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Porm 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

ÓMB No 1545 1150

2009

Open to Public Inspection

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15	Ê	13 Professional fees and other navments to independent contractors		
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17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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). 20 Other changes in net assets or fund balances (attach explanation). 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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 23 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe >	E	15 Printing, publications, postage, and shipping / OGDEN LIT		
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figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation). Net assets or fund balances at end of year. Combine lines 18 through 20. 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.) Cash, savings, and investments Land and buildings Other assets (describe >) Total assets Total liabilities (describe >) Other datasets		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
20 Other changes in net assets or fund balances (attach explanation). 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. (A) Beginning of year (B) End of year	F	figure reported on prior year's return).		
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26 Total liabilities (describe ►). 0. 26 0.				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,778. 27 93,456.		Total liabilities (describe >).		
	_2	Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,778	. 27 93,456.	

	990-EZ (2009) PORT INDUSTRIES				-606	50653 ' Page 2
Par				ons.)		Expenses
		OMOTE BUSINESS & I			501(uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
Desc desc	cribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for (icise manner, each	orgai 4947	nizations and section (a)(1) trusts, optional
prog	ram title.	•			for o	thers.)
28	SEE STATEMENT 2		- 	-	}	
					1	
	(Grants \$) If th	s amount includes foreign gr	ants shock hara		28a	58,631.
29	SEE STATEMENT 3				204	30,031.
23	SEE STATEMENT 3				1	
					İ	
	(Grants \$) If th		ants, check here		29 a	56,250.
30	SEE STATEMENT 4					
					Ì	
]	
		is amount includes foreign gr	ants, check here	•	30 a	
31	Other program services (attach schedule		• •			
20	(Grants \$) If th	is amount includes foreign gra	ants, check here		31 a	114 001
	Total program service expenses (add line of IV List of Officers, Directors		anlougos Luturalis		32	114,881.
Fai	LIST OF OTHICETS, DIRECTORS	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
		to position		deferred compensa	ition	
			_		0	^
<u> </u>	STATEMENT 5		0.		0.	0.
			-			
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				- -		
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TEEA0812L (L	<u> </u>		Form 990-EZ (2009)

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	n 990-EZ (2009) PORT INDUSTRIES OF CORPUS CHRISTI 74-606065	3	P	age 3
Pa	TV Other Information (Note the statement requirements in the instrs for Part V.)			
			Yes	No_
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
	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?	35a		Х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	-	
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.	36	ļ	х
	a 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?	37 b		х
	a 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?	38 a		Х
ı	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:		1	
	a Initiation fees and capital contributions included on line 9			
ı	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	•		
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>			
	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	40 b		
•	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			
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e	1	х
	List the states with which a copy of this return is filed ► NONE			
42	a The organization's			
	books are in care of ► JOHN LARUE Telephone no ► Located at ► P.O. BOX 1541 CORPUS CHRISTI TX ZIP + 4 ► 78403			
	Localed at Pr.O. Box 1341 CORPOS CRRISTI IX			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If 'Yes,' enter the name of the foreign country:			
	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:			
40	Only 4047(1)(1)			NT / 78
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised friede? If IVos ! Form 000 must be completed instead		T	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44_	<u> </u>	Х
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
BA			0.FZ	

CORPUS CHRISTI,

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

Only

BAA

(361)

Phone no.

884-8894

►X Yes L No

Form 990-EZ (2009)

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. Yes No 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 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? **b** If 'Yes,' was the related organization a section 527 organization? 49 b 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.' (b) Title and average (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position f Total number of other employees paid over \$100,000 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 Under penalties of perjury, true, correct, and complete have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is preparer (other than officer) is based on all information of which preparer has any knowledge 8-12-11) Sign Here Date TREASURER Type or print name and title Date Preparer's Identifying Numbe (See instructions) Check if Preparer's **Paid** signature 8/02/10 P00538420 employed Pre-Firm's name (or yours if self employed), address, and ZIP + 4 HAWLEY & CO. PC parer's Use 500 N. SHORELINE BLVD, STE 1010 74-2442139 EIN

TX 78471

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FEDERAL STATEMENTS

PAGE 1

CLIENT PORTCC16

PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

11.15AM

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

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

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.

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FEDERAL STATEMENTS

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PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		BUTION TO	
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.

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FEDERAL STATEMENTS

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PORT INDUSTRIES OF CORPUS CHRISTI

74-6060653

8/02/10

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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.