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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	or the	e 2023 calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer identifie	cation number
X	Addre chang Name	BAYOU CITY WATERKEEPER INC			
	_]chang	e Doing business as		26-01874	98
	Initial return	,	Room/suite	E Telephone number	r
	Final return		209	(713) 36	4-6323
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,096,255.
	Amen return	ded HOTICHON DV 77002		H(a) Is this a group re	eturn
	Applic tion			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
T	ах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7 ' '	list. See instructions
	Vebsi		0 02.	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: TX
	rt I	Summary	L 1001	or formation, = • • 7 I	otato or logar dormono, = ==
	1	Briefly describe the organization's mission or most significant activities: BAYO	U CITY	WATERKEEPE	RUTILIZES
çe	•	SCIENCE, POLICY AND THE LAW, IN COLLABORA			
Jan	2	Check this box if the organization discontinued its operations or dispo			
/eri					8
é					8
જ		Number of independent voting members of the governing body (Part VI, line 1b)			11
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			15
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Aci				7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		965,471.	1,064,330.
ē		Program service revenue (Part VIII, line 2g)		14 451	15.066
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,451.	15,966.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,444.	15,959.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		983,366.	1,096,255.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,384.	638,147.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25) 33,8			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		122,112.	188,279.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		483,496.	826,426.
	19	Revenue less expenses. Subtract line 18 from line 12		499,870.	269,829.
or Ces			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,009,433.	1,290,040.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		300.	11,077.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,009,133.	1,278,963.
Pa	rt II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sign	1	Signature of officer		Date	
Her	е	AYANNA MCCLOUD, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		RANDY L. WALKER, CPA		if self-employ	P00963779
Prep	arer	Firm's name RANDY WALKER & CO			0-3992693
Use		Firm's address 7800 IH 10 WEST, STE. 505			
		SAN ANTONIO, TX 78230		Phone no. 21	0-366-9430
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program 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 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	(Code:) (Expenses \$207,310. including grants of \$) (Revenue \$) 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 \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 628,212.
	Form 990 (2023)

Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
	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,	_		
•	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
•	Schedule D, Part III	- °		122
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	X	
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		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,			<u></u>
••	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	– "		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °		 ^
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

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Form **990** (2023)

Form	1990 (2023) BAYOU CITY WATERKEEPER INC 26-01	<u>87498</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		ı	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			\ .
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			X
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	·	24a		x
h	Schedule K. If "No," go to line 25a			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.10		
	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?			
	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		X
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		X
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	ı		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1,7
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			- V
07	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	07		X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37	1	 ^
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	20	х	
Pai		38_	_ ^	
- 4	Objects (Colored to Colored to Co			
	Check if Schedule O contains a response or note to any line in this Part v	<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	21	162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
_	,			

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Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) BAYOU CITY WATERKEEPER INC

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

2a 11 b If all least one is reported on line 2a, did the organization that will be in the least one is reported on line 2a, did the organization file all required federal employment tax returns? b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? b If "Yes," has a filed a form 800 for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b A lary time during the calendar year, did the organization than ea in retered in, or a signature or the authority over, a financial account in a foreign country (such as a bank account, securities account, or the arthritish of the authority over, a financial account in a foreign country (such as a bank account, securities account, or the arthritish or a financial account in a foreign country (such as a bank account, securities account, or the arthritish or a financial account in a foreign country (such as a bank account, securities account, or the arthritish or a financial account in a foreign country (such as a bank account, securities account, or the arthritish or the such accounts (FBAR). 5a Was the organization and party to a prohibitotic tax shelter transaction at any time during the tax year? 5a Dia Type and the party or this tree organization that a twa or is a party to a prohibitotic as healther transaction? 5b X If "Yes," did the organization account in the organization that it was or is a party to a prohibitotic and shelt transaction? 5b X b If "Yes," did the organization that was or is a party to a prohibitotic and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170c). a bid the organization receive a payment is excess of \$7 is nade party as a contribution and party for goods and services provided to the payor? 7c Organization state was explained to the value of the goods or services provided? 5c Did the organization state and the value of the goods or services provided? 7c Did the organization						Yes	No
the off or the calendary reare ending with or within the year covered by this return b if all east on the imported on line 22, did the organization file all required idearial employment tax returns? b if all east one is reported on line 22, did the organization of the university of the organization have unrelated business gross income of \$1,000 or more during the year? b if all east one of the organization file all required interest in, or a signature or other authority over, a framcial account in a foreign country business and the organization have an interest in, or a signature or other authority over, a framcial account in a foreign country business and the country of the organization have an interest in, or a signature or other authority over, a framcial account in a foreign country business and the country of the organization have an interest in, or a signature or other authority over, a framcial accountry in the organization have an interest in, or a signature or other framcial accountry? 5a lives the first the name of the reorganization face from \$1.4, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization part of profits of the xine of the signature of the profits of the xine of the signature	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1				
b If at least one is reported on line 24, did the organization file all required federal employment tax returns? a Did the organization have unrelated business gross is section of \$1,000 or more during the year? b If "Yes," has it filed a form 9901 for this year? If "No" to line 30, provide an explanation on Schedule 0 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or the financial account in a foreign country (such as a bank account, securities account, or the financial accounts (FBAR). 5a Was the organization and organization that a such as a bank account, securities account, or the financial accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction? 5b D X X 5c If "Yes to line 6 a or 50, did the organization file Form 8888.7? 5c Does the organization analy gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions and party for problematic tax shelter transaction? 5c D If "Yes," did the organization that that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 5c D If the organization receive a pyriment in excess of \$75 made party as contributions or grits were not tax deductible? 6c D If the organization seller appriment in excess of \$75 made party as contribution and party for pods and services provided to the payor? 7c Organization seller appriment in excess of \$75 made party as contribution of payor than organization seller appriment in excess of \$75 made party as a contribution of payor than organization seller appriment in excess of \$75 made party as a contribution of a payor than organization seller than organization seller appriment in excess of \$75 m			2a	11			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If *Yea*, first intel a form 900 or 17 for this year? *If *Ye* to first 8b, provide an explanation or Schodule 0 5b If *Yea*, first the name of the foreign country 5c with the variety of the calendar year, did the organization have an interest in, or a signature or other authority over, a first-ancial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c with in Yea*, enter the name of the foreign country 5c with the organization payer to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization payer to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization the payer organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or admitable contributions? 6c Was the organization shall were yes oblicitation an express statement that such contributions or grifts were not tax deductibles or admitable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d bill the organization necessal spread the access of St make paying as continuous and services provided? 7c Did the organization necessal services and the goods or services provided? 7d If "Yes," indicate the number of Forms \$282 flied during the year 7d If Was," did the organization necessal services and the goods or services provided? 7c Did the organization receive a ponelli that section 170(c). 8d If the organization receive a ponellium or admits the development of the goods or services provided? 7d If "Yes," indicate the number of Forms \$282 flied during the year 9d Did the organization received a contribution of qualitied intellectual property, did the organization file a Form 1098-07 to	b			•	2b	Х	
b If Yes, 'Insist Iffield a Form 990-T for this year', If Yes' to fire 3b, provide an explanation on Schedule O A any time during the calendary aper, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4							Х
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization the organization the fore m886617 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of scharable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and partly for goods and services provided to the payor? 7c Does If the organization receive a payment in excess of \$15 made startly as contribution and partly for goods and services provided to the payor? 7d If "Yes," inclinate the number of Forms 8282 filed during the year 1d If "Yes," inclinate the number of Forms 8282 filed during the year 2d If "Yes," inclinate the number of Forms 8282 filed during the year 2d If the organization receive any premiums, directly or indirectly, to apprendix on the forem 8899 as required? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b					3b		
b if Yes, "inter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes 1 time 5a or 5b, did the organization the form 8886-77 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we en rott ax deductibles can fartable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and a services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles of the production o		·					
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	17				17		
If "Yes " complete Form 6069		If "Yes," complete Form 6069.			17		

Form **990** (2023) 332005 12-21-23

BAYOU CITY WATERKEEPER INC 26-0187498 Form 990 (2023) 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Х more members of the governing body? 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 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? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

1 14	That the diganization provided a complete copy of this form cooks at members of its governing body before iming the form:	1 I u		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		

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 1	024-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 tl	nat apply.
	X Own website X Another's website X Upon reque	other (explain on Schedule O)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MINH NGUYEN - (713) 364-6323

4900 TRAVIS ST, 209, HOUSTON, TX 77002

Form **990** (2023)

14281008 130509 BAYOU CITY WATE

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.
- 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.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ነ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recic	Trirus	ilee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001100)	and related
	below	dualt	ution	<u></u>	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) AYANNA JOLIVET MCCLOUD	50.00									
EXECUTIVE DIRECTOR				Х				105,705.	0.	6,688.
(2) MINH NGUYEN (STARTING AUG 2023)	40.00									
DEPUTY DIRECTOR				X				31,677.	0.	1,813.
(3) LINDSAY DOFELMIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) TANWEER KALEEMULLAH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JOLEA PAYNE	2.00									
BOARD MEMBER		Х				_		0.	0.	0.
(6) HUGO COLON	1.00								_	_
BOARD MEMBER		Х				_		0.	0.	0.
(7) KEN TEAGUE	1.00								_	_
BOARD MEMBER		Х				_		0.	0.	0.
(8) DAVID POPKEN	4.00								_	_
BOARD CHAIRPERSON		Х		Х		_		0.	0.	0.
(9) RACHEL POWERS	2.00								_	_
TREASURER		Х		X				0.	0.	0.
(10) ELIZABETH BLAND	2.00									
SECRETARY		Х		X		_		0.	0.	0.
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Form 990 (2023)

26-0187498

Part VII Section A. Officers, Directors, (A)	(B)	Jioyi		and ((giies	,, ,	(D)	• •	Т	/=	<u> </u>
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Name and title	hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensation		Estim amou	
	week		cer an					from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	Individual trustee or director				- - -		organization	(W-2/1099-MISC	C/	from	
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)		organi	zation
	organizations	trust	lal tr		oyee	e mo		1099-NEC)			and re	lated
	below	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	Former				organiz	ations
	line)	ib di	Inst	Officer	Key	High						
		-										
										+		
		<u> </u>										
		-										
										\dashv		
		_								_		
		-										
										\dashv		
		_										
										\dashv		
1b Subtotal								137,382.		0.	8,	501.
c Total from continuation sheets to Pa								137,382.		0.		0. 501.
d Total (add lines 1b and 1c)										0.	٥,	30I.
2 Total number of individuals (including becompensation from the organization	out not limited to th	ose	liste	a ab	ove	e) wn	o re	eceived more than \$100,	uuu of reportable			1
											Ye	s No
3 Did the organization list any former off	ficer, director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J	for such individual									L	3	<u> </u>
4 For any individual listed on line 1a, is the												
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		L	4	X
5 Did any person listed on line 1a receive	•				•			•	dual for services			1,7
rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors	complete Schedule	<u>∍ J f</u> c	or su	ıch r	oers	on .					5	X
Complete this table for your five highest	st compensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensati	on from	
the organization. Report compensation		ear e	endir	ig w	ith c	or wi	thin T		ear.			
(A) Name and busir		NC	ONE	7.				(B) Description of s	ervices	Co	(C) mpensa	tion
			<u> </u>	<u>- </u>							•	
							_					
Total number of independent contractor	ors (including but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the or					C							
										F	orm 99	0 (2023)

26-0187498

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							000110110 0 12 0 1 1
nts		Federated campaigns 1a		-			
Gra		Membership dues 1b		-			
S, (C	Fundraising events 1c		-			
a ii	C	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
bet		similar amounts not included above $\frac{1}{1}$ 1,	064,330.				
Ξō		Noncash contributions included in lines 1a-1f					
Sign	_	Total. Add lines 1a-1f		1,064,330.			
<u> </u>			Business Code	,			
	2 a						
ice							
er ne	t						
n S	C						
rar 3ev	C						
Program Service Revenue	e						
٩	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	est, and				
		other similar amounts)		15,966.			15,966.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					_
		(i) Real	(ii) Personal				
	6 =	Gross rents 6a 12,660.	, ,				
		Less: rental expenses 6b 0.		-			
				-			
				12,660.	12,660.		
		Net rental income or (loss)	(ii) Othor	12,000.	12,000.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
Ver	c	Gain or (loss)7c					
ther Revenue	c	Net gain or (loss)					
Je	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	5 6	Part IV, line 199a					
	L			-			
			1				
		Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10l	ol				
\Box	C	Net income or (loss) from sales of inventory .					
ω l			Business Code				
oni e	11 a	MISCELLEANOUS REVENUE	900099	3,299.			3,299.
ane Dut	k						
Miscellaneous Revenue	c						
lsc B	c	All other revenue					
Σ	e	Total. Add lines 11a-11d		3,299.			
	12	Total revenue. See instructions		1,096,255.	12,660.	0.	19,265.
					, , , , , , , ,		· · · · · · · · · · · · · · · · · · ·

Form 990 (2023) BAYOU CITY WATERKEEPER INC Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	145,883.	113,789.	32,094.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 100			
7	Other salaries and wages	433,490.	338,122.	95,368.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 00 /	14 000	4 221	
9	Other employee benefits	19,094.	14,893.	4,201.	
10	Payroll taxes	39,680.	30,950.	8,730.	
11	Fees for services (nonemployees):				
а	Management				
b	•				
С	<u> </u>				
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	, ,	01 760	26 207	15 156	20 105
	column (A), amount, list line 11g expenses on Sch O.)	81,768.	36,207.	15,456.	30,105.
12	Advertising and promotion	9,881.	3,541.	2,603.	3,737.
13	Office expenses	9,489.	9,489.	2,003.	3,131
14	Information technology	3,403.	9,409.		
15	Royalties	28,840.	28,840.		
16	Occupancy	16,381.	16,381.		
17	Travel	10,301.	10,301.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	5,892.	5,892.		
22 23		2,196.	3,052.	2,196.	
23 24	Other expenses, Itemize expenses not covered	2,150.		2,150.	
_7	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 4 4 5 17	11 000	2 101	
a	SUPPLIES	14,457. 13,569.	11,276. 13,026.	3,181.	
b	STAFF DEVELOPMENT			343.	
C	OUTREACH & ACTION	3,429. 2,377.	3,429. 2,377.		
d	MEMBERSHIP & DUES	4,311.	4,3//.		
_е ^-	· ————————————————————————————————————	826,426.	628,212.	164,372.	33,842
<u>25</u>	Total functional expenses. Add lines 1 through 24e	040,440.	040,414.	104,3/4.	33,042
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)
Part X | Balance Sheet

² art x		Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			292,705.	1	260,712
2		Savings and temporary cash investments			301,939.	2	795,450
3		Pledges and grants receivable, net	400,000.	3	200,000		
4		Accounts receivable, net		0.	4	871	
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of the		5			
6	3	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ღ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
ຊັ∣ ຊ		B			5,271.	9	9,234
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	26,644.			
	b	Less: accumulated depreciation	10b	13,927.	9,518.	10c	12,717
11	1	Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets		14			
15		Other assets. See Part IV, line 11	0.	15	11,056		
16		Total assets. Add lines 1 through 15 (must equal to 15)		I	1,009,433.	16	1,290,040
17	7	Accounts payable and accrued expenses	0.	17	21		
18	3	Grants payable	300.	18	0		
19		Deferred revenue		19			
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
္က 22	2	Loans and other payables to any current or for	mer offic	er, director,			
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		22	
□ 23	3	Secured mortgages and notes payable to unre	lated thi	d parties		23	
24	1	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
25	5	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			0.	25	11,056
26		Total liabilities. Add lines 17 through 25			300.	26	11,077
		Organizations that follow FASB ASC 958, ch	eck her	e X			
ő		and complete lines 27, 28, 32, and 33.					
E 27		Net assets without donor restrictions			1,009,133.	27	1,278,963
28		Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here			
Ī		and complete lines 29 through 33.					
ပ္က 29		Capital stock or trust principal, or current funds				29	
<u>8</u> 30		Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances 32 33 33 33 33 33 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated in			1 000 100	31	4 070 050
<u> </u>		Total net assets or fund balances			1,009,133.	32	1,278,963
33	3	Total liabilities and net assets/fund balances			1,009,433.	33	1,290,040 Form 990 (202

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,09	6.2	55.
2	Total expenses (must equal Part IX, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{6,4}{}$	
3		3		9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,00		
5	Net unrealized gains (losses) on investments	5		<i>-</i> , <u>-</u> .	55•
6	• • • • • • • • • • • • • • • • • • • •	6			
7	Donated services and use of facilities	7			
8	Investment expenses Prior period adjustments	8			1.
9		9			0.
	, , , , , , , , , , , , , , , , , , , ,	9			•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,27	8 9	63.
Pa	rt XII Financial Statements and Reporting	10		0 7 5	•••
	Check if Schedule O contains a response or note to any line in this Part XII				X
	oncok ii ooncodic o oonkaiio a tooponee oi neke ke ary iine iir kiio r ak Xii			Yes	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	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?		3a		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		. 3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

BAYOU CTTY WATERKEEPER INC

Employer identification number 26 – 0187498

_				DIMEDDI DIK TINC				0 0107450			
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		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).									
4	一	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:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
3				nege of university owned	or operati	ed by a go	Werninental unit describe	5 u III			
_		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local government	ŭ				• •				
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general _l	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	: II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(x) operate	ed in conju	ınction with a land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or			
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from			
		activities related to its exem	•				· ·	*			
		income and unrelated busin		•	. ,		• •	•			
		See section 509(a)(2). (Con		(1000 000 tion on the taxy in o		occo acqui	iod by the organization t	artor durie do, roro.			
11		An organization organized a	•	ivolv to tost for public sat	inty Soo	coction 5(00(2)(4)				
12	H	-	· ·	•	•			nurnacea of ana ar			
12		An organization organized a	· ·	•	-		•				
		more publicly supported or	~					check the box on			
		lines 12a through 12d that				•	, ,				
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·			-					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	. [Type III functionally inte	grated. A supporting	a organization operated	in connect	tion with, a	and functionally integrate	ed with.			
		its supported organization	= ::				• •	,			
c		Type III non-functionally		•				zation(s)			
		that is not functionally int	•					* *			
		•	-		•			7611655			
		requirement (see instructi	·	-							
e	•						Type I, Type II, Type III				
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.					
f		er the number of supported of									
		vide the following information			(iv) lo the eras	nization listed					
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Tota	al						l				

(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.)

	Section A. Public Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	220,773.	272,824.	331,548.	946,102.	1064330.	2835577.		
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	220,773.	272,824.	331,548.	946,102.	1064330.	2835577.		
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)						158,828.		
6	Public support. Subtract line 5 from line 4.						2676749.		
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	220,773.	272,824.	331,548.	946,102.	1064330.	2835577.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	7,110.	13,648.	8,297.		28,626.	57,681.		
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.)	150.		7,569.		3,299.	11,018. 2904276.		
11	Total support. Add lines 7 through 10						2904276.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	24,091.		
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	D1(c)(3)			
	organization, check this box and stop	here							
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	92.17 %		
	Public support percentage from 2022					15	87.25 <u>%</u>		
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual	•	•						
17a	10% -facts-and-circumstances test								
	and if the organization meets the facts		,	-	•	VI how the organiz	ation		
	meets the facts-and-circumstances te	-		• • •					
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the				•				
	organization meets the facts-and-circu		-	•					
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023		

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	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 business under section 513						
4	Tax revenues levied for the organ- ization'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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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 acquired after June 30, 1975						
	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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

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		
За		
3b		
0.2		
3с		
50		
4a		
40		
ЛL		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV 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		
Sec	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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 inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2023 BAYOU CITY WATERKEEPER			26-0187498 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		·	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	5	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Part VI

Schedule B

(Form 990)

Schedule of Contributors

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

BAYOU CITY WATERKEEPER INC

Employer identification number

26-0187498

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

BAYOII CITY WATERKEEPER INC

26-0187498

BAYOU	CITY WATERKEEPER INC	2	6-0187498
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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization Employer identification number

BAYOU CITY WATERKEEPER INC

26-0187498

	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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 Inspection

Name of the organization

BAYOU CITY WATERKEEPER INC

Employer identification number 26-0187498

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and ather accounts
	-	(a) Donor advised funds	(b) Funds 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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , ,	
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	T TOOG VALION O	Ta continua motorio di actare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			l l
С	Number of conservation easements on a certified historic str		0-
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.
			and halance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	•	
	,	, ,	•
h	service, provide in Part XIII the text of the footnote to its final		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gani, provide
a	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

332051 09-28-23

		ITY WATERK					2	26-01	87498	Page	2
Par									(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make sig	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	(hange progra						
b	Scholarly research	•	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of				•	er similar a	assets	_	_		
_	to be sold to raise funds rather than to be m								Yes	N	No_
Par	t IV Escrow and Custodial Arran		te if the	organization	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod	•	•						7		
	on Form 990, Part X?							L	」Yes	N	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		—
									Amount		—
	Beginning balance						1c				—
	Additions during the year										—
е	Distributions during the year										—
f	Ending balance						1f		7.,		
	Did the organization include an amount on F						y?		Yes	-	No
Par	If "Yes," explain the arrangement in Part XIII. To be the complete it to be the complete it.										—
· ui	Endownione rando Complete II	(a) Current year		rior year	(c) Two yea		d) Three ye	are hack	(e) Four y	pare had	
4.	Designing of year balance	(a) Ourrent year	(5)	noi yeai	(C) TWO yea	13 Dack ((d) Till CC y	Jais Dack	(e) rour y	cars bac	<u></u>
	Beginning of year balance										—
	Contributions										—
	Net investment earnings, gains, and losses										—
	Grants or scholarships										—
е	Other expenditures for facilities										
	and programs										—
	Administrative expenses										—
g 2	End of year balance		o (lino 1	r column (a))) bold so:	<u> </u>					—
	Board designated or quasi-endowment		% %	y, coluitiii (a)	I) Held as.						
a h	Permanent endowment	%									
C		% %									
·	The percentages on lines 2a, 2b, and 2c sho	-									
32	Are there endowment funds not in the posse	•	ation tha	t are held ar	nd administer	ed for the	,				
ou	organization by:	osion of the organiza	ation tha	t are ricia ar	ia darriiriistoi	ca for the	•		Y	'es N	lo
	(i) Unrelated organizations?								3a(i)		_
									3a(ii)		_
h	If "Yes" on line 3a(ii), are the related organization								3b		_
4	Describe in Part XIII the intended uses of the								_ <u> </u>		_
Par			WITHOUTE	arrao.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, Ii	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate	d T	(d) Book	value	_
	1 17	basis (investi			(other)		reciation		.,		
1a	Land										_
	Buildings										_
	Leasehold improvements										_
	Equipment	l l		2	6,644.		13,92	7.	12	,717	<u> </u>

Schedule D (Form 990) 2023

12,717.

e Other

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

Schedule [D (Form 990) 2023 BAYOU	CITY	WATERKEEPER	INC		26-0187498 Page 3
Part VII						J
	Complete if the organization answ	wered "Yes	" on Form 990, Part IV,	line 11b	. See Form 990, Part X, line 12.	
(a) Descri	iption of security or category (including nar	me of security)	(b) Book value		(c) Method of valuation: Cost of	r end-of-year market value
(1) Financ	cial derivatives					
(2) Closely	y held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
<u>(H)</u>						
Total. (Col.	(b) must equal Form 990, Part X, line 12	, col. (B))				
Part VII	I Investments - Program R		"		0 5 000 5 17 11 10	
	Complete if the organization answ (a) Description of investment	werea "Yes	_	iine 11c		
	(a) Description of investment		(b) Book value	_	(c) Method of valuation: Cost of	r end-of-year market value
(1)						
(2)						
(3)				_		
(4)						
(5)						
(6)						
(7)				_		
(8)				_		
(9)	(b) must equal Form 990, Part X, line 13	col (R))				
Part IX		, coi. (b))				
	Complete if the organization answ	wered "Yes	" on Form 990. Part IV.	line 11d	. See Form 990. Part X. line 15.	
			a) Description		•	(b) Book value
(1)						, ,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col	lumn (b) must equal Form 990, Part)	K, line 15, c	col. (B))			
Part X	Other Liabilities					
	Complete if the organization answ		" on Form 990, Part IV,	line 11e	or 11f. See Form 990, Part X, lin	
<u>1. </u>	(a) Description of li	ability				(b) Book value
	deral income taxes					
<u>(2)</u> 0	PERATING LEASE PAY.	ABLE				11,056.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						11 055
Total (Col	lumn (h) must equal Form 990 Part)	V line 25 c	ol (B))			11,056.

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) 2023

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

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	1,096,255.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	0.
3	Subtr	act line 2e from line 1		3	1,096,255.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		•
С		nes 4a and 4b			0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	1,096,255.
Pai	rt XII	Reconciliation of Expenses per Audited Financial St		ses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, I			006 406
1		expenses and losses per audited financial statements		1	826,426.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ted services and use of facilities			
b		year adjustments			
С.		losses			
d		(Describe in Part XIII.)			0
_		nes 2a through 2d			826,426 .
3		act line 2e from line 1		3	020,420.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	45		
a		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.) ines 4a and 4b		10	0.
5		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			826,426.
	rt XIII	Supplemental Information	10.)		020,1200
ines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

BAYOU CITY WATERKEEPER INC

Employer identification number 26-0187498

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 4900 TRAVIS ST, SUITE 209 HOUSTON, TX 77002 EMPLOYER IDENTIFICATION NUMBER: 26-0187498 FOR THE YEAR ENDING DECEMBER 31, 2023 BAYOU CITY WATERKEEPER INC IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263 A)-1(F).
THE LOWER GALVESTON BAY WATERSHED. SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION BAYOU CITY WATERKEEPER INC 4900 TRAVIS ST, SUITE 209 HOUSTON, TX 77002 EMPLOYER IDENTIFICATION NUMBER: 26-0187498 FOR THE YEAR ENDING DECEMBER 31, 2023 BAYOU CITY WATERKEEPER INC IS MAKING THE DE MINIMIS SAFE HARBOR
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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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization BAYOU CITY WATERKEEPER INC	Employer identification number 26-0187498
THE LAST REVIEW WAS CONDUCTED IN FEBRUARY 2024.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR	OVERSIGHT OF
THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEME	ENTS AND THE
SELECTION OF AN INDEPENDENT AUDITOR HAVE NOT CHANGED FROM	THE PRIOR
YEAR.	
	_