	3a(ii) 3b rt X, line 1	0.	2

Schedule D	Form	990	2021
Schedule D		550	2021

Part VII Investments - Other Securities.	_			
Complete if the organization answered "Yes" on Form 990,		line 11b.See For		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of va t or end-of-year i	
1) Financial derivatives				
2) Closely-held equity interests				
3)Other				
A)				
3)				
C)				
D)				
E)				
F)				
G)				
Н)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,			
(a) Description of investment		(b) Book value		nod of valuation: of-year market value
1)				
2)				
3)				
(4)				
5)				
(6)				
7)				
8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	*			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See For	m 990, Part X,	line 15.
(a) Description				(b) Book value
1)				
2)				
3)				

 Part X
 Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

 1.
 (a) Description of liability
 (b) Book value

٠

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2021

	rt XI Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990		enue per Returi	Page 4 1.
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	. 12.)	5	
	rt XII Reconciliation of Expenses per Audited Financial St			rn.
-	Complete if the organization answered 'Yes' on Form 990			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-
2 a		2a	· · · ·	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	· · · ·	
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	· · · 1	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c		
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c	· · 2e	
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c	· · 2e	
a b d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 	· · 2e	
a b d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 	· · 2e · · 3	
a b d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4bTotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	2a 2b 2c 2d 2d 4a 4b	· · 2e · · 3	
a b d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	· · 2e · · 3	
a b c d e 3 4 a b c 5 Pai	Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4bTotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	2a 2b 2c 2d	2e 3 4c 5 b and 2b; Part V, lin	e 4; Part X, line 2; Part XI,

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service			Form 990 or 990-EZ or t Form 990 or 990-EZ or t ► Attach t	mation to Form 990 or 9 ation for responses to specific questi to provide any additional informatio to Form 990 or 990-EZ. <u>(Form990</u> for the latest information.	ons on	OMB No. 1545-0047
Name of the org BAYOU CITY WATE					• •	tification number
					26-0187498	
Return Reference				Explanation		
Form 990, Part VI, Section B, Line 11b	The Fo	orm 990 was	made available electronically to	o all voting members prior to its filing.		
Form 990, Part VI, Section B, Line 15	The Ex	kecutive Dire	ctor's performance is reviewed	semi-annually by the Board Chair.		
Form 990, Part VI, Section C, Line 19	There	is a link on th	e organization's website to our	r Financial documents, including Form 9	90's.	
Form 990, Part IX, Line 11g	Fellow	and interns	\$31,157 Marketing services \$8,	3,383 Other contractors \$1,013		
For Paperwork Redu	iction Act N	lotice, see the In	structions for Form 990 or 990-EZ.	Cat. No. 51056K		Schedule O (Form 990) 2021
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