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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instructions.

C
PORT INDUSTRIES OF CORPUS CHRISTI
222 POWER STREET
CORPUS CHRISTI, TX 78403

D Employer identification number

74-6060653

E Telephone number

885-6139

F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ► N/A

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — ☒ 501(c) (6) (insert no) 4947(a)(1) or 527

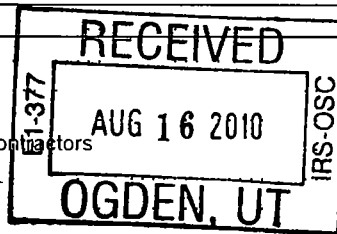
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 251,234.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	250,960.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	274.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	251,234.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	75,359.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE STATEMENT 1)	16	133,197.
	17	Total expenses. Add lines 10 through 16	17	208,556.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,678.	
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,778.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93,456.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,778.	93,456.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	50,778.	93,456.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,778.	93,456.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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SCANNED SEP 17 2010

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$) If this amount includes foreign grants, check here

28a	58,631.
-----	---------

(Grants \$) If this amount includes foreign grants, check here

29a	56,250.
-----	---------

(Grants \$) If this amount includes foreign grants, check here

30 a

(Grants \$) If this amount includes foreign grants, check here

31 a

32	114,881.
----	----------

(a) Name and address

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE STATEMENT 5

0.

0.

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

- 33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
- 34** Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
- 35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.
- a** Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
- b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?
- 36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b** Did the organization file **Form 1120-POL** for this year?
- 38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
- b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** N/A
- 39** Section 501(c)(7) organizations. Enter:
- a** Initiation fees and capital contributions included on line 9 **39a** N/A
- b** Gross receipts, included on line 9, for public use of club facilities **39b** N/A
- 40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 **N/A**, section 4912 **N/A**; section 4955 **N/A**
- b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**
- c** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0.**
- d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **0.**
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e** X
- 41** List the states with which a copy of this return is filed **NONE**

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		
40e		X

42a The organization's books are in care of **JOHN LARUE** Telephone no **78403**
Located at **P.O. BOX 1541 CORPUS CHRISTI TX** ZIP + 4 **78403**

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b** X
- If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** X
- If 'Yes,' enter the name of the foreign country: _____

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐ N/A

- 44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** X
- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45** X

	Yes	No
44		X
45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**46** 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

Yes No

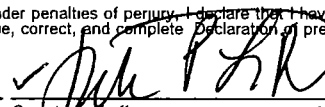
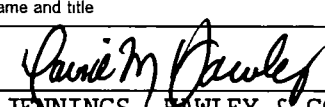
46**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**47****48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**48****49a** Did the organization make any transfers to an exempt non-charitable related organization?**49a****b** If 'Yes,' was the related organization a section 527 organization?**49b****50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 8-12-10	
	Type or print name and title JOHN P. LARUE TREASURER			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self employed	Preparer's Identifying Number (See instructions)
	 Firm's name (or yours if self employed), address, and ZIP + 4	8/02/10	<input type="checkbox"/>	P00538420
	JENNINGS, HAWLEY & CO., PC 500 N. SHORELINE BLVD, STE 1010 CORPUS CHRISTI, TX 78471		EIN 74-2442139 Phone no. (361) 884-8894	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

CLIENT PORTCC16

PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

8/02/10

11.15AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADMINISTRATIVE	\$	5,171.
CONSULTANT EXPENSES		7,839.
ENVIRONMENTAL PROGRAM DIRECTOR		56,250.
INSURANCE		3,952.
PUBLIC AFFAIRS - COMM PARTNERS		9,212.
PUBLIC AFFAIRS - COMMUNICATION		216.
PUBLIC AFFAIRS - EVENTS/ACTIVI		49,203.
TECHNICAL COMMITTEE		1,354.
TOTAL	\$	<u>133,197.</u>

STATEMENT 2
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC RELATIONS INITIATIVES--EDUCATIONAL PROGRAMS DESIGNED TO INFORM THE PUBLIC ABOUT ECONOMIC IMPACT SUCH AS PAYROLL, LOCAL PURCHASES, AND TAXES PAID BY PORT INDUSTRIES. CONDUCTED PUBLIC OPINION SURVEYS TO DETERMINE COMMUNITY NEEDS AND POTENTIAL AREAS OF SUPPORT, SUPPORTED ACTIVITIES OF CHARITABLE ORGANIZATIONS SUCH AS UNITED WAY AND BOY SCOUTS, BOUGHT RADIO AND TV PUBLIC ANNOUNCEMENTS, ETC.

STATEMENT 3
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ENVIRONMENTAL INITIATIVES--ACTIVITIES DESIGNED TO ASSURE ADEQUATE LONG TERM WATER SUPPLIES FOR THE REGION, TO ASSURE THAT CLEAN AIR STANDARDS ARE MET OR EXCEEDED ACCORDING TO LOCAL, STATE, AND FEDERAL GUIDELINES AND THAT THE CITY'S AIR QUALITY ATTAINMENT CLASSIFICATION IS MAINTAINED, TO ASSURE THAT WATER QUALITY IN BAYS AND ESTUARIES IS MAINTAINED, TO ENHANCE PUBLIC AWARENESS OF RELATED HEALTH ISSUES.

STATEMENT 4
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GOVERNMENTAL INITIATIVES--PROGRAMS DESIGNED TOWARD A MORE INFORMED PUBLIC REGARDING LOCAL, STATE, AND FEDERAL ISSUES, INCLUDING NONPARTISAN CANDIDATE FORUMS FOR THE PUBLIC AND EMPLOYEES OF MEMBER COMPANIES, PUBLICATION OF VOTERS' GUIDES, ASSISTANCE TO THE LEAGUE OF WOMEN VOTERS, ENCOURAGEMENT OF VOTER PARTICIPATION.

CLIENT PORTCC16

PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

8/02/10

11:15AM

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
THOMAS G RUSSELL P.O. BOX 9911 CORPUS CHRISTI, TX 78469	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
KEVIN FERRALL P.O. BOX 9176 CORPUS CHRISTI, TX 78469	DIRECTOR 0	0.	0.	0.
TRAVIS COLLINS 301 HEREFORD ROAD CORPUS CHRISTI, TX 78408	VICE PRESIDENT 3.00	0.	0.	0.
WES O'NEIL 1802 POTH LANE CORPUS CHRISTI, TX 78407	DIRECTOR 2.00	0.	0.	0.
FUAT SEZER 2440 KIEWIT ROAD INGLESIDE, TX 78362	DIRECTOR 3.00	0.	0.	0.
GARY EDDINS 4301 WALDRON RD CORPUS CHRISTI, TX 78418	SECRETARY 2.00	0.	0.	0.
KEVIN THOMPSON 5438 UNION ST CORPUS CHRISTI, TX 78407	DIRECTOR 2.00	0.	0.	0.
RANDY TATUM P. O. BOX 10940 CORPUS CHRISTI, TX 78469	DIRECTOR 4.00	0.	0.	0.
DENNIS PAYNE P. O. BOX 9370 CORPUS CHRISTI, TX 78469	DIRECTOR 2.00	0.	0.	0.
WES GORE 2829 TEXACO ROAD CORPUS CHRISTI, TX 78402	DIRECTOR 0	0.	0.	0.
JIM MARCINKO 3800 BUDDY LAWRENCE DRIVE CORPUS CHRISTI, TX 78407	DIRECTOR 2.00	0.	0.	0.
JOHN LARUE P. O. BOX 1541 CORPUS CHRISTI, TX 78403	TREASURER 3.00	0.	0.	0.

CLIENT PORTCC16

PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

8/02/10

11.15AM

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ED MCKINLEY P.O. BOX 428 BISHOP, TX 78343	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
ROGER TENNAPEL P.O. BOX 2608 CORPUS CHRISTI, TX 78403	DIRECTOR 2.00	0.	0.	0.
RON RENZ P. O. BOX 9606 CORPUS CHRISTI, TX 78469	DIRECTOR 2.00	0.	0.	0.
DAVID CRAWFORD P. O. DRAWER CC INGLESIDE, TX 78362	DIRECTOR 2.00	0.	0.	0.
TIM MCDANIEL P. O. BOX JJ INGLESIDE, TX 78362	PRESIDENT 2.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.