## PUBLIC INSPECTION COPY \*\* PUBLIC DISCLOSURE COPY \*\* 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
			lar year, or tax year beginning and	ending			
Βα	heck if pplicabl	C Name of organization D Employer identification					ation number
	Addre chang	Buff	alo Bayou Partnership, Inc.				
	Name Chang		usiness as		76	-018395	4
	Initial	<b>U</b>	r and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number	
	Final return termir	1019	.9 Commerce Street, Suite 200				2-0314
	ated Amen	City or	cown, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross r		40,435,834.
	_return _Applic	HOUS	ton, TX 77002			his a group ret	
	tion pendi	F Name a	nd address of principal officer: Anne M. Olson as C above			subordinates?	Yes         X         No           Huded?         Yes         No
1 1	ax-ex	empt status:		or 52			ist. See instructions
	Vebsi		buffalobayou.org			oup exemption	
			X Corporation Trust Association Other	L Year			State of legal domicile: TX
	nrt I	Summary		1 - 104	or formation		otato or logal domining
	1	Briefly describ	be the organization's mission or most significant activities: $\ {\tt Tran}$	sformi	ing an	d revit	alizing
Governance			Bayou, Houston's most significant				
nar		Check this bo					
ver	3	Number of vo	ting members of the governing body (Part VI, line 1a)			35	
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)			4	35
ې ۵	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)				64
/itie	6	Total number	of volunteers (estimate if necessary)			6	2701
Activities &			d business revenue from Part VIII, column (C), line 12				0.
<u>م</u>	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>			0.
					Prior		Current Year
ē			and grants (Part VIII, line 1h)			1,702.	35,402,933.
enu			ice revenue (Part VIII, line 2g)			3,407.	4,253,361.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)			4,384.	138,374.
-			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,714.	428,788.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,207.	40,223,456.
			milar amounts paid (Part IX, column (A), lines 1-3)			1,200.	600.
			to or for members (Part IX, column (A), line 4)		2 1 6	0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,10	2,666.	3,285,052.
Expenses			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 423, 23	~~ <b>–</b>		0.	0.
- X					7 90	2,025.	7,353,565.
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)			5,891.	10,639,217.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)expenses. Subtract line 18 from line 12			8,316.	29,584,239.
- 2		nevenue less				Current Year	End of Year
Net Assets or - und Balances	20	Total assets (	Part X, line 16)			4,943.	75,290,954.
Asse	21		s (Part X, line 26)	······		5,272.	5,097,044.
Net,	22		fund balances. Subtract line 21 from line 20	····· ⊢		9,671.	70,193,910.
_	rt II	Signatur			,	<i>•</i>	
Und	er pena	-	I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to	the best of my	knowledge and belief, it is
	-		. Declaration of preparer (other than officer) is based on all information of wh				- /
	Electronically Filed						

gnature of officer	Date		
nne M. Olson, President			
pe or print name and title			
int/Type preparer's name	Preparer's signature	Date Check PTIN	
arbara Murphy	Barbara Murphy	11/14/23 self-employed P01386215	
m's name Blazek & Vetterlin	ng	Firm's EIN 76-0269860	
m'saddress 2900 Weslayan, Su	ite 200		
Houston, TX 77027		Phone no. 713 - 439 - 5739	
discuss this return with the preparer shown above	ve? See instructions	X Yes	No
נ ו ו	ne M. Olson, President e or print name and title nt/Type preparer's name rbara Murphy m's name Blazek & Vetterlin m's address 2900 Weslayan, Su Houston, TX 77027	ne M. Olson, President be or print name and title nt/Type preparer's name rbara Murphy m's name Blazek & Vetterling m's address 2900 Weslayan, Suite 200 Houston, TX 77027 discuss this return with the preparer shown above? See instructions	Ine M. Olson, President         De or print name and title         Int/Type preparer's name       Preparer's signature         Int/Type preparer's name       Preparer's signature         Introductor       Barbara Murphy         Introductor       Barbara Murphy         Introductor       Barbara Murphy         Introductor       PTIN         Introductor       Introductor         Introductor       Barbara Murphy         Introductor       Point         Introductor       Point

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) Buffalo Bayou Partnership, Inc. 76-0183954 Page 2
Pa	t III 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:
	See Schedule O
2	Did the organization undertake any significant program services during the year which were not listed on the
2	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?
-	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 \$4,397,108. including grants of \$) (Revenue \$3,207,252. )
	See Schedule 0
4b	(Code:) (Expenses \$868,608. including grants of \$) (Revenue \$)
	Hike and Bike Trails - A top priority of Buffalo Bayou Partnership is
	to build a continuous system of trails on the north and south banks of
	Buffalo Bayou from Shepherd Drive to the Turning Basin. This will give
	Houstonians and visitors 20 miles of trails to run, walk and bike along our waterway. To accommodate residents and visitors who want to enjoy a
	walk or jog along the Shepherd Drive to Sabine Street stretch of the
	bayou, BBP added asphalt footpaths closer to the waterway.
	bayou, BBP added asphalt lootpaths closer to the waterway.
4c	(Code: ) (Expenses \$ 3,142,216. including grants of \$ ) (Revenue \$ )
-10	Buffalo Bayou East Sector Implementation - Buffalo Bayou Partnership
	(BBP) is developing green-space along the east sector of Buffalo Bayou
	- the area from McKee Street east to the Port of Houston Turning Basin.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,182,189. including grants of \$ 600.) (Revenue \$ 1,075,379.)
4e	(Expenses \$         1,182,189.         including grants of \$         600.) (Revenue \$         1,075,379.)           Total program service expenses         9,590,121.         9         1<

Form	990	(2022)

Form 990 (2022) Buffalo Bayou Partnership, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	X	
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		<u>X</u>
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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	Х	
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	Х	
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		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	5			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	114		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17		17		х
19	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
18		18	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 23	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ 1	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

Form	990	(2022)
	330	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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						
	Schedule J						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		x			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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						
	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		Х			
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>						
	"Yes," complete Schedule L, Part IV						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes." complete Schedule M	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34	Х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		x			
37							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37					
	Note: All Form 990 filers are required to complete Schedule O	38	х				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>				
_			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 66						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
	Did the second sector second sector sector is a second second second second second second second second second						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2022) Buffalo Bayou Partnership, Inc. 76-0183954 Page						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1			
			Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	C A				
_	filed for the calendar year ending with or within the year covered by this return	64	37			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X			
		<u>3a</u>		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X		
D	If "Yes," enter the name of the foreign country					
52		,		x		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·····		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u> </u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization					
	any contributions that were not tax deductible as charitable contributions?			x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ided to the payor? 7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	d				
	to file Form 8282?			X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C? 7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?					
b						
10	Section 501(c)(7) organizations. Enter:					
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
b	amounts due or received from them.) <b>11b</b>					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
	If "Yes," complete Form 6069.					

	Form	990	(2022)
--	------	-----	--------

Buffalo Bayou Partnership, Inc.

76-0183954 Page 6

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			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5					
	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.						
b		5					
2							
-	officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X			
Ŭ		3		x			
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		x			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X			
6		. 6		X			
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			<u> </u>			
74	more members of the governing body?	7a		x			
b				<u> </u>			
b		7b		x			
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
8		0-	x				
a L	The governing body? Each committee with authority to act on behalf of the governing body?	<u>8a</u>	X	<u> </u>			
0		. <u>8b</u>	- 11	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		- 23			
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee				
10-	Did the eventiantian have lead charaters by affiliates?	10-	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>					
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	. <u>10b</u>	x	<u> </u>			
11a		11a					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	x				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <b>12b</b>	л	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x				
40	on Schedule O how this was done	12c	X	<u> </u>			
13	Did the organization have a written whistleblower policy?		X	<u> </u>			
14	Did the organization have a written document retention and destruction policy?	. 14					
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?	4-	x				
a L	The organization's CEO, Executive Director, or top management official		X	<u> </u>			
b	Other officers or key employees of the organization	. <u>15b</u>					
16-	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	10-	x				
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>					
D							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104	x				
<u>Sec</u>	exempt status with respect to such arrangements?	.   16b	Λ				
17 19		(3) c c c l · · ·	availe	ble			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)) for public inspection. Indicate how you made these available. Check all that apply	JS UNIY)	avalla	DIE			
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Upon request       Other (explain on Schedule O)						
10		and first					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial				
00	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 $\Lambda_{nne} = (713) \cdot 752 - 0314$						
	<u>Anne M. Olson - (713) 752-0314</u> 1019 Commerce Street, Suite 200, Houston, TX 77002						
	IVIJ COMMETCE BLIEEL, BUILE 200, HOUSLON, TA //UV2						

Buffalo Bayou Partnership, Inc.

Part VII	Co	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
-	Em	ployees, and Independe	ent Contra	ctors			

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(A) (B) (C)			(D)	(E)	(F)				
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yold	t con /ee		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Anne M. Olson	40.00									
President	0.00			х				218,615.	0.	19,958.
(2) Karen Farber	40.00									
VP External Affairs	0.00					X		142,984.	0.	13,999.
(3) Leigh McBurnett	40.00									
Chief Development Officer	0.00					X		122,410.	0.	14,184.
(4) Trudi Smith	40.00									
Director of Programming	0.00					X		111,142.	0.	13,510.
(5) Michele N. Marvin	40.00									
VP Finance & Administration	0.00			х				109,624.	0.	14,305.
(6) Shawn W. Cloonan	4.00									
Chair	0.00	Х		X				0.	0.	0.
(7) Gaynell Floyd Drexler	4.00									
Vice Chair	0.00	Х		X				0.	0.	0.
(8) Andrew Ziccardi	4.00									
Treasurer	0.00	Х		Х				0.	0.	0.
(9) Bolivar Fraga	4.00									
Secretary	0.00	Х		х				0.	0.	0.
(10) Ralph Abendshein	2.00									
Director	0.00	Х						0.	0.	0.
(11) Andrea Alexander	2.00									
Director	0.00	Х						0.	0.	0.
(12) Veronica Avila	2.00									
Director	0.00	Х						0.	0.	0.
(13) Andy Canales	2.00									
Director	0.00	Х						0.	0.	0.
(14) Chuck Carlberg	2.00									
Chair Emeritus	0.00	Х						0.	0.	0.
(15) Brady F. Carruth	2.00									
Chair Emeritus	0.00	Х						0.	0.	0.
(16) Harvey Clemons, Jr.	2.00							_		
Director	0.00	Х						0.	0.	0.
(17) Collin J. Cox	2.00									
Chair Emeritus	0.00	Х						0.	0.	0.

Form	990	(2022)
1 01111	000	

Buffalo Bayou Partnership, Inc.

76-0183954 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	(do	F not ch		ition		ne	Reportable	Reportable		Estima	ated
	hours per	box	unless cer and	s per	son i	is both	an	compensation	compensatio		amour	
	week (list any			i a ui	recio		ee)	- from	from related	I	othe	
	hours for	lirecto						the organization	organizations (W-2/1099-MIS	I	compens from t	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	0/	organiz	
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)		and rel	
	below	Individual trustee or director	nstitutional trustee	ы	Key employee	est co oyee	er	,			organiza	ations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) Jerry Davis	2.00											
Director	0.00	Х						0.		0.		0.
(19) Richard P. Dawson	2.00											
Director	0.00	Х						0.		0.		0.
(20) Zion Escobar	2.00											
Director	0.00	Х						0.		0.		0.
(21) Thomas Fish	2.00											
Chair Emeritus	0.00	Х						0.		0.		0.
(22) Mike Garver	2.00											
Chair Emeritus	0.00	Х						0.		0.		0.
(23) Guy Hagstette	2.00											
Director	0.00	Х						0.		0.		0.
(24) Lisa Helfman	2.00											
Director	0.00	Х						0.		0.		0.
(25) Janet Hobby	2.00											
Director	0.00	Х						0.		0.		0.
(26) Kellie R. Jenks	2.00											
Director	0.00	Х						0.		0.		0.
1b Subtotal								704,775.		0.	75,	956.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)	<u></u>							704,775.		0.	75,	956.
2 Total number of individuals (including but n	ot limited to th	ose	listec	l ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	,		
compensation from the organization												<u> </u>
										ſ	Yes	s No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey er	mple	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su									-			
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a					-		late	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								ensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	nding	g wi	ith c	or wi	:hin		ear.			
(A)	addraaa							(B)	om dia a a	0	(C)	ian
Name and business							_	Description of s	ervices		ompensat	011
Michael Van Valkenburgh A			<u> </u>					D		1	100	246
231 Concord Ave, Cambridge, MA 02138 Design services 1,199,346.										340.		
Fimes Construction												
2900 Weslayan Dr #625, Houston, TX 77027 Construction 693,131.												
Junction Landscape												
	PO Box 787, Brookshire, TX 77423 Landscaping services 634,391.											
Quiddity Engineering LLC	my 7600	0						Dogion			222	004
PO Box 95562, Grapevine,			1 /	1			-	Design servi	Jes		322,0	504.
Allied Universal Security Washington St #600, Consh					۸ ۵	າດ		Courity cor	ri ao c		207	712
								Security serv			307,	/43.
2 Total number of independent contractors (in	ICIUCING DUT NO	πIII	nted	ιOt	LIOS	se ils	ιeα	above) who received mo	ne man			

, Trustees, Key En (B) Average	nplo	yee	<u>s, ar</u> (C		lighe	est (	Compensated Employe	es (continued)	
			10					· \	(=)
Average			رد Posi				(D)	(E)	(F)
hours (check all that apply)							Reportable	Reportable	Estimated
per	(CI	песк Г		inat	app	iy)	compensation from	compensation from related	amount of other
week					ee		the	organizations	compensation
(list any	ctor				n plo y		organization	(W-2/1099-MISC)	from the
hours for	or dire				ted er		(W-2/1099-MISC)		organization
related	stee o	truste		æ	pen sa				and related
	ual tru	ional 1		plo ye	t com				organizations
	idividi	stitut	fficer	ey em	ighest	ormer			
	-	-	0	×	н	Ē			
	x						0.	0.	0.
	x						0.	0.	0.
	х						0.	0.	0.
								<b>.</b>	
	x						0.	0.	0.
								<b>J ·</b>	
	х						0.	0.	0.
	х						0.	0.	0.
	х						0.	0.	0.
0.00	х						0.	0.	0.
2.00									
0.00	х						0.	0.	0.
2.00									
0.00	х						0.	Ο.	0.
2.00									
0.00	х						0.	Ο.	0.
2.00									
0.00	х						0.	Ο.	0.
2.00									
0.00	Х						0.	0.	0.
2.00									
0.00	Х						0.	0.	0.
2.00									
0.00	Х						0.	0.	0.
	hours for related organizations below line)           2.00           0.00           2.00	hours for related organizations below line)         and and and and and and and and and and	2.00         0.00         2.00	2.00         0.00         2.00         0.00 <t< td=""><td><math display="block">\begin{array}{c ccccccccccccccccccccccccccccccccccc</math></td><td>2.00         0.00         0.00         2.00         0.00         0.00      <t< td=""><td><math display="block">\begin{array}{c c c c c c c c c c c c c c c c c c c </math></td><td><math display="block">\begin{array}{c c c c c c c c c c c c c c c c c c c </math></td><td><math display="block"> \begin{array}{c c c c c c c c c c c c c c c c c c c </math></td></t<></td></t<>	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	2.00         0.00         0.00         2.00         0.00         0.00 <t< td=""><td><math display="block">\begin{array}{c c c c c c c c c c c c c c c c c c c </math></td><td><math display="block">\begin{array}{c c c c c c c c c c c c c c c c c c c </math></td><td><math display="block"> \begin{array}{c c c c c c c c c c c c c c c c c c c </math></td></t<>	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$ \begin{array}{c c c c c c c c c c c c c c c c c c c $

				ayou	Partners	ship, Inc.		76-0183	954 Page 9
Ра	rt VII								
		Check if Schedule O o	contains a res	ponse	or note to any lin		(P)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ល្អ	1 a	Federated campaigns	1a	a					
rant	b		11						
, G	с	Fundraising events		>	479,941.				
ar A	d	B I I I I I I	10	4					
s, 0 imil	е	Government grants (contr	ibutions) 1e	•	6,628,540.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,	grants, and						
jth∉		similar amounts not included		_	28,294,452.				
onti od C	g	Noncash contributions included in	lines 1a-1f	<b>y</b> \$	4,441,288.	25 400 022			
<u>a Č</u>	h	Total. Add lines 1a-1f			During Orde	35,402,933.			
	•	Maintenance agreemer	a t		Business Code 900099	3,207,252.	3 207 252		
/ice	2a b	- 1 1 1 1 5			900099	539,776.	3,207,252. 539,776.		
Serv	u 0	Skimmer boat agreeme			900099	377,400.	377,400.		
m S ven	с 4	Boat tours	5110		900099	98,933.	98,933.		
Program Service Revenue	u e	Port of Houston fees	3		900099	30,000.	30,000.		
Pro	f	All other program service				, -	, -		
	g	<b>—</b> • • • • • • • • • • • • • •				4,253,361.			
	3	Investment income (includ							
		other similar amounts)				138,895.			138,895.
	4	Income from investment o							
	5	Royalties							
			(i) R		(ii) Personal				
		Gross rents		,350.					
		Less: rental expenses	6b	0.					
	ر ام			,350.		505,350.			505,350.
		<ul> <li>Net rental income or (loss)</li> <li>Gross amount from sales of</li> </ul>	) (i) Secı		(ii) Other	505,550.			505,550.
	<i>i</i> a	assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b		521.				
venue	с	Gain or (loss)	7c		-521.				
Re		Net gain or (loss)		<u></u>		-521.			-521.
Other	8 a	Gross income from fundraisir	•						
ð		including \$		F					
		contributions reported on	,		105 005				
	_	Part IV, line 18			106,025.				
		Less: direct expenses				-105,832.			-105,832.
		Net income or (loss) from Gross income from gamin			·····	105,052.			105,052.
	9 a	Part IV, line 19	•						
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I	• •						
		and allowances		. 10a	29,270.				
	b	Less: cost of goods sold			0.				
	с	Net income or (loss) from	sales of inven	tory		29,270.	29,270.		
s					Business Code				
Miscellaneous Revenue	11 a								
llan.	b								
scel	ر م								
Ï	a	All other revenue							
		Total revenue. See instructio				40,223,456.	4,282,631.	0.	537,892.

<u>Form 990 (2022)</u>			Partnershi	ip, Inc.	70
Part IX Statement of	of Functional Expo	enses			
Section 501(c)(3) and 501(c)	(4) organizations must (	complete	all columns. All othe	er organizations must col	mplete column (A).
Check if Sc	hedule O contains a re	sponse c	r note to any line in	this Part IX	
Do not include amounts rep 7b, 8b, 9b, and 10b of Part	,		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management ar general expense
<b>1</b> Grants and other assista	nce to domestic organizat	ions			
and domestic governme	nts. See Part IV, line 21				
2 Grants and other assis	stance to domestic				

Х

#### (C) agement and eral expenses **(D)** Fundraising expenses Do not includ 7b, 8b, 9b, a Grants a 1 and dom Grants 2 600. 600. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 362,502. 189,109. 153,390. 20,003. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 205,554. Other salaries and wages 2,283,971. 1,883,355. 195,062. 7 8 Pension plan accruals and contributions (include 86,922. 66,686. 8,825. 11,411. section 401(k) and 403(b) employer contributions) 347,938. 301,757. 24,412. 21,769. Other employee benefits 9 203,719. 163,046. 23,968. 16,705. Payroll taxes 10 11 Fees for services (nonemployees): а Management 38,290. 38,290. b Legal 12,265. 26,280. 14,015. Accounting С 9,062. 9,062. Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 9,443. 4,930,186. 4,849,559. column (A), amount, list line 11g expenses on Sch 0.) 71,184. 41,237. 32,371. 4,477. 4,389. Advertising and promotion 12 62,765. 36,877. 14,489. 11,399. Office expenses 13 55,301. 26,747. 14,277. 14,277. 14 Information technology Royalties 15 116,852. 104,558. 6,147. 6,147. 16 Occupancy 4,206. 2,990. 608. 608. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... 2,823. 32,741. 15,337. 14,581. Conferences, conventions, and meetings 19 48,467. 12,117. 24,233. 12,117. 20 Interest Payments to affiliates 21 277,377. 55,983. 389,343. 55,983. Depreciation, depletion, and amortization 22 252,470. 239,187. 5,052. 8,231. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 949,182. 949,182. Park maintenance а 270,138. Park equipment, supplies 270,138. h 51,429. 25,345. 18,073. 8,011. Printing and graphics С 38,680. 38,680. d Skimmer boat expenses 36,936. 31,620. 2,658. 2,658. e All other expenses 10,639,217. 9,590,121. 625,810. 423,286. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Buffalo Bayou Partnership, Inc
--------------------------------

76-0183954 Page 11

га		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,105,167.	1	4,918,226.
	2	Savings and temporary cash investments			18,020,656.	2	17,934,358.
	3	Pledges and grants receivable, net			1,019,500.	3	5,693,712.
	4	Accounts receivable, net			26,167.	4	107,674.
	5	Loans and other receivables from any current or		I			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		27,001.	8	27,001.	
As	9				241,444.	9	201,924.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	35,129,865.			
	b	Less: accumulated depreciation	10b	1,983,444.	23,155,008.	10c	33,146,421.
	11	Investments - publicly traded securities		11	11,011,638.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13	2,250,000.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	45,594,943.	16	75,290,954.		
	17	Accounts payable and accrued expenses	1,991,014.	17	818,535.		
	18	Grants payable		18			
	19	Deferred revenue	550,107.	19	1,876,033.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela	2,444,151.	23	2,402,476.		
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,985,272.	26	5,097,044.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	23,612,118.	27	36,138,863.		
Ba	28	Net assets with donor restrictions	16,997,553.	28	34,055,047.		
pun		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Sei	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			40 600 651	31	
Ne	32	Total net assets or fund balances			40,609,671.	32	70,193,910.
	33	Total liabilities and net assets/fund balances			45,594,943.	33	75,290,954.

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

m	990	(2022	)

	990 (2022) Buffalo Bayou Partnership, Inc.	76-0	183954	Pa	<sub>ge</sub> 12
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	40,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,63		
3	Revenue less expenses. Subtract line 2 from line 1	3	29,58		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,60	9,6	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	70,19	3,9	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		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	X	
	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				
	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 Sch	edule O.			
3a	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?		<u>3a</u>	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCHEE	OULE A		Dublic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047			
(Form 99	0)			nization is a section 501					2022			
			494	47(a)(1) nonexempt cha	ritable tru	st.			ZUZZ			
Department o Internal Reve	f the Treasury			ttach to Form 990 or Fo					Open to Public Inspection			
			Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.	Employer	identification number			
Name or	the organizati			Partnership,	Tna				6-0183954			
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part ) S	ee instruction		0-0103934			
				For lines 1 through 12, c								
<b>1</b>		•		on of churches described		,	()(A)(i).					
2	-			Attach Schedule E (Forn			יለጥለባ፦					
3				anization described in so		(b)(1)(A)(ii	ii).					
4	•		1 0	njunction with a hospital				)(iii). Enter	the hospital's name,			
	city, and state	-										
5												
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)									
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general p	public described in			
• 🗆	•		omplete Part II.)									
8			.,	(1)(A)(vi). (Complete Par	,	ad in aanii	nation with a	land grant				
9	-			in section 170(b)(1)(A)( ulture (see instructions).		-		-	-			
	university:		fram college of agric	ulture (see instructions).		name, city	, and state of	the college	0			
10	,	on that norma	llv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	nip fees, and	d gross receipts from			
				t to certain exceptions; a								
				(less section 511 tax) fro					-			
			mplete Part III.)	. ,			, ,	-				
11 🗌	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).					
12	An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on			
	7	•	• •	f supporting organizatior				-				
a 🔄				upervised, or controlled	• • • •	-						
		-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting			
b	¬ ~		complete Part IV, Se	l or controlled in connect	tion with it	e sunnorte	d organizatio	n(s) by bay	ina			
			-	anization vested in the sa			-		-			
		-	t complete Part IV,					ge the supp				
с 🗌	_ ~	. ,	• •	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,			
				). You must complete I				, ,	·			
d 🗌	] Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppo	rted organiz	ation(s)			
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness			
	requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
e				written determination fro			Туре I, Туре	II, Type III				
				nally integrated supportion	ng organiz	ation.			[]			
	er the number of the following the second		about the supporte	d organization(a)								
	i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other			
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			

Total

Part II

(Form 990) 2022 Buffalo Bayou Partnership, Inc. 76-0183 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1910242.	4477797.	19136291.	6971702.	35402933.	67898965.
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1910242.	4477797.	19136291.	6971702.	35402933.	67898965.
	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)						38004838.
6	Public support. Subtract line 5 from line 4.						29894127.
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1910242.	4477797.	19136291.		35402933.	67898965.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	310,015.	387,322.	186,084.	261,850.	644,245.	1789516.
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.)			25,704.	4,075.		29,779.
11	<b>Total support.</b> Add lines 7 through 10						69718260.
12	Gross receipts from related activities,	etc. (see instructio	ins)			12 19	,674,354.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and <b>stop</b>	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	42.88 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	44.64 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
	<u> </u>		<i>t</i>				(Eorm 000) 2022

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 Buffalo Bayou Partnership, Inc. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness 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	L					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	·	l	<u> </u>			
14	First 5 years. If the Form 990 is for th	-					
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2022 (I	• •		column (f))		15	%
	Public support percentage from 2022 (i		•			16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the					3 1/3%, and	line 17 is not
ł	more than 33 1/3%, check this box ar 3 3 1/3% support tests - 2021. If the						/3%, and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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.)

Buffalo Bayou Partnership, Inc.

#### 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

Sche	edule A (Form 990) 2022 Builaio Bayou Partnership, Inc.	10-010393	<b>4</b> Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	<sub>detail in</sub> 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>	
	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,	

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 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	ction D. All Type III Supporting Organizations			
			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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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 instructions).	
-	 ine eigenzahen euppentea a gerenniental entry.	Describe in the transmitted a governmental entity (see instruction <u>s).</u>	_

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3

Yes No

No

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	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			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022Buffalo Bayou Partnership, Inc.Part VType III Non-Functionally Integrated 509(a)(3) Supporting Organizations

232026 12-09-22

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

 c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Pa	rt V Type III Non-Functionally Integrated	you Partnership, 509(a)(3) Supporting Org	anizations (continued
	tion D - Distributions		
1 2	Amounts paid to supported organizations to accomplish		1
2	Amounts paid to perform activity that directly furthers e	xempt purposes of supported	
	organizations, in excess of income from activity		2
3	Administrative expenses paid to accomplish exempt pu	rposes of supported organization	
4	Amounts paid to acquire exempt-use assets		4
5	Qualified set-aside amounts (prior IRS approval required		5
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instruction	IS.	6
7	Total annual distributions. Add lines 1 through 6.		7
8	Distributions to attentive supported organizations to wh	lich the organization is responsiv	
	(provide details in Part VI). See instructions.		8
9	Distributable amount for 2022 from Section C, line 6		9
10	Line 8 amount divided by line 9 amount	(h)	
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022
		.,	Underdistributions
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions
Sect	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6	Excess Distributions	(ii) Underdistributions
Sect	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reaso	Excess Distributions	(ii) Underdistributions
Sect	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction	Excess Distributions	(ii) Underdistributions
Sect	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason able cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d e	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d e f	tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason able cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d d f g	tion E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason able cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d e f g	tion E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d d f g	tion E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2017 From 2018 From 2020 From 2020 From 2021 <b>Total</b> of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions)	Excess Distributions	(ii) Underdistributions
Sect 1 2 3 a b c d d f g	tion E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in</i> <b>Part VI</b> ). See instruction Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount	Excess Distributions	(ii) Underdistributions

**Current Year** 

(iii) Distributable Amount for 2022

Schedule A (Form 990) 2022

Schedul	le A (Fo	orm 990) 2	2022		Buffa	lo B	ayou	Par	tner	ship	, Inc.	1	76-	-018395	4 Page 8
Part \	Pa lir Se	art IV, Seo ne 1; Part ection D,	ction A, I IV, Sect lines 5, 6	lines 1, 2 ion D, lir	2, 3b, 3c, nes 2 and	4b, 4c, 5 3; Part I	a, 6, 9a, ∕, Sectic	9b, 9c, on E, line	11a, 11 s 1c, 2a	o, and 1 1, 2b, 3a	1c; Part IV, , and 3b; P	Section B, III	nes 1 and 2; Part V, Secti	Part III, line 12 Part IV, Sect on B, line 1e; rmation.	tion C,
	(S	ee instru	ctions.)												
Sche	dule	e A,	Part	II,	Line	10,	Expl	Lanat	ion	for	Other	Income	9:		
Insu	ranc	ce pr	ocee	ds											
2020	Amo	ount:	\$	25,	704.										
<u>2021</u>	Amo	ount:	\$	4,0	75.										

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

Inc.

OMB No. 1545-0047

2022

Employer identification number

76-0183954

Filers of:	Section:		
Organization type	(check one):		
	Buffalo	Bayou	Partnership
Name of the organi	zation		
Internal Revenue Service	У		

Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

Schedule B

(Form 990)

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 for an *exclusively* set in the set of the set of the parts unless to the set of the

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

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

Schedule B (Form 990) (2022)

No.

(a)

No.

6

5

Name of c	rganization	Emp
Buffa	lo Bayou Partnership, Inc.	7
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
<u>    1</u>		\$ <u>16,692,000.</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		\$ <u>4,430,000.</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		\$ <u>5,025,000.</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
<u>4</u>		\$2,198,540.
(a)	(b)	(c)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

Payroll

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash

(Complete Part II for noncash contributions.)

**Total contributions** 

(c)

\$

\$

948,719.

Noncash (Complete Part II for noncash contributions.)

76-0183954

#### (d) **Total contributions** Type of contribution X Person Payroll 2,409,565. Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

X

X

X

X

X

(d) Type of contribution

	B (Form 990) (2022) Irganization	Em	Pag ployer identification numbe
Part I	10 Bayou Partnership, Inc. Contributors (see instructions). Use duplicate copies of Part I if	· · · · · · · · ·	76-0183954
			(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,880,000</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

\$

(Complete Part II for noncash contributions.)

Noncash

Page **2** number

### Schedule

Name of c	organization	Employer identification number		
Buffa	lo Bayou Partnership, Inc.	76	-0183954	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	Land			
	\$\$_1,537,50			10/28/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
6	Easement			
		\$860,0	00.	_03/31/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
7	Land			
		\$ <u>1,880,000</u>		02/03/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	-	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

Schedule B (Form 990) (2022)

Page 3

Schedule E	B (Form 990) (2022)			Page <b>4</b>			
Name of or	rganization			Employer identification number			
Buffa	lo Bayou Partnership, Ir	nc.		76-0183954			
Part III		ons to organizations described in set through (e) and the following line en haritable, etc., contributions of <b>\$1,000 or</b>	try. For organizations	hat total more than \$1,000 for the year			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gi					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(-) N-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047		
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2022		
	LULL							
Department of the Treasury Internal Revenue Service	Open to Public Inspection							
I		o to www.irs.gov/Form990 for ins Form 990, Part IV, line 3, or For			aign Act	tivities) then		
-		plete Parts I-A and B. Do not com			aigii Aci			
.,.,		1(c)(3)) organizations: Complete P		Do not complete Par	t I-B.			
<ul> <li>Section 527 organization</li> </ul>					CT D.			
•	•	Form 990, Part IV, line 4, or Fori	n 990-EZ, Part VI, lin	e 47 (Lobbying Acti	vities), tl	hen		
		nave filed Form 5768 (election und						
<ul> <li>Section 501(c)(3) or</li> </ul>	anizations that h	nave NOT filed Form 5768 (election	under section 501(h)	): Complete Part II-B	. Do not o	complete Part II-A.		
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form	990-EZ	, Part V, line 35c (Proxy		
Tax) (See separate inst	ructions), then							
	, or (6) organizat	ions: Complete Part III.						
Name of organization					Employ	er identification number		
		Bayou Partnershi				76-0183954		
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 52	27 orga	nization.		
		ation's direct and indirect political						
		ures						
<b>3</b> Volunteer hours for	political campai	gn activities						
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3	3)				
		incurred by the organization under			\$			
		incurred by organization managers						
		n 4955 tax, did it file Form 4720 fo						
<b>b</b> If "Yes," describe in								
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 5	501(c)(3	3).		
1 Enter the amount d	irectly expended	I by the filing organization for secti	on 527 exempt function	on activities	\$ _			
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527				
exempt function ac	tivities				\$_			
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,					
		<b>1120-POL</b> for this year?				Yes No		
		nployer identification number (EIN)						
	-	tion listed, enter the amount paid f						
		omptly and directly delivered to a s additional space is needed, provide			eparate s	egregated fund or a		
·				Т	.			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political contributions received and		
				funds. If none, ent		promptly and directly		
						delivered to a separate		
						political organization. If none, enter -0		

Schedule C (Form 990) 2022	Buffalc	Bay	ou Partners	hip, Inc.	76-0	183954 Page 2
Part II-A Complete if the orga section 501(h)).	anization	is exer	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ection under
A Check if the filing organizat expenses, and share	e of excess lo	obbying e	1 ,		group member's nam	e, address, EIN,
Limit	s on Lobbyiı	ng Expe	nd "limited control" pro nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influe</li> <li>b Total lobbying expenditures to influe</li> <li>c Total lobbying expenditures (add lin</li> </ul>	ence a legisla	ative boc	ly (direct lobbying)			
<ul> <li>d Other exempt purpose expenditures</li> <li>e Total exempt purpose expenditures</li> <li>f Lobbying nontaxable amount. Enter</li> </ul>	s add lines 1	c and 1d	)			
If the amount on line 1e, column (a) or Not over \$500,000		The lob	bying nontaxable amount on line 1e.			
Over \$1,000,000 but not over \$1,50	Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.					
Over \$17,000,000	Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.           Over \$17,000,000         \$1,000,000.					
g Grassroots nontaxable amount (enter 25% of line 1f)						
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?					[	Yes No
(Some organizations th	at made a s	ection 5	eraging Period Under D1(h) election do not I ate instructions for Iir	nave to complete all o	of the five columns be	elow.
	Lobbyii	ng Expe	nditures During 4-Yea	r Averaging Period		1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 201	9	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures					0-1	ula C (Earm 000) 2022

Schedule C (Form 990) 2022

# Schedule C (Form 990) 2022 Buffalo Bayou Partnership Inc. 76-0183954 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). Page 3

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(1	o)
of the lobbying activity.	Yes	No	Amo	ount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
<ul><li>f Grants to other organizations for lobbying purposes?</li><li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li></ul>		X		
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>		X		
i Other activities?			(	9,062.
j Total. Add lines 1c through 1i			9	9,062.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)(	5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures fro Part III-B Complete if the organization is exempt under section 501(c)(4), see			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answe				3. is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
expenses for which the section 527(f) tax was paid).				
a Current year				
<b>b</b> Carryover from last year		2b		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a				
<ul><li>expenditures next year?</li><li>5 Taxable amount of lobbying and political expenditures. See instructions</li></ul>	4			
Part IV Supplemental Information		J		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g	group list); Part II	-A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.		,	,	
Part II-B, Line 1, Lobbying Activities:				
Buffalo Bayou Partnership contributed to lobbying e	fforts su	upport	ing	
the Infrastructure Investment and Jobs Act (HR 3684				
reclaim underutilized infrastructure and revitalize	public s	spaces	•	

SCHEDULE D
------------

Name of the organization

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.



Employer identification number

Department of the Treasury Internal Revenue Service

	Buffalo Bayou Partner	rship, Inc.		76-0183954				
Par	t I Organizations Maintaining Donor Advised Fi	ccour	counts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	<b>(b)</b> Fur	nds 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 writir	ng that the assets held in donor advised fur	nds					
	are the organization's property, subject to the organization's exclu	usive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor advise							
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose confe	rring					
	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the organiz	zation answered "Yes" on Form 990, Part IV	/, line 7					
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).						
	X Preservation of land for public use (for example, recreation	or education) X Preservation of a his	torically	important land area				
	X Protection of natural habitat	Preservation of a cer	tified hi	storic structure				
	X Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a c	onserva	tion easement on the last				
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements		2a	7				
b	Total acreage restricted by conservation easements		2b	3.00				
с	Number of conservation easements on a certified historic structure	re included in (a)	2c	0				
d	Number of conservation easements included in (c) acquired after							
	historic structure listed in the National Register		2d	0				
3	Number of conservation easements modified, transferred, release		nization	during the tax				
	year0							
4	Number of states where property subject to conservation easeme	ent is located1_						
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it hold	ds?		X Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion ease	ements during the year				
	3							
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	asemen	ts during the year				
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)(E	3)(i)					
				Yes No				
9	In Part XIII, describe how the organization reports conservation ea	-						
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements the	nat desc	cribes the				
<b>D</b> -	organization's accounting for conservation easements.		<u></u>					
Par	t III Organizations Maintaining Collections of Ar		Simila	r Assets.				
	Complete if the organization answered "Yes" on Form 990							
1a	If the organization elected, as permitted under FASB ASC 958, no							
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	e of pu	blic service,				
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1			\$				
				\$				
2	If the organization received or held works of art, historical treasure	es, or other similar assets for financial gain	provide	e				
	the following amounts required to be reported under FASB ASC 9	958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1			\$				
	Assets included in Form 990, Part X			\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2022				

Sche	dule D (Form 990) 2022 Buffalo	Bayou Part	nership	, Inc.				.8395		<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical	Treasures, o	or Othe	r Simila	r Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the following tha	t make si	gnificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan o	exchange progr	am					
b	Scholarly research	е	Other_							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they furth	er the organizati	on's exer	npt purpo	se in Parl	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical	treasures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma				<u></u>			Yes		No
Par			ete if the organi	zation answered	"Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	<b>¬</b>		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:					Amoun	+	
	De situatione la classica							Amoun	L	
	Beginning balance									
	Additions during the year									
f	Distributions during the year Ending balance					. <u>ie</u> 1f				
י 29	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.						∟			]
Par						10.				
		(a) Current year	(b) Prior yea			(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions	11,000,000.								
с	Net investment earnings, gains, and losses	11,638.								
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	11,011,638.								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, colum	nn (a)) held as:						
а	Board designated or quasi-endowment	.1060	_%							
b	Permanent endowment 99.8940	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are he	ld and administe	red for th	е				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organizat	-		R?				. 3b		
4 Par	t VI Land, Buildings, and Equipme		wment funds.							
1 41	Complete if the organization answered		Part IV line 1	la See Form 99	) Part X	line 10				
	· · ·				1			(d) Doo	le volu	
	Description of property	(a) Cost or of basis (investm	• • •	Cost or other asis (other)	1	ccumulate preciation	-u	( <b>d)</b> Boo	n valu	e
10	Land		,	650,160.		p. colution		24,65	0 1	60
	Land			599,095.	5	881,6		<u>6,71</u>		
	Buildings Leasehold improvements		/ ' '		† ``	<u>, , , , , , , , , , , , , , , , , , , </u>		5,71	, , <del>-</del> '	
	Equipment		1	950,532.	1.1	101,8	12.	84	8,7	20.
	Other		<u> </u>	930,078.					0,0	
	. Add lines 1a through 1e. (Column (d) must ed		X column (D)					3,14		
1010		juai runni 990, Fall /	<u>, colui (III (D), II</u>						- , -	

Schedule D (Form 990) 2022

Schedule E		ou Partnership	o, Inc.	76-0183954 Page 3
Part VII				
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financi	ial derivatives			
	/ held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13	i.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	J			
	Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	= 15)		
Part X	Other Liabilities.			•
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,	line 25.
1.	(a) Description of liability			(b) Book value
(1) Fee	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Cold	<u>umn (b) must equal Form 990, Part X, col. (B) line</u>	e 25.)		

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

Sche	dule D (Form 990) 2022 Buffalo Bayou Partnership,	Inc.		76-	0183954	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	40,553	,310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	258,214.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		71,640.			
е	Add lines 2a through 2d			2e	329	<u>,854.</u>
3	Subtract line 2e from line 1			3	40,223	<u>,456.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	40,223	<u>,456.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	10,969	<u>,071.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a	258,214.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	. 2d	71,640.			
е	Add lines 2a through 2d			2e		,854.
3	Subtract line 2e from line 1			3	10,639	<u>,217.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,639	,217.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part II, Line 5:

According to BBP's policy, the easements are monitored annually.

Part II, line 9:

The Partnership has eight right-of-way easements totaling 3.83 acres along

the Bayou's east sector. These easements were granted to the Partnership

to allow completion of hike and bike trails for public use and provide

access to the Partnership property from the City's public right-of-way.

The Partnership does not have ownership of the land and improvements

related to these easements; therefore, no amounts have been recorded as

assets in these financial statements.

Schedule D (Form 990) 2022 Buffalo Bayou Partnership, Inc. Part XIII Supplemental Information (continued)	76-0183954 Page 5
Part V, line 4:	
The endowment was established to provide long-term financial	support for
the operations and maintenance of the Buffalo Bayou East park	projects.
<u> Part XI, Line 2d - Other Adjustments:</u>	
Expense reimbursements	71,640.
<u> Part XII, Line 2d - Other Adjustments:</u>	
Expense reimbursements	71,640.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990 c	or Forr	n 990 <sup>.</sup>	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	ctions	and tl	ne latest informatio	n.		Inspection
Name of the organization		Bayou Partnership	, I1	nc.			Employeri 76-018	dentification number 33954
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations dicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	<b>Yes No</b> be
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	y) to (or retained by)
			Yes	No				
Total	ich the organizatio	n is registered or licensed to solicit c	ontrib		or has been notified	itic	evernt from	registration
or licensing.	ion the organizatio					11 15 1		าธุรารแลแบบ

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

Schedule G (Form 990) 2022

 Schedule G (Form 990) 2022
 Buffalo Bayou Partnership, Inc.
 76-0183954
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Buffalo			(add col. (a) through
			Bayou Gala	Regatta	1	
υ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
שמושאבי	1	Gross receipts	484,855.	88,426.	12,685.	585,966
	2	Less: Contributions	436,855.	35,926.	7,160.	479,941
	3	Gross income (line 1 minus line 2)		52,500.	5,525.	106,025
	4	Cash prizes				
	5	Noncash prizes				
DCI IDC	6	Rent/facility costs				
nireut Experises	7	Food and beverages	71,648.	1,607.	17,845.	91,100
5	8	Entertainment	725.	1,000.	400.	2,125
	9	Other direct expenses		31,028.	108.	118,632
	-			01/0200		211,857
	11	Net income summary. Subtract line 10 fror				-105,832
	1	Gross revenue		bingo/progressive bingo		col. <b>(a)</b> through col. (a
,	2	Cash prizes				
βI		04311 01263				
	3	Noncash prizes				
	3 4					
	3 4 5	Noncash prizes				
	4	Noncash prizes	  	└── Yes % └─ No	Yes%	
	4	Noncash prizes Rent/facility costs Other direct expenses	Yes% No		No	
	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu	 Yes% No ugh 5 in column (d)	□ No	□ No	
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	 Yes% No ugh 5 in column (d)	□ No	□ No	
	4 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cor	Yes%	No	No	
a	4 5 7 8 Entilis t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line	Yes%   Yes%   youther of the set of th	No	No	Yes N
ab	4 5 7 8 Enti- Is t	Noncash prizes	Yes%          No          No          Image 7 from line 1, column (d)          activities:          g activities in each of these	states?	□ No	
ab	4 5 7 8 8 1st 1f"	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization cor the organization licensed to conduct gaming	Yes% No ugh 5 in column (d) e 7 from line 1, column (d) nducts gaming activities: g activities in each of these s revoked, suspended, or te	states?	□ No	

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	Buffalo Bayou	Partnership,	Inc.	76-0183954 Page 3
11	Does the organization conduct ga	ming activities with nonmen	ibers?		Yes No
	Is the organization a grantor, bene				
	to administer charitable gaming?				Yes No
	Indicate the percentage of gaming				1 1
	The organization's facility				
	An outside facility				
14	Enter the name and address of the	e person who prepares the c	organization's gaming/spe	cial events books and records	
	Name				
	Address				
15a	Does the organization have a cont	tract with a third party from v	whom the organization rec	ceives gaming revenue?	Yes No
b	If "Yes," enter the amount of gami	ing revenue received by the	organization \$	and the amo	unt
	of gaming revenue retained by the	e third party \$			
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee	Independent contra	ctor	
17	Mandaton, distributions:				
	Mandatory distributions: Is the organization required under	state law to make charitable	distributions from the ga	ming proceeds to	
					Yes No
b	Enter the amount of distributions				
	organization's own exempt activiti				
Pa				line 2b, columns (iii) and (v); a	nd Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any	y additional information. S	ee instructions.	

Schedule G	
Dart IV	Quanta

raitiv	Supplemental information (continued)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)		20	2022				
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		2022				
Denar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organizatior			identificatio		mber		
De		Buffalo Bayou Partnership, Inc.	76-0	018395	4			
Pa	rt I Question:	s Regarding Compensation						
			000		Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com	panions Payments for business use of personal re ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
				1b	1			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	i i i i i i i i i i i i i i i i i i i			
		-,						
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	5					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	Independent c	ompensation consultant Compensation survey or study						
	X Form 990 of of	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?					X		
b	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?					X		
С						X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	0.1							
F		<b>)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic						
5	-		11					
а	contingent on the re			5a		x		
a b	Any related organiz	n? anization?		<u>5a</u> 5b		X		
U		r 5b, describe in Part III.		50		<u> </u>		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
U	contingent on the n		11					
а	•			6a		x		
		ation?				x		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5					
		ies 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n <b>990</b> )	) 2022		

Schedule J (Form 990) 2022

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Anne M. Olson	(i)	218,615.	0.	0.	13,158.	6,800.	238,573.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Karen Farber	(i)	140,984.	0.	2,000.	7,199.	6,800.	156,983.	0.
VP External Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE L		Tra	insaction	ıs V	Vith	Int	erested	Persons			0	MB No. <sup>-</sup>	1545-00	47
(Form 990)	he or	e organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.								2022 Open To Public				
Department of the Treasury Internal Revenue Service	Go	to ww						est information.				spect		,iic
Name of the organization					_						ident		on nu	mber
Dort L Execce			ayou Par								839	54		
								ction 501(c)(29) organ						
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line           1         (b) Relationship between disqualified							<u>р.</u>	(d)	Corre	ected?			
(a) Name of disqual	ified person	. ,	person and or				(0	c) Description of trans	sactio	n		Y	Yes No	
												_	_	
												_	-	
													-	
2 Enter the amount o section 4958	-		-	-			-	ing the year under		\$				
3 Enter the amount o														
			erested Pers			Denty	/							
	-		vered "Yes" on F , Part X, line 5, 6			, Part	v, line 38a or F	Form 990, Part IV, line	926; (	or it th	e orga	nizatio	on	
(a) Name of	(b) Relation		(c) Purpose	(d) La	oan to or	(6	e) Original	(f) Balance due	(g)	) In	(h) Ap	proved	(I) V	Vritten
interested person	with organ	ization	of loan		n the ization?	prino	cipal amount		default?		by board or committee?		agree	ement?
				То	From				Yes	No	Yes	No	Yes	No
Total Part III Grants o	or Assistance	Ber	nefiting Inter	este	d Per	sons	\$ -							
			vered "Yes" on F											
(a) Name of intere	sted person		(b) Relationship			(	c) Amount of	(d) Type			•	) Purp		f
			interested pers the organiza		d		assistance	assistand	ce			assista	ance	
		+								-+				
		+												
		_												
		+								-+				
		_												

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

Schedule L (Form 990) 2022

76-0183954	Page 2
------------	--------

	o Bayou Par		o, Inc.	76-0183	954 F	<sup>2</sup> age <b>2</b>
Part IV Business Transactions Involv	ing Interested Pe	ersons.				
Complete if the organization answered	"Yes" on Form 990, P	art IV, line 28a,	28b, or 28c.	1	(a) Char	vina of
(a) Name of interested person	(b) Relationship bet			(d) Description of transaction	<b>(e)</b> Shar   organiza	
	person and the	organization	transaction	transaction	revenu	
<u></u>	Componetion	1009 00	- 1 570 916	Domasin lon	Yes	<u>No</u> X
<u>CG 233 Inc.</u> CG 233 Inc.	Corporation		<u>v 4,579,816.</u>	Granted acc		X
<u>CG 255 IIIC</u> .			v 0.	Granced acc		<u> </u>
Part V Supplemental Information.						
Provide additional information for response	onses to questions on	Schedule L (see	e instructions).			
Sch L, Part IV, Business T	rangactions	Tnvolvi	ng Intereste	d Persons.		
SCIL II, FAIL IV, BUSINESS I		111010101	ing inceresce	eu reisons.		
(a) Name of Person: CG 233	Inc.					
<u>(()</u> , <u>()</u> ,						
(b) Relationship Between I	nterested P	erson an	d Organizati	lon:		
Corporation 100% owned by	substantial	contrib	utor			
(d) Description of Transac	tion: Barga	in land	purchase fro	om corporati	on	
owned by substantial contr	ibutor					
owned by substantial contr						
(a) Name of Person: CG 233	Inc.					
	_					
(b) Relationship Between I	nterested P	erson an	d Organizati	lon:		
Corporation 100% owned by	auhatantial	a a a t a t b				
corporation 100% owned by	Substantial	CONCLUD	ulor			
(d) Description of Transac	tion. Grant	ed acces	s easement			
(u) Debeription of flundue	crom. Granc		<u>b cubement</u>			

1

2

3

4

Part I

Department of the Treasury Internal Revenue Service

SCHEDULE M	
(Form 990)	

# Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization Employer identification number Buffalo Bayou Partnership, Inc. 76-0183954 **Types of Property (b)** Number of (c) Noncash contribution (a) (d) Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications

5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	163	,723.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	3	4,277	,565.	Appraisal	FMV		
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ( )								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			2	
								Yes	No
30a	During the year, did the organization receive by	-	• • • • •		-				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required t	o be used	for			
	exempt purposes for the entire holding period?	?					. <u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any nonstandar	d contribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	it, process, or sel	l noncash				
	contributions?						. 32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	ı (a) is che	cked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).		Schedu	le M (Fori	m 990)	2022

OMB	No.	1545-004

2022
Open to Public Inspection

Schedule M	(Form 990) 2022	Buffalo	Bayou	Partne	rship,	Inc.		76-0183954	Page <b>2</b>
Part II	Supplemental	Information	Provide the number o	ne informatior	required by	Part I, lines 3	0b, 32b, and 33, ceived, or a comb	and whether the organiza ination of both. Also com	ation

SCHEDULE O (Form 990)

Name of the organization

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.



Buffalo Bayou Partnership, Inc.

Form 990, Part III, Line 1, Description of Organization Mission:

Established in 1986, Buffalo Bayou Partnership (BBP) is the non-profit transforming and revitalizing Buffalo Bayou. The organization's geographic focus is the 10-square mile stretch of the bayou that flows from Shepherd Drive, through the heart of downtown into the East End, and on to the Port of Houston Turning Basin. BBP creates and cares for inclusive public spaces such as Buffalo Bayou Park, constructs hike and bike trails, removes trash and debris from the waterway, and promotes the economic and social well-being of surrounding neighborhoods through affordable housing. BBP also activates the bayou with unique programs, public art, volunteer events and recreational opportunities that enrich Houston's quality of life.

Form 990, Part III, Line 2, New Program Services: In December 2022, BBP entered into an arrangement to develop an affordable 80-unit multi-family housing complex near Buffalo Bayou, east of downtown Houston, for low to moderate income at-risk families.

Form 990, Part III, Line 4a, Program Service Accomplishments: Buffalo Bayou Park - A strong public-private partnership including the Kinder Foundation, Buffalo Bayou Partnership (BBP), the City of Houston, and Harris County Flood Control District carried out an ambitious \$58 million restoration project for the stretch of bayou from Shepherd Drive to Sabine Street. The project involved flood management, eco-restoration, new hike and bike trails and an array of park

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization Buffalo Bayou Partnership, Inc.	Employer identification number 76-0183954
amenities. The park improvements were substantially comple	ted for the
Buffalo Bayou Park project in 2015, and BBP transferred ow	nership to
the City. BBP maintains and operates the 160-acre Buffalo	Bayou Park
with funding from the Downtown Redevelopment Authority TIR	Z #3. It is
also responsible for maintaining the hike and bike trails	and green
spaces along the waterway from Sabine to Fannin streets wi	th funding
from Houston First Corporation and Houston Parks Board. To	assist with
ongoing maintenance and conservation efforts, BBP relies o	n thousands
of volunteers and community service workers each year that	remove weeds
and invasive species, plant wildflowers, pick up trash and	remove silt
from the trails after heavy rains.	
Form 990, Part III, Line 4d, Other Program Services:	
Buffalo Bayou Partnership Special Events - BBP offers a wi	de range of
recreational and cultural activities, including:	
<u>- Buffalo Bayou Partnership Regatta: Annual 15-mile canoe</u>	and kayak
race on Buffalo Bayou from Voss Road to Allen's Landing in	Downtown
Houston, held annually in March.	
- Kids Day: A free event filled with family fun, educatio	nal
activities, music, food, park performers, and bayou boat r	ides, held
annually in October.	
- Pontoon Boat Rides: Offered year-round and include bat	tours,
history tours, and private charters.	
- Walking Tours: Offered year-round and include public ar	t tours,
wellness walks and nature tours.	
Expenses \$ 165,342. including grants of \$ 600. Revenue	\$ 29,270.

Schedule O (Form 990) 2022	Page <b>2</b>							
Name of the organization Buffalo Bayou Partnership, Inc.	Employer identification number $76 - 0183954$							
Buffalo Bayou Park Cistern - BBP restored and repurposed t	·							
underground city water reservoir and opened it to the public in 2016.								
In addition to tours highlighting the history and architecture of this								
unique industrial site, BBP presents periodic art installa	tions in the							
space.								
Expenses \$ 355,608. including grants of \$ 0. Revenue \$	0.							
Land Acquisition - BBP has an ongoing land acquisition pro	gram for							
trails and facilities along both sides of Buffalo Bayou fr	om Shepherd							
Drive to the Port of Houston Turning Basin.								
Expenses \$ 216,903. including grants of \$ 0. Revenue \$	638,709.							
<u>Clean &amp; Green Program - Removing trash and debris is centr</u>	al to BBP's							
mission of helping to restore Buffalo Bayou to an ecologic	ally							
functional system and providing an enhanced amenity for th	e mental and							
physical benefit of Houstonians and visitors. The program	, funded by							
the Harris County Flood Control District and Port of Houst	on, removes							
floatables from the water and along the banks of the bayou								
Expenses \$ 444,336. including grants of \$ 0. Revenue \$	407,400.							
Form 990, Part VI, Section A, line 1a:								
According to the BBP corporate documents, the Executive Co	mmittee consists							
of the officers and such others as the Board may designate	. This committee							
has all the authority of the Board in the management of BB	P, except where							
action of the Board is specified by statute.								

Form 990, Part VI, Section B, line 11b:

The staff and Executive Committee review Form 990 and provide a copy of the 232212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number
Buffalo Bayou Partnership, Inc.	76-0183954

form to the Board of Directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

All Board members receive a copy of the Buffalo Bayou Partnership Conflict

of Interest Policy and complete the Conflict of Interest Questionnaire each

year to disclose any potential conflicts of interest. The President reviews

these responses. If a conflict of interest is present, the Board member is

recused from voting on any issues that relate to the conflict.

Form 990, Part VI, Section B, Line 15:

Compensation is compared with other similar organizations. The Board Chair,

in cooperation with the Executive Committee, reviews the President's

compensation annually.

This process is also used to determine compensation for other officers.

Form 990, Part VI, Section C, Line 19:

Documents are available upon request.

Form 990, Part IX, Line 11g, Other Fees:	
Construction:	
Program service expenses	1,157,154.
Total expenses	1,157,154.
Consulting:	
Program service expenses	608,451.
Management and general expenses	58,524.
Total expenses	666,975.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization Buffalo Bayou Partnership, Inc.	Page Employer identification number 76-0183954
Builaio Bayou Faithership, inc.	/0-0103934
Design & engineering:	
Program service expenses	2,135,514.
Management and general expenses	158.
Total expenses	2,135,672.
Project manager:	
Program service expenses	193,603.
Management and general expenses	5,699.
Total expenses	199,302.
Other professional services:	
Program service expenses	754,837.
Management and general expenses	6,803.
Fundraising expenses	9,443.
Total expenses	771,083.
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,930,186.

## SCHEDULE R

(Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

76-0183954

Department of the Treasury Internal Revenue Service Name of the organization

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

Buffalo Bayou Partnership, Inc.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
BBP Acquisitions, LLC - 87-1437679					
1019 Commerce St Ste 200					Buffalo Bayou
Houston, TX 77002	Real estate	Texas			Partnership
BBP Holdco, LLC - 87-1490855					
1019 Commerce St Ste 200					Buffalo Bayou
Houston, TX 77002	Real estate	Texas	23,077.	4,040,000.	Partnership
BBP Lockwood Foley Holdings, LLC -					
87-2368487, 1019 Commerce St Ste 200,					
Houston, TX 77002	Real estate	Texas	23,077.	4,040,000.	BBP Holdco, LLC
BBP Lockwood Foley GL Family, LLC -					
87-2423244, 1019 Commerce St Ste 200,					BBP Lockwood Foley
Houston, TX 77002	Real estate	Texas	23,077.	4,040,000.	Holdings, LLC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>(g)</b> n 512(b)(13) ntrolled entity?	
				501(c)(3))		Yes	No	
	-							

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
BBF Jensen McCall, LLC - 87-1526406 1019 Commerce St 200	-				
Houston, TX 77002 BBP Velasco North, LLC - 87-3964253	Real estate	Texas			BBP Holdco, LLC
1019 Commerce St Ste 200	_				
Houston, TX 77002	Real estate	Texas			BBP Holdco, LLC
	_				
	_				
	-				
	_				
	-				
	_				
	_				
	-				

76-0183954 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
Lockwood South GP, LLC -	-		BBP Lockwood								
35-2924581, 1019 Commerce St Ste 200, Houston, TX 77002	Real estate	тх	Foley Family MP, LLC	N/A				x	N/A	x	51.00%
	-										
	-										
	-										

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(t contr ent	i) b)(13) rolled tity?
BBP Lockwood Foley Family MP, LLC								103	
1019 Commerce St Ste 200	]		BBP Holdco,						
Houston, TX 77002	Real estate	TX	LLC	C CORP			100%	X	
	-								

## Schedule R (Form 990) 2022 Buffalo Bayou Partnership, Inc.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Net	er Oemelste Vise 1 if envisentijk is Vetenijs Deuts II. III. ev IV of this este skule		Vee	Na				
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			x				
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	<b>b</b> Gift, grant, or capital contribution to related organization(s)							
	c Gift, grant, or capital contribution from related organization(s)							
d	Loans or loan guarantees to or for related organization(s)	1d		X				
е	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
h	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				

## Schedule R (Form 990) 2022 Buffalo Bayou Partnership, Inc.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Are a partners 501(c) orgs Yes	s sec. )(3) .?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispi tion alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or P ging er?	<b>(k)</b> Percentage ownership
			162				Tes		(1011111000)			

Schedule R (Form 990) 2022

Provide additional information for responses to questions on Schedule R. See instructions.

## Part I - Disregarded Entities

In 2021, Buffalo Bayou Partnership entered into a multi-tiered

arrangement to provide affordable housing near the bayou for low to

moderate income at-risk families. The following disregarded entities

reported on Schedule R, Part I are part of this multi-tiered structure:

BBP Holdco, LLC

BBP Lockwood Foley Holdings, LLC

BBP Lockwood Foley GL Family, LLC

Form 990/990-EZ/990-PF	Form 990-T
Exported on 11/14/2023 13:29:28	
Form 990	