** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

ΑF	or the	e 2023 calendar year, or tax year beginning and	ending		
B c	Check if pplicabl	C Name of organization		D Employer identifie	cation number
	Addre	Galveston Bay Foundation, Inc.			
	Name chang	Doing business as		76-02798	76
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1725 Highway 146	Room/suite	E Telephone number 281-332-	
	⊥return, termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	19,921,260.	
	□Amen			H(a) Is this a group re	
	return Applic tion		Tr.	for subordinates	
	pendir	same as C above	H(b) Are all subordinates in		
	Tay ay	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1)	or 527	1 ' '	list. See instructions
	Nebsi		01 321	H(c) Group exemptio	
_		organization: X Corporation Trust Association Other	I Voor		N State of legal domicile: TX
	art I	Summary	L TEAT	oriorination, ±507 N	1 State of legal dominione. 121
	_	Briefly describe the organization's mission or most significant activities: To p	racari	e and protec	¬+
ë	1	Galveston Bay, Texas' largest estuary, fo			
Governance	_				
ē	2			1 1	21
90	3			3	20
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			43
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			2010
Activities &		Total number of volunteers (estimate if necessary)			2010
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year
		Onet Stations and marks (Dod VIIII See Als)		6,477,456.	19,132,900.
ne	l	Contributions and grants (Part VIII, line 1h)			
ē	1	Program service revenue (Part VIII, line 2g)		61,310. 459,359.	50,059.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		·	331,186.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-49,895.	-205,989 .
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,948,230.	19,308,156.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		50,649.	5,322,734.
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,293,107.	2,539,257.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	92,057.	25,000.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)		0 504 053	F 060 633
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,504,853.	5,869,633.
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,940,666.	13,756,624.
		Revenue less expenses. Subtract line 18 from line 12		2,007,564.	5,551,532.
t Assets or			Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		29,773,235.	35,772,945.
A P	21	Total liabilities (Part X, line 26)		1,018,731.	1,466,909.
Net		Net assets or fund balances. Subtract line 21 from line 20		28,754,504.	34,306,036.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Electronically Filed		Data	
Sig		Signature of officer		Date	
Her	е	Robert J. Stokes, Jr., President			
		Type or print name and title	T i	Doto In	DTIN
_	_	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Barbara Murphy Barbara Murphy	.1/14/24 self-employ		
	arer	Firm's name Blazek & Vetterling		Firm's EIN 7	6-0269860
Use	Only	Firm's address 2900 Weslayan, Suite 200			2 420 5522
		Houston, TX 77027		Phone no. 71	3-439-5739
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	Galveston Bay Foundation, Inc.	76-0279876	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	The mission of the Galveston Bay Foundation (GBF) is to		
	enhance Galveston Bay as a healthy and productive place	for	
	generations to come.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		□v _{**}	X No
	prior Form 990 or 990-EZ?	L Yes	LA NO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 11,060,086. including grants of \$ 5,307,213.) (Rever	nuo ¢	
4 a	See Schedule 0	nue \$	
	see schedule 0		
4b	(Code:) (Expenses \$ 671,113. including grants of \$) (Rever	50.	059.
	See Schedule 0	<u>σση</u>	
	Bee Benedate 0		
4c	(Code:) (Expenses \$ 267,825. including grants of \$ 15,521.) (Rever	nue \$	
	See Schedule O		

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Total program service expenses

or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII d 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 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11d X 11d X 12d Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization shall separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in All XIII X 12b Did the organization assertable in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X in All XII X 12b Did the organization maintain an office, employees, or agents outside of the United States? 13 Is the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a to				Yes	No_
2 Is 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	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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					
section 50((s)) arganization. Did the organization engage in lobbying activities, or have a section 50((s)) election in effect during the tax year? (if "Yes," complete Schedule C, Part II is the organization action 501((s)). 501((s)). 605((s)) organization that receives membership dues, assessments, or similar amounts as defined in Rev Price. 96(197) if "Yes," complete Schedule C, Part II is the organization mantain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part II is the organization receive or hold a conservation easement, including asserted by Part II is the organization mantain any donor advised funds or any similar funds or accounts? if "Yes," complete Schedule D, Part II is the organization mantain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II is the organization in amount in Part X, line 21, for escrew or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repairs, or debt negotiation services? If "Yes," complete Schedule D, Part IV II is dependent or amounts not indicate plant X, complete Schedule D, Part V II if the organization in eport an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II is a saskit seporated in Part X, line 119 If "Yes," complete Schedule D, Part V II is A II in 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 V II is A II in the organization report an amount for investments or the securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II is A II in the organization report an amount for inve	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 50 (16/3) organizations. Did the organization engage in tobbying activities, or have a section 501 (h) election in effect during the tax year? // "yes," complete Schedule C, Part II stitle organization a section 501 (16/1), 501 (16/1), or 501 (16/1) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 // "yes," complete Schedule C, Part II in provide advice on the distribution or investment of amounts in such funds or a occounts? // "yes," complete Schedule D, Part I in provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "yes," complete Schedule D, Part II in the organization means on total account indiging easements to preserve open species, the environment, historic land areas, or historic structures? // "yes," complete Schedule D, Part II in the organization report an amount in Part X, line 21, for secrow 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 is 10 bit the organization in export or any of the following questions is "yes," then complete Schedule D, Part V is 11 the organization as any or the following questions is "yes," then complete Schedule D, Part V II, VII, VII, VII, X, or X as applicable. Did the organization report an amount for investments or the securities in Part X, line 10? If "yes," complete Schedule D, Part V II is 10 bit the organization report an amount to rivestments or the securities in Part X, line 10? If "yes," complete Schedule D, Part V II is 10 bit the organization seport an amount to rivestments or the securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 19? If "yes," complete Schedule D, Part V II is 10 bit the organization seport an amount to ot	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or solito(6). Part III. Did the organization and the Proc. 9619? If "Yes," complete Schedule C, Part III. Did the organization content and any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic art treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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 V. If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. Did the organization report an amount for lend, buildings, and equipment in Part X, line 12; If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for lend part X, line 18. That I, line 18. That I, line 18. If Yes, complete Schedule D, Part VIII. Did the organization report an amount for lend part X, line 18. That I, line 18. That I, line 18. If Yes, complete Schedule D, Part X III. Did the organization is separate an amount for the liabilities in Part X, line 19. If "Yes," complete Schedule D, Part X III. Did the organiz			3		<u> X</u>
5 is the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 if "Yes," complete Schedule C, Part III 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 II 7 X 8 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical under assues, or other similar assets? If "Yes," complete Schedule D, Part II 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? 10 Did the organization sanswer only of the following questions is "Yes," then complete Schedule D, Part V II 10 Did the organization sanswer only of the following questions is "Yes," then complete Schedule D, Part V II 11 Did The organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part V II 11 Did the organization report an amount for investments - soften securities in Part X, line 19, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 11 Did the organization standard in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 11 Did the organization standard in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II 11 Did the organization standard in a mount for other assets in Part X, line 15, t	4				
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8		· · · · · · · · · · · · · · · · · · ·	6		<u> </u>
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7			37	
Schedule D, Part III 8 X 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 10 Did the organization or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X X If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X X Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 X X X X X X X X			_7_	_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 V	8	, ,			37
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#*Yes,* complete Schedule 0, Part IV 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 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. 3 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 3 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 4 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 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 5 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII 5 Did the organization slability for uncertain tax positions under Fint 48 (ASC 740)? If "Yes," complete Schedule D, Part X IIII 6 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X X 12a Did the organization asserted "No" to line 12a, then completing Schedule D, Part X III A X 13b 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 investment valued at \$100,000 or more? If "Yes," complete S	9				
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13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b	, 1	40.		v
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·			
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2023) Galveston Bay Foundation, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	Х					
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						
	c 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						
	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				
h	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							
		25b		x				
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u></u>				
20	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,							
21	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				
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		1				
28								
_	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	00-	х					
	"Yes," complete Schedule L, Part IV	28a	Λ	Х				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b						
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X				
	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V				
•	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						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩				
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ 				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v				
	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?		v					
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X					
· a	Check if Schoolule O contains a reappage or note to any line in this Bart V							
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>				
	Establis and the control of the cont		Yes	No				
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 83 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	-						
b	Enter the number of Fermi W 2d monded on line 1d. Enter of infort applicable	-						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v					
	(gambling) winnings to prize winners?	1c	X					

Form 990 (2023) Galveston Bay Foundation, Inc.

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	42			
	filed for the calendar year ending with or within the year covered by this return	2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	<u> </u>
3а	· · · · · · · · · · · · · · · · · · ·		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
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	s required			
	to file Form 8282?		7с		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 co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l l	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
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.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	14a		Х
			14a 14b		 ^
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14D		
IJ			15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.		.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Ves " complete Form 6060		.,		

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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	-							
	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	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	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?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v						
40	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Λ						
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?	450	Х						
	The organization's CEO, Executive Director, or top management official	15a 15b	- 25	Х					
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		21					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
10a		16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	,,							
	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial						
	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								
	Dawn Wahl Asbury - 281-332-3381								
	1725 Highway 146 Kemah TX 77565								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compense 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 no	or any related	orga	niza	tion	con	nper	sat	ed any current officer, di	rector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average			sition more than one			Reportable	Reportable	Estimated	
	hours per	box	oox, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week			uau	director/trustee)		(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	In stit utio nal tru stee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) Robert J. Stokes, Jr.	40.00	-						106.064		6 4 5 2
President	40.00			Х	_	├		186,964.	0.	6,173.
(2) Nicole Scanlin	40.00	-			l			154 100		10 500
Director of Development	40.00				Х	┝		154,132.	0.	10,588.
(3) Dawn Asbury	40.00	-						121 250	•	0 005
Controller	40.00					X		131,372.	0.	9,905.
(4) Greg Loushine Director of Strategic Part	40.00	-				x		131,764.	0.	4,508.
(5) Charlie Prioleau	2.00					^		131,704.	0.	4,300.
Chair	2.00	Х		Х				0.	0.	0.
(6) Janelle Daniel	2.00	-25				\vdash		•	•	
1st Vice Chair		х		Х				0.	0.	0.
(7) Mark Burroughs	2.00	T-								
2nd Vice Chair		Х		Х				0.	0.	0.
(8) Brian C. Sauer	2.00									
Secretary		Х		Х				0.	0.	0.
(9) Jeff T. Miers	2.00									
Treasurer		Х		Х				0.	0.	0.
(10) Monty Briscoe	2.00									
Director		Х						0.	0.	0.
(11) Shelley Britton	2.00									
Director		Х						0.	0.	0.
(12) Trae Camble	2.00									
Director	0.00	Х						0.	0.	0.
(13) Matthew Doyle	2.00	ļ								
Director	0.00	Х			_	┝		0.	0.	0.
(14) J.P. Fjeld-Hansen	2.00	.,							_	•
Director (15) Division Cission	2 00	Х						0.	0.	0.
(15) Patrick Giffhorn	2.00	37							_	0
Director	2 00	Х				\vdash		0.	0.	0.
(16) Pat Hammond Director	2.00	Х						0.	0.	0
(17) Sarah Hudgins	2.00	^	\vdash			\vdash		"	U •	0.
Director	4.00	Х						0.	0.	0.
21100001	<u> </u>	Λ				<u> </u>	<u> </u>	<u> </u>	U •	5 990 (2222)

332007 12-21-23 Form **990** (2023)

Part VII Section A. Officers, Directors, Trus									s (continued)	070 Fage 0
(A)	(B)		,	(((D)	(E)	(F)
Name and title	Average hours per week	ours per (do not check more than one box, unless person is both an					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Shawn Jackson	2.00							•	•	
Director	0.00	Х				_		0.	0.	0.
(19) Fay Kirby	2.00								•	•
Director	0.00	Х						0.	0.	0.
(20) Jay Lendrum	2.00	,,							0	0
Director	2 00	Х						0.	0.	0.
(21) Kathleen Lucas Director	2.00	х						0.	0.	0.
(22) Madeleine Montes	2.00	25						•	•	•
Director		Х						0.	0.	0.
(23) Jeff Myerson	2.00									
Director		Х						0.	0.	0.
(24) Larry B. Neuhaus	2.00									
Director		Х						0.	0.	0.
(25) Fred Pounds	2.00									
Director		Х						0.	0.	0.
(26) Edward Randall	2.00									
Director		Х						0.	0.	0.
1b Subtotal								604,232.	0.	31,174.
c Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								604,232.	0.	31,174.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
• · · · · · · · · · · · · · · · · · · ·	Architectural design	F72 204
	services Marine construction	572,304.
Padgett Shoreline Construction, Inc. 4115 Miller St, Bacliff, TX 77518	services	492,579.
Ducks Unlimited, Inc. One Waterfowl Way, Memphis, TN 38120	Land conservation services	296,525.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 Galvestor	ı Bay Fo	un	<u>ida</u>	<u>ti</u>	on	. ,	In	.C.	76-027	9876
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	(cl			all that apply)			compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	old m	Highest compensated employee	er			5. ga <u>_</u> a5.15
	line)	Indiv	Instit	Officer	Key employee	Highe	Former			
(27) Scott Rice	2.00									
Director		Х						0.	0.	0.
(28) Brad Robbins	2.00									
Director		Х						0.	0.	0.
(29) Tom Tollett	2.00									
Director		Х						0.	0.	0.
(30) Lori Traweek	2.00									
Director		Х						0.	0.	0.
		ŀ								
			_							
			_							
			_							
		l								
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
2 8		c Fundraising events 1c	1,362,992.				
ifts IrA		d Related organizations 1d					
nis, Dist		e Government grants (contributions) 1e	1,714,639.				
Sis		f All other contributions, gifts, grants, and					
ber her		similar amounts not included above	16,055,269.				
텵		g Noncash contributions included in lines 1a-1f	5,451,758.				
Cor		h Total. Add lines 1a-1f		19,132,900.			
			Business Code				
ø	2	a Workshop fees & other revenue	900099	50,059.	50,059.		
Program Service Revenue		b		,			
Ser		c					
E S		d					
gra Re		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f		50,059.			
	3	Investment income (including dividends, interes					
		other similar amounts)		331,186.			331,186.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 109,825.					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c 109,825.					
		d Net rental income or (loss)		109,825.			109,825.
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ne		and sales expenses					
ven		c Gain or (loss)7c					
Re		d Net gain or (loss)					
ther Revenue	8	a Gross income from fundraising events (not					
٥		including \$ 1,362,992. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	273,821.				
		b Less: direct expenses 8b	610,052.	225 221			225 221
		c Net income or (loss) from fundraising events		-336,231.			-336,231.
	9	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns	22 460				
		and allowances 10a	23,469.				
		b Less: cost of goods sold 10b	3,052.	20,417.			20 417
		c Net income or (loss) from sales of inventory	Duainasa Cada	20,417.			20,417.
sn	44		Business Code				
Miscellaneous Revenue	11						
illar ven		b					
Sce		d All other revenue					
Ē		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		19,308,156.	50,059.	0.	125,197.
				, ,= · • •	. ,		, •

	t IX Statement of Functional Expense		2101		aryoro Fage 10
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,322,734.	5,322,734.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	357,857.	103,279.	16,386.	238,192.
6	trustees, and key employees	331,031.	103,279.	10,300.	230,192.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	other salaries and wages	1,871,561.	1,145,902.	299,064.	426,595.
8	Pension plan accruals and contributions (include	2,0,2,0020	2/223/3021	233,0010	120,000
•	section 401(k) and 403(b) employer contributions)	46,790.	23,348.	13,888.	9,554.
9	Other employee benefits	97,827.		26,999.	15,356.
10	Payroll taxes	165,222.		39,305.	42,215.
11	Fees for services (nonemployees):	-	-		
а	Management				
	Legal	20,869.	20,869.		
С	Accounting	38,309.		38,309.	
d	Lobbying	4,981.	4,981.		
е	Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		004	4.6.400	44 006
	column (A), amount, list line 11g expenses on Sch O.)	53,913.		16,483.	11,926.
12	Advertising and promotion	37,049.		82.	23,211.
13	Office expenses	339,513.	171,075.	21,902.	146,536.
14	Information technology	43,696.		43,696.	
15	Royalties	223,859.	209,041.	8,148.	6,670.
16	Occupancy	65,623.	54,235.	1,000.	10,388.
17 18	Payments of travel or entertainment expenses	03,023.	34,233	1,000.	10,300.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,340.	14,247.	1,649.	444.
20	Interest	29,654.	29,654.	,	
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization	150,999.	103,166.	25,247.	22,586.
23	Insurance	115,498.	62,587.	42,314.	10,597.
24	Other expenses. Itemize expenses not covered 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 O.)				
а	Conservation easements	4,456,966.	4,456,966.		
b	Contracted materials	116,984.	116,984.		
С	Event supplies	63,242.	32,192.	7,363.	23,687.
d	Dues and subscriptions	35,515.	29,703.	1,499.	4,313.
е	All other expenses	56,623.	55,815.	808.	
25	Total functional expenses. Add lines 1 through 24e	13,756,624.	12,135,212.	604,142.	1,017,270.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,195,407.	1	668,641.		
	2	Savings and temporary cash investments			7,110,399.	2	8,002,524.
	3	Pledges and grants receivable, net	1,649,404.	3	3,055,736.		
	4	Accounts receivable, net			1,703.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	onsL		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			47,494.	9	26,348.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		24,275,082.			
	b	Less: accumulated depreciation		611,800.	19,744,061.	10c	23,663,282.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	46 56	13	254 444		
	14	Intangible assets		16,767.	14	354,414.	
	15	Other assets. See Part IV, line 11	8,000.	15	2,000.		
	16	Total assets. Add lines 1 through 15 (must equa	29,773,235.	16	35,772,945.		
	17	Accounts payable and accrued expenses	284,229.	17	688,694.		
	18	Grants payable				18	60 F71
	19	Deferred revenue				19	60,571.
	20	Tax-exempt bond liabilities			155,476.	20	155,476.
	21	Escrow or custodial account liability. Complete F			155,470.	21	133,470.
es	22	Loans and other payables to any current or form					
iji		trustee, key employee, creator or founder, subst				00	
Liabilities	00	controlled entity or family member of any of thes			579,026.	22	562,168.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	313,020.	24	302,100.
	25	Other liabilities (including federal income tax, pa		Г			
	25	parties, and other liabilities not included on lines		1			
		of Schedule D	,	·		25	
	26	Total liabilities. Add lines 17 through 25			1,018,731.	26	1,466,909.
_		Organizations that follow FASB ASC 958, che	ck her	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				20,300,395.	27	24,232,437.
Bala	28	Net assets with donor restrictions			8,454,109.	28	10,073,599.
- Pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.	,	_			
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			28,754,504.	32	34,306,036.
_	33	Total liabilities and net assets/fund balances			29,773,235.	33	35,772,945.

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	19	,30	8,1	56.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,75	6,6	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,55	1,5	32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	,75	4,5	04.
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	34	,30	6,0	36.
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	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h	x	1

Form **990** (2023)

Form 990 (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Galveston Bay Foundation

Employer identification number

				Foundation, 1					6-0279876
Part	: 1	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The or	gan	ization is not a private found							
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	intial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in
_		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8 _	_	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	or
_	_	university:							
10 _		An organization that norma	•	• •			*	•	
		activities related to its exen	•	•					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	_	See section 509(a)(2). (Con	· ·						
11 [=	An organization organized a	•	•	•				
12 _		An organization organized a	•	· · ·	-			-	
		more publicly supported or	-						check the box on
_		lines 12a through 12d that	* *					-	air in a
а			•	•	•	-			
		the supported organization organization. You must o			majority o	n the direc	iors or trustee	55 01 1116 51	ррогинд
b		Type II. A supporting org	-		ion with its	e sunnorte	ad organization	n(e) hy hay	vina
		control or management o	•				-		-
		organization(s). You mus			arrie perso	110 11141 00	The or or manag	jo ti io oupi	Jortod
С		☐ Type III functionally inte			in connect	tion with. a	and functionall	v integrate	ed with.
_		its supported organization						,	,
d		Type III non-functionally		•				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	-		-		-		
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		, , , , , , , , , , , , , , , , , , , 					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
 Total									

332021 12-21-23

(Form 990) 2023 Galveston Bay Foundation, Inc. 76-0279 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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9106905.	11264606.	21351975.	6477456.	<u> 19132900.</u>	67333842.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	48,353.	33,534.	33,534.	33,534.	33,534.	182,489.	
4	Total. Add lines 1 through 3	9155258.	11298140.	21385509.	6510990.	19166434.	67516331.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						4840527.	
6	Public support. Subtract line 5 from line 4.						62675804.	
	tion B. Total Support					•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	9155258.	11298140.	21385509.	6510990.	19166434.	67516331.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	18,258.	10,214.	16,132.	169,742.	441,011.	655,357.	
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.)		120,000.				120,000.	
11	Total support. Add lines 7 through 10						68291688.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	305,790.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	here						
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	91.78 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	93.25 %	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ıblicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s	

Schedule A (Form 990) 2023 Galveston Bay Foundation, 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2023

Par	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			
	detail in Part VI.	11c		
Sect	ction 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 or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	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			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 Galveston Bay Foundatio	n, In	C.	76-0279876 Page 6
Pai		g Organ	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>explair</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	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		
Secti	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		

emergency temporary reduction (see instructions).

6

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

5

Schedule A (Form 990) 2023

4 Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part V	Pa line Se	rt IV, Se e 1; Par ction D	ection A, I t IV, Sect	lines 1, 2 ion D, lir	2, 3b, 3c, 4 nes 2 and 3	lb, 4c, 5 3; Part I'	a, 6, 9a, 9b, 9c, V, Section E, line	11a, 11b s 1c, 2a,	, and 1 ⁻ 2b, 3a,	1c; Part IV, 9 and 3b; Pa	Part II, line 17a or 17b Section B, lines 1 and rt V, line 1; Part V, Se rt for any additional in	I 2; Part IV, Secti ction B, line 1e;	on C,
Sched	ule	Α,	Part	II,	Line	10,	Explanat	ion	for	Other	Income:		
Insur	anc	e pr	ocee	ds									
2020	Amo	unt:	\$	120	,000.								

Schedule B

Internal Revenue Service

Name of the organization

(Form 990)

Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

Galveston Bay Foundation, 76-0279876 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Galveston Bay Foundation, Inc.

76-0279876

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,702,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,063,459</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 902,306.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>4,439,650</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.)

Name of organization Employer identification number

Galveston Bay Foundation, Inc.

76-0279876

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Land		
		\$ 902,306.	12/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Conservation easement		
		\$ <u>4,439,650</u> .	09/01/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 40 00			Calcadada D (Farras 000) (0000)

Name of organization **Employer identification number** Galveston Bay Foundation, Inc. 76-0279876 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		on Bay Foundatio	n Ing	Em	ployer identification number 76-0279876
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	
1 2	Provide a	a description of the organiz campaign activity expendit	ation's direct and indirect politi ures gn activities	cal campaign activities i	n Part IV.	
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)(3).	
2 3 4a	Enter the If the org Was a co	e amount of any excise tax anization incurred a section prection made?describe in Part IV.	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720 anization is exempt und	gers under section 4955 O for this year?		\$ Yes
		<u> </u>	•		-	
2	Enter the exempt f	amount of the filing organ unction activities	l by the filing organization for se ization's funds contributed to o	other organizations for se	ection 527	\$
3			. Add lines 1 and 2. Enter here	•		
5	Enter the made pa	e names, addresses, and er yments. For each organiza ions received that were pro	1120-POL for this year? mployer identification number (Etion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	EIN) of all section 527 po aid from the filing organiz a separate political orga	olitical organizations to whi ation's funds. Also enter t anization, such as a separa	ch the filing organization ne amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

			ay Foundation			1279876 Page 2
Part II-A Complete if the org	anizatio	n is exen	npt under section	501(c)(3) and file	a Form 5/68 (e)6	ection under
section 501(h)).						
		-	· · ·	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of exces	s lobbying e	expenditures).			
3 Check if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Expe eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	lence pub	lic opinion (d	grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter	•			ſ		
If the amount on line 1e, column (a) o			bying nontaxable am			
not over \$500,000,	i (b) is.			Julit is.		
	. 000		the amount on line 1e.	000 0V0r \$500 000		
over \$500,000 but not over \$1,000			00 plus 15% of the exce			
over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.				
over \$1,500,000 but not over \$17,000,000	J00,000,		•	ss over \$1,500,000.		
over \$17,000,000,	. 050/ /	\$1,000,	000.			
g Grassroots nontaxable amount (en		,				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	•			-		
j If there is an amount other than ze	ro on eithe	r line 1h or l	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations t		a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns b	elow.
	Lobl	ying Expe	nditures During 4-Yea	r Averaging Period		_
Calendar year (or fiscal year beginning in)	(a)	2020	(b) 2021	(c) 2022	(d) 2023	(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						

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Galveston Bay Foundation, Inc. 76-02798 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1	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:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	37	X		175	
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4	2,475.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		,	6.	
	Other activities?	Λ		- 4	2,500. 1,981.	
	Total. Add lines 1c through 1i		Х	4	±,901•	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Λ			
	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion		
	501(c)(6).		,,			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
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 from the		····			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part I	II-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditures next year?		4			
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5			
		1:-1\- D1 II	A 15 4			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	ilst), Part II-	A, imes i a	nu ∠ (see		
	actions); and Part II-B, line 1. Also, complete this part for any additional information.					
rai	t II-B, lille I, hobbying accivities.					
GBI	staff contacted and met with state and federal ser	ators	and			
rer	presentatives, attended hearings, testified in heari	ngs ar	nd att	ended		
cor	ference advocacy days. GBF also hired a lobbying fi	rm.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Galveston Bay Foundation, Inc. **Employer identification number** 76-0279876

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai Fullus 0	i Accounts.	Complete if th	ie
		(a) Donor advise	d funds	(b) Funds a	nd other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		ld in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for an	y other purpose co	nferring		
	impermissible private benefit?				. Yes	☐ No
Pa	T II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, Pa	rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	X Preservation of land for public use (for example, recreat	tion or education)	Preservation of a	historically impo	ortant land area	ı
	X Protection of natural habitat		Preservation of a	certified historic	structure	
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ution in the form of	a conservation	easement on th	e last
	day of the tax year.			Held	d at the End of the	e Tax Year
а	Total number of conservation easements			2a		19
b	Total acreage restricted by conservation easements			2b	6,428	.00
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	a	2c		0
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	and not			
	on a historic structure listed in the National Register			2d		0
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the o	rganization durir	ng the tax	
	year0_					
4	Number of states where property subject to conservation eas	sement is located	1			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of			
	violations, and enforcement of the conservation easements it	holds?			X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conser	vation easemen	ts during the ye	ear
	58_					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conservation	n easements du	ring the year	
	2,968.					
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				. Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense st	atement and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statemen	ts that describes	s the	
_	organization's accounting for conservation easements.		<u> </u>			
Pa	t III Organizations Maintaining Collections of	•	asures, or Oth	er Similar As	sets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	enue statement and	l balance sheet	works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in furt	nerance of publi	С	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that des	cribes these items.			
b	If the organization elected, as permitted under FASB ASC 958					
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in further	ance of public s	ervice,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treat	asures, or other similar as	ssets for financial g	ain, provide		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			\$ <u></u>		
h	Assets included in Form 000 Part V			d		

1,631,777.

Schedule D (Form 990) 2023

,631,777

23,663,282

e Other

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

Complete if the organization answered "Yes" on Form 980, Part IV, line 11b. See Form 980, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (d) Book value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (g) Cosey held equily interests (g) Cheer (h) Good or a second	Part VII	Investments - Other Securities	5 000 D 1 N 1	141 O E 000 D 1 V I' 10	
(1) Francial derivatives (2) Closely held equity interests (3) Other (3) Oth	(a) Descrip				d-of-vear market value
			(b) book value	(C) Method of Valuation. Cost of end	u-or-year market value
(3) Other (A) (B) (B) (C) (C) (D) (D) (E) (E) (G) (G) (F) (G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	. ,				
A		Tield equity interests			
B					
C C C C C C C C					
(B) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
Fig.					
(6) (ch) (ch) (ch) (ch) (ch) (ch) (ch) (ch	(E)				
(b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(F)				
Total. (Col. (b) must equal Form 980, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(G)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VIII	_	Farma 000 David IV lines	11 - Cas Farms 000 Bart V line 10	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (ti) must equal Form 990, Part X, line 13, col. (8)) Part IX Other Assets Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (ii)) Part X Other Liabilities Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					d of voor more of volve
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (8)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (The deral income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) Found (a) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end	a-or-year market value
(3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
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	edule D (Form 990) 2023 Gaives con Bay Foundaction,				02/JU/0 Page +
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Ret	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	20,145,726.
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	837,570.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	837,570.
3	Subtract line 2e from line 1			3	19,308,156.
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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	19,308,156.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	letur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	14,594,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	837,570.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	837,570.
3	Subtract line 2e from line 1			3	13,756,624.
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	13,756,624.
Pa	rt XIII Supplemental Information				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	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 a	additional inforn	nation.		
Pai	rt II, Line 5:				

Monitoring and inspections of conservation easements are conducted at least once per year via ground inspection or drone by the Conservation Lands Manager or his appropriately trained designee. Enforcement of easements is conducted primarily through landowner education and relationship building, but also carries legal insurance if litigation becomes necessary. All easements are monitored, inspected, and enforced.

Part II, line 9:

Conservation easements represent rights to restrict the use, access, and development of certain properties. GBF monitors these easements in the normal course of its operations and associated costs are expensed as

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Galveston Bay Foundation, Inc. 76-0279876 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Sterling & Associates - 55 Yes No Waugh Dr, Ste 601, Houston Х 25,000 Capital campaign 420,663 395,663. 395,663. 420,663. 25,000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. TX

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Guardian	Bike Around		(add col. (a) through
			Gala	the Bay	1	col. (c)
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	822,352.	695,685.	118,776.	1,636,813.
ď					-	-
	2	Less: Contributions	644,342.	624,922.	93,728.	1,362,992.
			-			
	3	Gross income (line 1 minus line 2)	178,010.	70,763.	25,048.	273,821.
			-			
	4	Cash prizes		3,825.		3,825.
				,		,
	5	Noncash prizes		10,132.		10,132.
S				, ,		
SUS	6	Rent/facility costs	58,392.	39,023.	36,294.	133,709.
Direct Expenses	•		,	, , , ,	, -	
	7	Food and beverages	87,215.	79,945.	29,553.	196,713.
jre	•		,	- ,	,	
		Entertainment	14,125.	2,700.	1,891.	18,716.
		Other direct expenses	89,754.	150,372.	6,831.	246,957.
		Direct expense summary. Add lines 4 through	0: 1 (1)		·	610,052.
		Net income summary. Subtract line 10 from li	. ,			-336,231.
Pa	rt l	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
		,		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	4	Gross revenue				
	Ė	aros revende				
	2	Cash prizes				
ses						
oeu	3	Noncash prizes				
Direct Expenses	Ĭ					
ect		Nonoccin prized				
ä	4					
	4	Rent/facility costs				
		Rent/facility costs				
			Yes %	Yes %	Yes %	
	5	Rent/facility costs Other direct expenses	Yes%	Yes%	Yes %	
	5	Rent/facility costs	Yes % No	Yes% No	Yes %	
	<u>5</u>	Other direct expenses Volunteer labor	No No	No No	No	
	<u>5</u>	Rent/facility costs Other direct expenses	No No		No	
	5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No No	No No	
	5 6 7	Other direct expenses Volunteer labor	No No n 5 in column (d)	No No	No No	
9	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No 1 5 in column (d)	No No	No	
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 1 5 in column (d) from line 1, column (d) acts gaming activities:	No No	No No	Yes No
а	5 6 7 8 En ls t	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming action.	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these services.	No States?	No No	Yes No
а	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these services.	No States?	No No	☐ Yes ☐ No
а	5 6 7 8 En ls t	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming action.	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these services.	No States?	No No	Yes No
a b	5 6 7 8 En ls t	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active explain:	No 15 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these s	states?	No	
a b 10a	5 6 7 8 En Is 1 Is 1 If "	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active active explain: "No," explain: ere any of the organization's gaming licenses researched.	No n 5 in column (d) from line 1, column (d) notes gaming activities: ctivities in each of these servoked, suspended, or te	states?	No	
a b 10a	5 6 7 8 En Is 1 Is 1 If " We	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active explain:	No n 5 in column (d) from line 1, column (d) notes gaming activities: ctivities in each of these servoked, suspended, or te	states?	No	

Sch	edule G (Form 990) 2023 Galveston Bay Foundation, Inc. 76-0	0279876	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	Efficient the marine and address of the person who prepares the organization's garming/special events books and records.		
	News		
	Name		
	Address		
			—
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the 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 contractor		
	Director/officer Employee midependent contractor		
47	Manualatan, aliatrib, triana.		
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_	1 1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers	<u>፡</u>	
<u>(i</u>) Name of Fundraiser: Sterling & Associates		
<u>(i</u>) Address of Fundraiser: 55 Waugh Dr, Ste 601, Houston, TX 770)07	

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) Supplemental Inform	Galveston Bay	Foundation,	Inc.	76-0279876	Page 4
Part IV	Supplemental Inforr	nation _(continued)				

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Galveston	Bav Foun	dation, Inc					Employer identification number 76-0279876
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to I recipient that received more than 9	_				anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Texas Parks and Wildlife Department - 4200 Smith School Rd							
- Austin, TX 78744	74-1680372	Govt.	0.	5,271,011.	FMV	Land	General support
The Trust for Public Land PO Box 889336 Los Angeles, CA 90088	23-7222333	501(c)(3)	21,252.	0.			General support
University of Houston Clear Lake 2700 Bay Area Boulevard Bayou Building 1604 - Houston, TX			,				
77058	74-6001399	Govt.	15,521.	0.			EIH Marine Life research
Mississippi Land Trust PO Box 23 Stoneville, MS 38776	64-0934069	501(c)(3)	14,950.	0.			General support
			·				
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	•	•					

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	red "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Reimbursable grants issued to other conservation organizations require that

organizations submit proof of expenditures and validity of expenditures to

the Director of Land Conservation. The Conservation Lands Manager reviews

and approves the expenses, the Controller confirms that the records are

complete and issues payment. All grants paid up front require the receiving

entity to provide weekly updates on the progress of the project and

expenditures. A final report is due upon completion of the project which

details the use of the funds and the project accomplishments.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Galveston Bay Foundation, Inc.

Employer identification number 76-0279876

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(B)(i)-(D) in column (E		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Robert J. Stokes, Jr.	(i)	174,859.	6,705.	5,400.	5,609.	564.	193,137.	0.	
President	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Nicole Scanlin	(i)	153,632.	500.	0.	4,624.	5,964.	164,720.	0.	
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of	the	organiza	atio

Galveston Bay Foundation, Inc.

Employer identification number

76-0279876 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(b) Relationship with organization	(d) Lo	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or iittee?	(i) W agreer	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total	 	 		\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L (Form 990) 2023	Galveston Ba			Inc.	76-027	9876	Page 2
	actions Involving Intere			2h or 29a			
(a) Name of interested p		orm 990, Part IV, I onship between ir on and the organiz	iterested	(c) Amount of transaction	(d) Description of transaction	òrgani	aring of
	pores	mana ino organiz	ation	transaston.	transastion	Yes	nues? No
(1)Mark Burroughs	Board	2nd Vice	Chai	1,785,663.	Bargain sa	L	Х
(2)							
(3)							
_(4)							
(5)						+	+
(6)						1	\vdash
							+
(8)						+	+-
(9)							\vdash
(10) Part V Supplemental Ir	 nformation						
	formation for responses to qu	estions on Sched	ule L. See i	instructions.			
Sch L, Part IV, B	usiness Transac	tions Inv	olvin	g Intereste	ed Persons:		
(a) Name of Perso	n: Mark Burroug	rha					
				0			
(b) Relationship	Between Interes	sted Perso	n and	Organizati	.on:		
Board 2nd Vice Ch	air						
(d) Description o	f Transaction:	Bargain s	ale 1	and purchas	e		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

Galveston Bay Foundation, Inc. 76-0279876 **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 2,695.FMV Securities - Publicly traded Х Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 X 5,341,956.FMV Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 54,477.FMV (Supplies Х 25 Other (Auction items) 35,514.FMV Х 32 26 Other Х 1 16,696.FMV (Food 27 Other 3 (Raffle items X 420.FMV 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 Galveston Bay Foundation, Inc.	76-0279876 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organization combination of both. Also complete

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Galveston Bay Foundation, Inc.

Employer identification number 76-0279876

Form 990, Part III, Line 4a, Program Service Accomplishments: Conservation programs work to preserve, protect, and restore important coastal habitats that provide critical ecosystem services and have suffered loss or degradation. The Foundation works closely with numerous partners in land acquisition, land stewardship, habitat restoration, and habitat enhancement activities across the Bay. As an accredited land trust, the Foundation protects natural areas by acquiring real estate and partnering with landowners to establish conservation easements on private lands. Currently, the Foundation owns or holds conservation easements on over 15,140 acres of land around Galveston Bay to ensure the Bay is conserved in perpetuity. Habitat restoration activities work to ensure healthy habitats for productive and sustainable populations of native species. Projects, located at restoration sites all around Galveston Bay, focus on protection of eroding shorelines; restoration of wetlands, oyster reef, coastal prairie, and bird rookery; and removal of marine debris. The Foundation maintains a native plant nursery to provide stock for habitat restoration work around Galveston Bay and offers native plants sales within the community.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Education and outreach programs aim to connect our community to

Galveston Bay and inspire lifelong stewardship through diverse

programs, trainings, tools, and events that reach tens of thousands of

people each year. The Foundation's youth education programs connect

students, teachers, and administrators with the rich local environment,

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

Galveston Bay Foundation, Inc.

Employer identification number 76-0279876

whether in the classroom, in the field, or online, through hands-on

STEM curriculum and resources. The Foundation also offers rain barrel

installation workshops and distributes rain barrels to the public.

Ongoing public outreach campaigns and initiatives target segments of
the population to increase awareness of the importance of Galveston Bay
and address specific issues of concern.

Research programs monitor trends affecting Galveston Bay's most
valuable coastal resources. Current efforts monitor dolphin populations
(in partnership with the Environmental Institute of Houston), marine
debris, and water quality at sites around Galveston Bay. These efforts
are collaborative, involving research partners throughout the region
and beyond. Several utilize trained citizen scientists to augment
professional monitoring data. Findings are widely communicated through
data portals, public presentations, and scientific publications. Most
monitoring efforts are ongoing in an effort to collect large datasets
spanning many years, though some are initiated to allow the Foundation
to respond to specific incidents impacting the bay. Beyond the research
efforts the Foundation takes on, it also regularly advocates for the
allocation of research dollars to the region to ensure the health of
Galveston Bay and its users.

Form 990, Part III, Line 4d, Other Program Services:

Advocacy programs aim to give a voice to Galveston Bay, taking an

inclusive and collaborative approach to protect the health and

well-being of the bay. The Foundation attempts to balance the multiple

uses of Galveston Bay so that the long-term interests of the Bay itself

Schedule O (Form 990) 2023 Page 2

Name of the organization

Galveston Bay Foundation, Inc.

Employer identification number 76-0279876

are not compromised. Through initiatives such as the Galveston Bay

Report Card (released in partnership with the Houston Advanced Research

Center) and the Galveston Bay Action Network (GBAN) pollution reporting

app, the Foundation provides tools to enable the public to take

positive actions for Galveston Bay.

Expenses \$ 136,188. including grants of \$ 0. Revenue \$ 0.

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

Form 990 is electronically distributed to the Board of Directors and is reviewed in detail by the Board.

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

All Board members and key employees are required to disclose any potential conflicts of interest and relationships via an annual disclosure statement and signed written conflict of interest policy. Management ensures that all Board members and key employees complete and submit the signed disclosure and COI policy annually, and reviews the completed forms.

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

Board members review outside data sources, Charity Navigator and the local
United Way wage and benefits summary to determine reasonable compensation
on an annual basis.

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

Audited financial statements and annual tax returns are available via the organization's website. All other documents are available upon request.