DAA

Form 990-EZ

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)

OMB No 1545-1150 2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service 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

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

For the 2009 calendar year, or tax year beginning and ending Please C Name of organization D Employer identification number Check if applicable use IRS SOUTH PADRE ISLAND HISTORICAL Address change label or FOUNDATION 80-0325287 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number type. Initial return See 956-761-9900 P.O. BOX 2108 Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-TX 78597 SOUTH PADRE ISLAND Number tions. Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ N/A Check ▶ X if the organization is not X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) — X 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 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 13 4 Investment income 4 Gross amount from sale of assets other than inventory 5a 5a La 5b Less cost or other basis and sales expenses SCANNED JUN 2 Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ reported on line 1) 6a Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 Other revenue (describe 5,313 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 1,005 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Other expenses (describe ► SEE STATEMENT 1 5,119 16 16 6,124 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 851 end-of-year figure reported on prior year's return) 19 Net 20 Other changes in net assets or fund balances (attach explanation) 20 40 Net assets or fund balances at end of year Combine lines 18 through 20 21 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 (See the instructions for Part II) 851 40 22 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe 24 851 25 Total assets 25 0 26 26 Total liabilities (describe ▶ 851 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

	DRE ISLAND HISTORI		0-0325287			Page 2
•	ram Service Accomplishmen	ts (See the instruc	ctions for Part I	<u> </u>	Ex	penses
What is the organization's primary exem	pt purpose?			(F	equired	for section
SEE STATEMENT 2			· · · · · · · · · · · · · · · · · · ·	50)1(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying	•				-	ons and section
manner, describe the services provided,	the number of persons benefited, or o	ther relevant informatio	n for	49	/47(a)(1)	trusts, optional
each program title				fo	r others	
28 DISPLAY CASE CONSTRUCTION	•					
(Grants \$) If this amount includes foreign gran	ts, check here	<u> </u>	28a_	ļ	4,995
29					1	
]	ĺ	
(Grants \$) If this amount includes foreign gran	ts, check here	<u> </u>	29a		
30					ĺ	
					ĺ	
					ł	
) If this amount includes foreign gran	ts, check here	<u> </u>	<u>30a</u>		
31 Other program services (attach sche				i		
) If this amount includes foreign gran	ts, check here		31a		4 005
32 Total program service expenses (a				▶ 32		4,995
Part IV List of Officers, Directo	rs, Trustees, and Key Employees. Li	st each one even if not (b) Title and average		the instru (d) Contrib		
(a) Nan	ne and address	hours per week	(if not paid,	employee ben	efit plans &	(e) Expense account and
		devoted to position	enter -0)	deferred com	pensation	other allowances
STEVEN C. HATHAWAY	SOUTH PADRE ISLAND	PRESIDENT				
104 WEST POMPANO STREET	TX 78597	1.00	0		의	0
DENNIS FRANKE	SOUTH PADRE ISLAND	VICE-PRES.				
8605 PADRE BLVD.	TX 78597	1.00			이	0
ROD E. BATES	PORT ISABEL	SEC/TREAS				
314 EAST HOUSTON	TX 78578	1.00			이	0
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	-			-		
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DAA					For	m 990-EZ (2009)

_Pa	rt V Other Information (Note the statement requirements in the instructions for P	art V)		T	
		1		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				3.7
	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of		١		х
	the changes		34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	еропеа			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	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		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				x
	during the year? If "Yes," complete applicable parts of Schedule N		36		_^
37a	· · · · · · · · · · · · · · · · · · ·				v
b	Did the organization file Form 1120-POL for this year?		37b		X
38a)			v
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	}	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		1		1
39	Section 501(c)(7) organizations Enter				1
a	Initiation fees and capital contributions included on line 9		1		1
b	Gross receipts, included on line 9, for public use of club facilities		1		1
40a			1		1
	section 4911 >, section 4912 >, section 4955 >		1		l
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction that it appears that it appears to a property transaction with a discussified	11.	1		1
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		1		ĺ
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		40b		x
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		400		
С	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,		1		ĺ
			1		ĺ
	4955, and 4958 Section 501(a)(3) and 501(a)(4) organizations. Enter amount of tax on line 40s		1		1
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.				l
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1		1
е	transaction? If "Yes," complete Form 8886-T		40e		х
41	List the states with which a copy of this return is filed NONE	ι	400		
42a	- CONTINUE OF THE MILETAN	ephone no ▶ 956	-76	1-9	900
720	104 WEST POMPANO STREET	,priorio no p			
	Located at SOUTH PADRE ISLAND, TX	ZIP+4 ▶ 785	97-	681	3
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			Yes	No
	account)?		42b		X
	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 Foreign Bank				i
	and Financial Accounts.		l		Í
С	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			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ſ			
	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	Ī			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X
		Fo	rm 9 9	0-EZ	(2009

Form	990-EZ (2009) SOUTH PADRE ISLAND HISTORICA	L 80	-0325287			Page 4
	rt VI Section 501(c)(3) organizations and section 4947(a	a)(1) nonexemp	t charitable tr	usts only. All s	section	
	501(c)(3) organizations and section 4947(a)(1) none	, , ,		•		19b
	and complete the tables for lines 50 and 51.	•		•		
46	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in op	position to		Yes	s No
	candidates for public office? If "Yes," complete Schedule C, Part I	•			46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	ıle C, Part II			47	Х
48	is the organization operating a school as described in section 170(b)(1)(A)(ii)	? If "Yes," complete	Schedule E		48	Х
49a	Did the organization make any transfers to an exempt non-charitable related	organization?			49a	X
b	If "Yes," was the related organization a section 527 organization?				49b	
50	Complete this table for the organization's five highest compensated employe	es (other than office	rs, directors, trusti	ees and key		
	employees) who each received more than \$100,000 of compensation from the	ne organization. If th	ere is none, enter	"None "		
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe	
	than \$100,000	devoted to position		deferred compensation	other alloy	
NON	£					
				[
					į	
	·	<u> </u>				
f	Total number of other employees paid over \$100,000	▶ _		_		
51	Complete this table for the organization's five highest compensated independ \$100,000 of compensation from the organization. If there is none, enter "Non					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensatioi	1
NC	ONE	- 1				
				-		
	T-1-1				<u> </u>	
d	Total number of other independent contractors each receiving over \$100,000					
	Under penalties of perjury, I declare that I have examined this return, including	a accompanying school	lee and statements	and to the heat 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 know	wiedge	
Sig	$n \setminus \mathcal{T} \setminus \mathcal{T}$		15/11	2010		
Her		-	Date	2010		
	Type or print name and title					
	Preparer's	Date	Check if	Preparer's Ident	tifying Number	(See instr.)
Pai		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	self- employed	456-15	5-5464	l
	parer's Firm's name (or yours LONG CHILTON, LLP	<u> </u>	employed		4-115	
	e Only if self-employed). 402 E TYLER AVE			Phone		<u> </u>
•	address, and ZIP + 4 HARLINGEN, TX 78550	-9122		_	-423-	3765
Mav	the IRS discuss this return with the preparer shown above? See instructions			<u>, 110 P J J J J J J J J J J J J J J J J J J </u>	Yes	9 / 03 No
				Fo	990-E	

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SOUTH PADRE ISLAND HISTORICAL

Name of	the organizatio	FOUNDATION	ISLAND HISTORIC	ALL.						entification num 25287	ber	
Part	Reas	on for Public Charity	Status (All organizations	must o	comple	te this	part)	See in	struc	tions		_
The orga	inization is not	a private foundation because	se it is (For lines 1 through 11, o	heck only	y one box	()						
1	A church, cor	nvention of churches, or ass	sociation of churches described	n section	170(b)(I)(A)(i).						
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or	a cooperative hospital servi	ce organization described in sec	tion 170	(b)(1)(A)(iii).						
4	A medical res		d in conjunction with a hospital of	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	r the h	ospital's name,		
5		on operated for the benefit on the benefit of the benefit of b)(1)(A)(iv). (Complete Part	of a college or university owned.	or operate	ed by a g	overnme	ental uni	t descri	bed in			
6	A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).						
7 X	An organizati	on that normally receives a	substantial part of its support fro	m a gove	ernmenta	unit or	from the	genera	l public	С		
		section 170(b)(1)(A)(vi). (C										
8	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	H)								
9	An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gr	ross		
	receipts from	activities related to its exer	npt functions—subject to certain	exceptio	ns, and (2) no mo	re than	33 1/3 9	% of its	6		
	support from	gross investment income as	nd unrelated business taxable in	come (les	ss section	1 511 tax	() from b	usiness	ses			
	acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Complet	te Part III)						
10 '	An organizati	on organized and operated	exclusively to test for public safe	ty See s	ection 50	0 <mark>9</mark> (a)(4).						
11	An organizati	on organized and operated	exclusively for the benefit of, to ${\mathfrak l}$	perform th	ne functio	ns of, o	to carry	out the	•			
	purposes of c	one or more publicly support	ed organizations described in se	ection 509	9(a)(1) or	section	509(a)(2	?) See s	section	n		
	509(a)(3) . Ch	eck the box that describes t	he type of supporting organization		•	nes 11e	through	11h				
	a Type	• • • • • • • • • • • • • • • • • • • •	c Type III–Functions			d		e III–Oti				
e ;	persons othe	r than foundation managers	panization is not controlled direct and other than one or more pub							n		
		section 509(a)(2)		- .		_						
f			ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		check this box										
g	_	-	tion accepted any gift or contribi	ition from	any of the	1e						
	following per									Г	 т	_
		•	ontrols, either alone or together v	vitn perso	ons descr	ibea in (II)				Yes No	0
	, ,		f the supported organization?							11g(i)		_
		member of a person describ								11g(ii)	 -	_
h	-		described in (i) or (ii) above?							11g(iii)	!	-
h (J) Nam	e of supported	(ii) EIN	he supported organization(s) (iii) Type of organization	(IV) Is the o	raanization	(v) Did :	ou notify	(va) to	- tho	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ınt of	-
	ganization	(11) = 114	(described on lines 1–9	, , ,	sted in your	(v) Did y the organ	ou nouty ization in	(vi) is organizati		(vii) Amou suppoi		
			above or IRC section		document?	∞l (ı)	of your ort?	(i) organiz U S	ed in the			
			(see instructions))	Yes	No	Yes	No.	Yes	No	1		

(i) Name of supported organization	(ii) EIN	(described on lines 1–9 in col (i) listed in your the o above or IRC section governing document?		in col (i) listed in your		ted in your the organization in or		Is the tion in col zed in the S?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
	·								
			<u> </u>						
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SOUTH PADRE ISLAND HISTORICAL 80-0325287

Part II 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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1,000	5,300	6,300
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1				· · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				1,000	5,300	6,300
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)						
6	Public support. Subtract line 5 from line 4				<u> </u>		6,300
	tion B. Total Support	,					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				1,000	5,300	6,300
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources					13	16
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						6,316
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	irth, or fifth tax yea	ar as a section 501(c)(3)	
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public St	ipport Percen	tage				
14	Public support percentage for 2009 (line 6		•	n (f))		14	99.75%
15	Public support percentage from 2008 Scho					15	%
l6a	33 1/3 % support test—2009. If the organ	ization did not che	eck the box on line	13, and line 14 is 3	33 1/3 % or more, ch	eck this box	
	and stop here. The organization qualifies		•				▶ X
þ	33 1/3 % support test—2008. If the organ	ization did not che	eck a box on line 13	or 16a, and line 1	15 is 33 1/3 % or mo	re, check this	
	box and stop here. The organization quali	• •	• • •				>
17a	10%-facts-and-circumstances test—200	If the organizati	on did not check a	box on line 13, 16	a, or 16b, and line 14	4 is 10% or	
	more, and if the organization meets the "fa	icts-and-circumsta	inces" test, check t	his box and stop I	nere. Explain in Part	IV how the	
	organization meets the "facts-and-circums	tances" test. The	organization qualifi	es as a publicly su	pported organization	1	>
b	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	box on line 13, 16	a, 16b, or 17a, and I	ine 15 is 10% or	
	more, and if the organization meets the "fa	icts-and-circumsta	ances" test, check t	his box and stop I	nere. Explain in Part	IV how the	
	organization meets the "facts-and-circums						>
81	Private foundation. If the organization did						>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	. (Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services 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 organization'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				İ		
_	amount on line 13 for the year					-	
	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	_					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		-				
I0a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)			•			
14	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
Sec	organization, check this box and stop here stion C. Computation of Public St		tage				
15	Public support percentage for 2009 (line 8	**		n (f))		15	%
16	Public support percentage from 2008 Scho			··· (1))		15	
	tion D. Computation of Investme					110	/0
17	Investment income percentage for 2009 (I			column (ft)		17	%
18	Investment income percentage from 2008			, - 3.2 (///		18	%
19a	· -			e 14, and line 15 is	more than 33 1/3		
	17 is not more than 33 1/3 %, check this b						>
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check to						>

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 SOUTH PADRE ISLAND HISTORICAL

80-0325287

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

448187 SOUTH PADRE ISLAND HISTORICAL 80-0325287 Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
EXPENSES	\$		
SUPPLIES - CHECK ORDER		94	
DISPLAY CASE CONSTRUCTION		4,995	
BANK CHARGES		30	
TOTAL	\$	5,119	

448187 SOUTH PADRE ISLAND HISTORICAL 80-0325287 Federal Statements

80-0325287

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO COLLECT, RECORD AND PRESERVE THE HISTORY OF THE SOUTH PADRE ISLAND, TEXAS AREA FOR THE BENEFIT AND EDUCATION OF THE CITIZENS OF THE TOWN OF SOUTH PADRE ISLAND, THE PUBLIC IN GENERAL AND FUTURE GENERATIONS.