

PENSION SYSTEM REGISTRATION

PRB-100

RETIREMENT SYSTEM PROFILE

ADMINISTRATOR PROFILE

System Name and Mailing Address
 Port of Houston Authority Defined Contribution Plan
 P.O. Box 2562, Houston, TX 77252-2562

Charlie Jenkins
 CEO, Chairperson or other key contact
 (713) 670-2480 (713) 670-2429
 Phone Number Fax Number
 cjenkins@porthouston.com
 E-mail Address
 http://porthouston.com
 Web Address

Company Name and Mailing Address
 Port of Houston Authority
 P.O. Box 2562, Houston, TX 77252-2562

Roland Gonzalez, Director, Treasury
 Contact Person
 (713) 670-2405 (713) 670-2554
 Phone Number Fax Number
 regonzalez@porthouston.com
 E-mail Address
 http://porthouston.com
 Web Address

SYSTEM BACKGROUND INFORMATION

Defined contribution and trust agreement adopted by Port Commission, subject to Texas law and Section 401(a), Internal Revenue Code 1986. 2012 07/31/2025
 Specify plan statute, ordinance, or charter governing the system Year Plan Created Plan's Fiscal Year End

Benefit Type: Defined Benefit Defined Contribution Other: _____

Participant Desc: (check all that apply) General Employees Police Fire Volunteer Fire Other: _____

Are employees covered by Social Security? Yes No

If yes, are pension benefits offset by Social Security payments? Yes No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Richard Campo	Chairman	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Wendolynn Montoya Cloonan	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Clyde E. Fitzgerald	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Stephen H. DonCarlos	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Alan A. Robb	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456
Thomas Jones, Jr.	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Authorizing Signature: Roland Gonzalez
 February 21, 2025
 Date

Printed Name: Roland Gonzalez
 Name(s) of other form contributors

PENSION SYSTEM REGISTRATION

PRB-100

RETIREMENT SYSTEM PROFILE

ADMINISTRATOR PROFILE

System Name and Mailing Address
 Port of Houston Authority Defined Contribution Plan
 P.O. Box 2562, Houston, TX 77252-2562

Charlie Jenkins
 CEO, Chairperson or other key contact
 (713) 670-2480 (713) 670-2429
 Phone Number Fax Number
 cjenkins@porthouston.com
 E-mail Address
 http://porthouston.com
 Web Address

Company Name and Mailing Address
 Port of Houston Authority
 P.O. Box 2562, Houston, TX 77252-2562

Roland Gonzalez, Director, Treasury
 Contact Person
 (713) 670-2405 (713) 670-2554
 Phone Number Fax Number
 regonzalez@porthouston.com
 E-mail Address
 http://porthouston.com
 Web Address

SYSTEM BACKGROUND INFORMATION

Defined contribution and trust agreement adopted by Port Commission, subject to Texas law and Section 401(a), Internal Revenue Code 1986.

Specify plan statute, ordinance, or charter governing the system

2012 Year Plan Created 07/31/2025 Plan's Fiscal Year End

Benefit Type: Defined Benefit Defined Contribution Other: _____

Participant Desc: (check all that apply) General Employees Police Fire Volunteer Fire Other: _____

Are employees covered by Social Security? Yes No

If yes, are pension benefits offset by Social Security payments? Yes No

RETIREMENT SYSTEM GOVERNING BODY

Need to report more than 6 members? Please attach a separate sheet.

Name	Position	Occupation	Mailing Address	Phone Number
Roland Garcia	Commissioner	Port Commission	P.O. Box 2562 Houston, TX 77252-2562	(713) 670-2456

CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.

Authorizing Signature: February 21, 2025 Date

Roland Gonzalez Printed Name

Name(s) of other form contributors