Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A F	or the	2022 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	BAYOU CITY WATERKEEPER INC			
	Name change	Doing business as		26-01874	98
	Initial return Final return/	,	Room/suite 103	E Telephone numbe (713) 71	
	termin- ated			G Gross receipts \$	988,410.
	Ameno			H(a) Is this a group re	
	Application		LOUD	for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
	Vebsit		<u> </u>	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: TX
Pa	rt I	Summary	= 100	or formation, — e e - []	a class of logal dofficito, = ==
	1	Briefly describe the organization's mission or most significant activities: BAYOU	J CITY	WATERKEEPE	R UTILIZES
Se		SCIENCE, POLICY AND THE LAW, IN COLLABORA			
nan		Check this box if the organization discontinued its operations or dispos			
Governance	l			3	8
ဇ္	ı	Number of independent voting members of the governing body (Part VI, line 1b)			8
<u>«</u>		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ij		Total number of volunteers (estimate if necessary)			20
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		331,548.	965,471.
	l	Program service revenue (Part VIII, line 2g)		0.	0.
	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		364.	14,451.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,569.	3,444.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		339,481.	983,366.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		244,973.	361,384.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,073.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 33,84	45.	,	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		125,842.	122,112.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		371,888.	483,496.
	l	Revenue less expenses. Subtract line 18 from line 12		-32,407.	499,870.
or Sec		•	Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		509,512.	1,009,433.
ASS	21	Total liabilities (Part X, line 26)		0.	300.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		509,512.	1,009,133.
Pa	ırt II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	า	Signature of officer		Date	
Her	е	DAVID POPKEN, BOARD CHAIR PERSON			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid		RANDY L. WALKER, CPA		self-employ	
Prep	arer	Firm's name RANDY WALKER & CO		Firm's EIN 2	0-3992693
Use	Only	Firm's address 7800 IH 10 WEST, STE. 505			
		SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BAYOU CITY WATERKEEPER UTILIZES SCIENCE, POLICY AND THE LAW, IN
	COLLABORATION WITH COMMUNITY, TO PROTECT AND RESTORE OUR NATURAL
	SYSTEMS, ACHIEVE EQUITABLE POLICY SOLUTIONS, AND ADVANCE SYSTEMATIC
	CHANGE TO BENEFIT ALL WHO LIVE WITHIN THE LOWER GALVESTON BAY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	CLEAN WATER: THROUGH ENFORCEMENT AND FILLING MONITORING GAPS, WE
	STRENGTHEN COMPLIANCE WITH THE CLEAN WATER ACT AND ADDRESS LEGACY
	POLLUTION LEADING TO IMPROVED WATER QUALITY AND ENVIRONMENTAL JUSTICE.
4b	(Code:) (Expenses \$ 107,336. including grants of \$) (Revenue \$)
TD	WETLANDS PROTECTIONS: THROUGH EDUCATION, CONSERVATION AND ENFORCEMENT,
	WE PROTECT OUR MOST CRITICAL WETLANDS AND REQUIRE RESPONSIBLE
	DEVELOPMENT TO SECURE CLEANER WATER AND A JUST FUTURE FOR COMMUNITIES
	ACROSS THE LOWER GALVESTON BAY WATERSHED.
	ACROSS THE HOWER GALIVESTON DAT WATERSHED.
	120 200
4c	(Code:) (Expenses \$ 132,380 • including grants of \$) (Revenue \$)
	JUST CLIMATE TRANSITIONS: THROUGH ADVOCACY AND EDUCATION, WE PROTECT
	FRONT LINE CLIMATE AND FLOOD RESILIENCE BY ADVOCATING FOR NATURE-BASED
	SOLUTIONS, ADVANCING EQUITY AND STRENGTHENING COMMUNITY CAPACITY.
	Otherway and the (Paralle on Orbert to O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 357,785.
	Form 990 (2022)

Form 990 (2022) BAYOU CITY WATERKEEPER INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
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? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
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		X
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
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	_		_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

232003 12-13-22

Form **990** (2022)

Form 990 (2022) BAYOU CITY WATERKEEPER INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24d		
25 a	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		Х
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? If "Yes." complete			
	Schedule L, Part I	25b		Х
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? If "Yes." complete Schedule L. Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		Х
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? f			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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? If "Yes," complete Schedule R, Part I	33		Х
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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 Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			ᄓ
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2022)

232004 12-13-22

Form **990** (2022)

Form 990 (2022) BAYOU CITY WATERKEEPER INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	2				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
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 Advanced in the Financi	ccounts (FBAR).					
			<u>5a</u>		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X		
	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	e organization solicit			1 37		
	•		<u>6a</u>		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		١				
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover	70		Х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser						
		o roquirod	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7c		x		
ч		7d	70				
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?	•	8				
9	Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	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:	I I					
	Gross income from members or shareholders	11a	_				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b	-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?		120				
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a				
h	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	13c					
			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

Form **990** (2022) 232005 12-13-22

BAYOU CITY WATERKEEPER INC 26-0187498 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE

18 Section 6104 requires an organization to make its Forms 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.

X Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Describe on 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.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records DAVID POPKEN - (713) 714-8442

2010 NORTH LOOP WEST, 103, HOUSTON, TX

Form **990** (2022)

Х

16a

16h

exempt status with respect to such arrangements?

77018

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 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and 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.

(A)	(B) (C)						<u>lour</u>	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than box, unless person is bo officer and a director/tru				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) AYANNA JOLIVET MCCLOUD	50.00			l				42 222	•	
EXECUTIVE DIRECTOR				Х				43,333.	0.	0.
(2) LINDSAY DOFELMIER	2.00	х						0.	0.	0
BOARD MEMBER	1 00	Λ						0.	0.	0.
(3) TANWEER KALEEMULLAH BOARD MEMBER	1.00	Х						0.	0.	0.
(4) JOLEA PAYNE	1.00	Λ						0.	0.	U •
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) HUGO COLON	1.00							0.	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) KEN TEAGUE	1.00									
BOARD MEMBER		х						0.	0.	0.
(7) DAVID POPKEN	4.00							-	-	-
BOARD CHAIRPERSON		Х		Х				0.	0.	0.
(8) RACHEL POWERS	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) ELIZABETH BLAND	2.00									
SECRETARY		Х		Х				0.	0.	0.
-										

Form 990 (2022)

26-0187498

	(A) Name and title	(B) (C) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	MISC/ EC) o		from the organization and related organization organization	
											\top			
1b	Subtotal								43,333.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								43,333.		0.			0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportable				0
_	· · · · · · · · · · · · · · · · · · ·												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for same</i>										[3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										ŀ	4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individual	dual for services	"	-		
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	J fo	or su	ıch <u>ı</u>	pers	on				<u> </u>	5		X
1	Complete this table for your five highest co	•	-							•	nsatio	on fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(C	:)	
	Name and business	address	NC	ONE	3				Description of s	services	Co		sation	1
2	Total number of independent contractors (ii \$100,000 of compensation from the organize	•	ot lin	nited	d to	thos	_	ted	above) who received m	ore than				
	wroo,ooo or compensation from the organia	Lation					<u>- </u>				F	orm (990 (2	2022)

232008 12-13-22

Form 990 (2022) BAYOU C
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esponse d	or note to any lin	e in this Part VIII			
			Chican in Contract Co	0000000		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			1 3	1a					
Sra				1b	0 610				
s, (Am				1c	9,619.				
aif.				1d					
s, (ini		е	Government grants (contributions)	1e					
ioi		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	955,852.				
ÖĘ		g		1g \$					
Sol		h	Total. Add lines 1a-1f			965,471.			
					Business Code				
	2	2							
Program Service Revenue									
er ne		b							
n S		С							
Jrai Re		d							
o.		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen	ds, intere	st, and				
			other similar amounts)			221.			221.
	4		Income from investment of tax-exemp						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a 8	,488.					
			Less: rental expenses 6b	0.					
				,488.					
			Not rental income or (loss)			8,488.	8,488.		
				curities	(ii) Other	0,1001	0,1001		
	'	а	assets other than inventory 7a		14,230.				
			· · · · · · · · · · · · · · · · · · ·		14,250.				
•		D	Less: cost or other basis		0.				
ň			and sales expenses		14,230.				
) eve			Gain or (loss) 7c			14 020			14 020
her Revenue			Net gain or (loss)			14,230.			14,230.
je l	8	а	Gross income from fundraising events (no						
δ			including \$9,619.	of					
			contributions reported on line 1c). Se	e	_				
			Part IV, line 18	8a	0.				
		b	Less: direct expenses	8b	5,044.				
		С	Net income or (loss) from fundraising	events		-5,044.			-5,044.
			Gross income from gaming activities.						
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming acti						
			Gross sales of inventory, less returns						
		u	and allowances						
		h							
			Less: cost of goods sold						
		C	Net income or (loss) from sales of inve	entory	Business Code				
Sn		_			Dusiliess Code				
eo ne	11								
llar /en		b							
Miscellaneous Revenue		С	All all all and an area						
Ξ̈́			All other revenue	· ·					
			Total Add lines 11a-11d			002 266	0 100	^	0 407
	12		Total revenue. See instructions			983,366.	8,488.	0.	9,407.

Form 990 (2022) BAYOU CITY WATERKEEPER INC Part IX | Statement of Functional Expenses

SECTION	501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response			<u>ірівів соійтін (A).</u>	
Do not	t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 G	rants and other assistance to domestic organizations				
ar	nd domestic governments. See Part IV, line 21				
2 G	irants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	arants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,	12 222	22 067	0 222	2 022
	rustees, and key employees	43,333.	32,067.	8,233.	3,033
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	281,472.	208,289.	53,480.	19,703
	one ion plan accruals and contributions (include	4U1,4/4.	400,403.	33,400.	19,103
	ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)				
	other employee benefits	15,754.	11,658.	2,993.	1,103
	ayroll taxes	20,825.	15,410.	3,957.	1,458
	ees for services (nonemployees):	20,0231	13/1100	373374	1,130
	Ianagement				
	egal				
	ccounting				
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)	40,578.	30,028.	7,710.	2,840
	dvertising and promotion	8,695.	6,434.	1,652.	2,840 609
13 0	office expenses	1,003.	742.	191.	70
	nformation technology	8,601.	6,365.	1,634.	602
1 5 R	oyalties				
	Occupancy	27,710.	20,505.	5,265.	1,940
1 7 Ti	ravel	14,414.	10,666.	2,739.	1,009
8 P	ayments of travel or entertainment expenses				
fc	or any federal, state, or local public officials				
9 C	conferences, conventions, and meetings				
:0 In	nterest				
	ayments to affiliates				
2 D	epreciation, depletion, and amortization	4,083.	3,021.	776.	286
	nsurance	2,490.	1,843.	473.	174
at Iir	ther expenses. Itemize expenses not covered cove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
	mount, list line 24e expenses on Schedule 0.) PROFESSIONAL DEVELOPMEN	8,568.	6,340.	1,628.	600
_	SUPPLIES	3,724.	2,755.	708.	261
_	EMBERSHIP DUES	2,246.	1,662.	427.	157
d ===		-,2100	2,002.	1274	
_	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	483,496.	357,785.	91,866.	33,845
	oint costs. Complete this line only if the organization		22.,.000	2 = , 3 0 0 0	22,010
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	164,190.	1	292,705		
	2	Savings and temporary cash investments		301,719.	2	301,939	
	3	Pledges and grants receivable, net			0.	3	400,000
	4	Accounts receivable, net			260.	4	0
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			5,687.	9	4,012
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	17,553.			
	b	Less: accumulated depreciation			36,397.	10c	9,518
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		1 050	14	1 050	
	15	Other assets. See Part IV, line 11	1,259.	15	1,259		
	16	Total assets. Add lines 1 through 15 (must ed			509,512.	16	1,009,433
	17	Accounts payable and accrued expenses	0.	17	300.		
	18	Grants payable	0.	18	300		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub controlled entity or family member of any of th				22	
Lial	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
	20	parties, and other liabilities not included on lin	-				
		of Schedule D	-	· · ·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	300.
		Organizations that follow FASB ASC 958, cl					
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			509,512.	27	1,009,133.
Bal	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC					
<u>.</u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Ş ∣	32	Total net assets or fund balances			509,512.	32	1,009,133.
	33	Total liabilities and net assets/fund balances			509,512.	33	1,009,433.

Form **990** (2022)

Pai	rt XI Reconciliation 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				<u> 56.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2				96.	
3	Revenue less expenses. Subtract line 2 from line 1	3				70.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	09	<u>, 51</u>	L2.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			-24	19.	
9	Other changes in net assets or fund balances (explain on 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	1,0	09	,13	33.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				١	es	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	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 Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u>	2b		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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?		<u>L</u> 2	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		E	Ba		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		g	b			
			Fc	rm 9	90 (2	2022)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

BAYOU CITY WATERKEEPER INC 26-0187498 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	224,263.	507,318.	272,824.	331,548.	946,102.	2282055.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	224,263.	507,318.	272,824.	331,548.	946,102.	2282055.
5	The portion of total contributions						
	by 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)						271,760.
6	Public support. Subtract line 5 from line 4.						2010295.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	224,263.	507,318.	272,824.	331,548.	946,102.	2282055.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			13,648.	8,297.		21,945.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2304000.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	42,900.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2022 (li					14	87.25 %
	Public support percentage from 2021					15	98.63 <u>%</u>
16a	33 1/3% support test - 2022. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and $\ensuremath{\text{stop}}$ here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

232022 12-09-22

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	note r art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(2) 2313	(0) 2020	(4) 2021	(0) 2022	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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.)						
14	First 5 years. If the Form 990 is for the	J		,	•	(/ ()	<i>'</i> —
	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,		(//		15	<u>%</u>
	Public support percentage from 2021					16	98.64 %
	ction D. Computation of Inves					T .= T	
	Investment income percentage for 20					17	1.36 %
	Investment income percentage from			Post # 4 I Post		18	-
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che		•	•		-	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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 determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? 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 (as 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		
 Λ /Γονν	- 000	2022

232024 12-09-22

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers 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 remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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?	1		
	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).	2		
	By reason of the relationship described on 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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. Answer lines 3a and 3b below. 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? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
_1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5	Depreciation and depletion	5						
6	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						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(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						
Sect	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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 integrated Type III supporting organization (see							

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

BAYOU CITY WATERKEEPER INC

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

Schedule B (Form 990) (2022)

Name of organization Employer identification number

BAYOU CITY WATERKEEPER INC

26-0187498

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(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.)
(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) (2022) Page **2**

Name of organization Employer identification number

BAYOU CITY WATERKEEPER INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(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.)
(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) (2022)

Name of organization Employer identification number

BAYOU CITY WATERKEEPER INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BAYOU CITY WATERKEEPER INC

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Employer identification number

Name of organization

BAYOU CITY WATERKEEPER 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

BAYOU CITY WATERKEEPER INC

Employer identification number 26-0187498

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•	-			ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

232051 09-01-22

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other S	Similar	Assets	(contin	ued)	90
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the f	following that i	make sign	ificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 Lo	oan or exc	hange prograr	m					
b	Scholarly research	е	. 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organization	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma							\Box	Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			5			,	,	,		
	Is the organization an agent, trustee, custodia	an or other intermed	iarv for co	ntribution	s or other asse	ets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	in 100, explain the arrangement in tare xiii.	and complete the for	iowing tax	510.					Amount	:	
С	Beginning balance						1c				
d							1d				
u 0	Additions during the year						1e				
•	Distributions during the year						1f				
f O-	Ending balance Did the organization include an amount on Fo								Yes		No
	_					-				Н	INO
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
ı uı	Endownient ands. Complete	(a) Current year		or year	(c) Two years) Three yea	are back	(e) Four	voare h	
4.	Danisa is a seferman hadana a	(a) Ourrent year	(6)111	oi yeai	(C) Two years	Dack (u	, Till GG y G	ars back	(e) i oui	yours t	ack
1a	Beginning of year balance										—
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that a	are held ar	nd administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated		(d) Bool	value	
		basis (investn	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment		553.				8,03	5.	9	,51	8.
	Other						,			•	
	. Add lines 1a through 1e. (Column (d) must e		X column	(R) line 1	0c.)				9	,51	8.

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	WATERKEEPER I	NC 26	-0187498 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 B + N/ I	44 0 5 000 5 1 1 1	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Deelesselsse
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	0111 01111 000,1 41111, 11110	110 01 1111 000 1 0111 000, 1 0117, 1110 20.	(b) Book value
(1) Federal income taxes			(2) 20011 14.00
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(U)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Pai	rt XI Reconciliation of Revenue per Audited	u Filianciai Statements With Revenue	por motarm	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited finan	cial statements	<u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part VII	II, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	A 1 1 1 1 A 11 1 A 1		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not			
а	Investment expenses not included on Form 990, Part VIII	, line 7b 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	990. Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audite	-	s per Heturn.	
	Complete if the organization answered "Yes" on F		<u> </u>	
1	Total expenses and losses per audited financial statemer		1	
2	Amounts included on line 1 but not on Form 990, Part IX,	1 1		
а				
b	Prior year adjustments			
С				
d	,			
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not o	1 1		
	Investment expenses not included on Form 900 Part VIII			
a	1			
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For	4b		
b c 5 Pa i	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.)	5	ΥI
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,
b c 5 Pa l	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal For rt XIII Supplemental Information.	m 990, Part I, line 18.) art III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	XI,

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

BAYOU CITY WATERKEEPER INC

Employer identification number 26-0187498

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
PROTECT AND RESTORE OUR NATURAL SYSTEMS, ACHIEVE EQUITABLE POLICY					
SOLUTIONS, AND ADVANCE SYSTEMATIC CHANGE TO BENEFIT ALL WHO LIVE WITHIN					
THE LOWER GALVESTON BAY WATERSHED.					
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION					
BAYOU CITY WATERKEEPER INC					
2010 NORTH LOOP WEST SUITE 103					
HOUSTON, TX 77018					
EMPLOYER IDENTIFICATION NUMBER: 26-0187498					
FOR THE YEAR ENDING DECEMBER 31, 2022					
BAYOU CITY WATERKEEPER INC IS MAKING THE DE MINIMIS SAFE HARBOR					
ELECTION UNDER REG. SEC. 1.263 A)-1(F).					
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
WATERSHED.					
FORM 990, PART VI, SECTION B, LINE 11B:					
FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE RETURN IS					
FILED.					
FORM 990, PART VI, SECTION B, LINE 15:					
THE LAST REVIEW WAS CONDUCTED ON DECEMBER 15, 2022.					

232211 10-28-22

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization BAYOU CITY WATERKEEPER INC	Employer identification number 26-0187498
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	