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Form, 990

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 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A	For the	2011 calendar year, or tax year beginning , 2011, and ending	3		,		
В	Check if a	oplicable C		D Employer	Identifica	tion Number	
	Addre	rss change THE PARK OF EAST TEXAS, INC		75-02	24729	0	
		change DBA EAST TEXAS STATE FAIR		E Telephone	number		
	\vdash	2112 WEST FRONT STREET	1	(903)	597	-2501	
	H	TYLER, TX 75702	H	(505)	, 351	2301	
	\vdash	nated '		•	^	1 400	020
	\vdash	ided return		G Gross rece		1,480,	
	Appli	cation pending.		group return f affiliates includ		= '''	X No
		SAME AS C ABOVE		attach a list (s		tions) Yes	∐ No
	Tax-exe	mpt status X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527					
<u>J</u>	Webs			xemption num	ber -		
K	Form of	organization X Corporation Trust Association Other ► L Year of Formation	on 1976	M Sta	te of legal	domicile TX	
Pa	ırt I	Summary					
	1 B	riefly describe the organization's mission or most significant activities THE PARK	OF EAS	ST TEXA	S_IS_	A 240 A	CRE_
•	Y	<u>EAR-ROUND MASTER PLANNED AREA WHICH INCLUDES EQUESTRI</u>	AN FAC	ILITIES	S,_ EXI	HIBITION	
n n		ND EXPO SPACE, MEETING ROOMS, OPEN DEMONSTRATION AND					
Ĕ]	MPHITHEATER, AN EVENTS CENTER, EQUESTRIAN AND PEDESTR	IAN_TR	AILS AN	LAJU	HOTEL	AN
Governance	2 C	heck this box F if the organization discontinued its operations or disposed of mor	re than 25	5% of its no	et asset	s	
g		umber of voting members of the governing body (Part VI, line 1a)			3		38
20		umber of independent voting members of the governing body (Part VI, line 1b)		_	4		37
Ě	l .	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		<u> </u>	5		93
Activities &		otal number of volunteers (estimate if necessary)		-	6		150
•	1	otal unrelated business revenue from Part VIII, column (C), line 12		-	7a 7b		0.
	b N	et unrelated business taxable income from Form 990-T, line 34	T .		/ b	C	
	ا ۾ ا	and the decree and another (Dank VIIII, large 116)	PI	rior Year 7,67	75	Current Ye	825.
<u>•</u>		ontributions and grants (Part VIII, line 1h)	1	,211,35		1,240,	
Revenue	1	rogram service revenue (Part VIII, line 2g)	├ ───	3,08		1,240,	996.
<u>&</u>		ivestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,92		39	396.
		otal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u>	,233,02		1,480,	
_		rants and similar amounts paid (Part IX, column (A), lines 1-3)	 	22,75			500.
	l .	enefits paid to or for members (Part IX, column (A), line 4)					
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		459,64	14	505	013.
8			-	400,04		303,	<u> </u>
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)					
×	b ⊤	otal fundraising expenses (Part IX, column (D), line 25) (EVED					!
Ш	17 C	ther expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		535,43			<u>059.</u>
	18 T	otal expenses. Add lines 13-17 (must equal Patt X, column (A), line 25)	1	<u>,017,82</u>		1,129,	<u>572.</u>
	19 R	evenue less expenses. Subtract line 18 from line 12.	1	215,20	03.	350,	<u>456.</u>
8 8			Beginnin	g of Current	Year	End of Ye	
\$ <u>0</u>	20 T	otal assets (Part X, line 16) OGDEN, UT	2	<u>, 665, 58</u>		3,189,	
Net Assets	21 T	otal liabilities (Part X, line 26)		80,18	33.	81,	938.
25	22 N	et assets or fund balances Subtract line 21 from line 20	2	,585,39	99.	3,107,	821.
Pa	art II	Signature Block					
_		s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to laration of preparer (other than officer) is based on all information of which preparer has any knowledge	the best of m	ny knowledge a	and belief,	it is true, correct	, and
cor	nplete Dec	laration of preparer (other than officer) is based on all information of which preparer has any knowledge		4	-71		
		Jelin Conter		mai	12L,	2017	<u> </u>
Si	gn	Signature of officer	Dat	V			
He	ere	JOHN SYKES	PRESI	DENT			
		Type or print name and title			1 10		
		Print/Type preparer's name Preparer's signature LISA G. ROBINSON Preparer's signature LISA G. ROBINSON	2012	Check	ıf PTI		
Pa		LISA G. ROBINSON LISA G. ROBINSON	6 W 166	self-employed	1 PC	00246412	
Pr	eparer						
Us	se Only			Firm's EIN			
		TYLER, TX 75701-9609		Phone no	(903)	534-008	8
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			[X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2011) THE PARK OF EAST TEXAS, INC	75-02	247290	Page 2
Pa	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O	 -		
		- -		
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior	·	
_	Form 990 or 990-EZ?	ii tiic piioi	Yes	X No
	If 'Yes,' describe these new services on Schedule O		ш	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes	s 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 service	rices, as n	neasured by	expenses.
	Section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of g	grants and a	allocations to
4:	a (Code) (Expenses \$ 848,342. including grants of \$ 23,500.) (F	Revenue	\$ 1,2	40,811.)
	SEE SCHEDULE O		· 	
		- -		
			- -	
			<u>.</u>	
41	b (Code) (Expenses \$ including grants of \$) (F	Revenue	۶)
				
4	c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
				- <i></i>
			-	
			- -	
4	d Other program services. (Describe in Schedule O)		·-	
٠	(Expenses \$ including grants of \$) (Revenue \$)
4	e Total program service expenses ► 848, 342.			
BAA			Fo	orm 990 (2011)

THE PARK OF EAST TEXAS, INC 75-0247290 Page 3 Form **990** (2011) Part IV 6 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, Х 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II . 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 8 Х Did the organization report an amount in Part X, line 21; 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 Х Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Х 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part V. 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 VII 11_b Х c 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 Х 11 c **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 IX X 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Х Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** 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* 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV Х 15 16 Х

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV

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).

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

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

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? Х

Х

Х

Х

17

18

19

20

20 b

Form 990 (2011) THE PARK OF EAST TEXAS, INC

[Part IV S] Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	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	-	
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
ŧ	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 Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	-	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
١	b 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		х_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	1 990	(2011)

	Check if Schedule O contains a response to any question in this Part V			Г
			Yes	No
•	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_		1
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 93			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		Ų
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	b If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	7 Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			ļ
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		ļ
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		۱.,
	Form 8282?	7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
	holdings at any time during the year?	8		
	9 Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
1	0 Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	1 Section 501(c)(12) organizations. Enter			ı
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
1	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
·	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
1	3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	a 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			
	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			1
	c Enter the amount of reserves on hand	-		1
1	4a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
_	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<u> </u>	<u> </u>

Form 990 (2011) THE PARK OF EAST TEXAS, INC 75-0247290 Page 6 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 in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 38 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 in Schedule O. 37 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body? SEE SCHEDULE O **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8Ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 in Schedule O* 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No Yes 10 a X 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15 a Х 15_b SEE SCHEDULE O **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2011)

TYLER TX 75702 903-597-2501

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

Check if Schedule O contains a response to any question 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 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if neither the organization	n nor any	relate	d or	gan	ızatı	on co	mpe	ensated any current of	ficer, director, or trus	tee.
			(C)							
(A) Name and title	(B) Average hours per week	unles	s per and a	son is	s both	an one n an offi ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(I) ROY LILLY		,.								0
DIRECTOR	1 1	X					_	0.	0.	0.
(2) JOHN SYKES PRESIDENT	40	X		х			Ì	207,448.	0.	0.
(3) GILLIAN BRASFIELD	1 20							207,440.		
DIRECTOR	1	x						0.	0.	0.
(4) CC BAKER, JR										
SECRETARY	1 1	X		Х				0.	0.	0.
(5) HAROLD BEAIRD										
AT LARGE	1	Х		Х				0.	0.	0.
(6) HERBERT BUIE										
DIRECTOR	1	X	_				L.	0.	0.	0.
(7) TED CONOVER	<u> </u>									•
DIRECTOR	1	Х		<u> </u>	ļ		<u> </u>	0.	0.	0.
(8) JESSE ACOSTA	↓ .	١					1			0
DIRECTOR	1	X	<u> </u>		_		┢	0.	0.	0.
(9) HENRY BELL	┨ .	l v						0.	0.	0.
DIRECTOR	1	X	 	-	┝		┢	0.	0.	<u></u>
(10) TERRY BRANNON DIRECTOR	1	x						0.	0.	0.
(1) JIM GIAMETTA	 	<u> </u>	_	┢				- 0.		
DIRECTOR	1 1	X		İ			j	0.	0.	0.
(12) ROWE ANDERSON					-					
DIRECTOR	1 1	Х						0.	0.	0.
(13) JOANNE HAMPTON]									
DIRECTOR	1	X	$oxed{oxed}$	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(14) RANDY ROBERTS	1	١	ł	١						^
OFFICER	1	X	l	X		L	<u> </u>	0.	0.	0.

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	ıplo	ye	es,	anc	Highest Com	pensated Emp	oyees	(cor	ıt)
					C)							
, (A)	(B)	(do	not d	Pos heck	ition more	than	one	(D)	(E)		(F)	
Name and title	Average hours	box,	unle	ss pe	rson	s bott or/trus	n an	Reportable compensation from	Reportable compensation from		stimated unt of oth	
	per week	9 5	5	Ω	Key	ĜΞ	FC	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fi	pensation	
	week (describ e hours for related organi-	divid	Institutional	Officer	y en	Highest compen employee	Former			ar	anization d related	d
	for	ctor	юпа		employee	t con	-			orga	anızatıor	15
	organi- zations	ustee	trustee		8	npen				ļ		
	Sch O)	6	tee		ļ	sated						
·	,	<u></u>			L					ļ		
(15) DICK SUMMERS		l			1			•				_
DIRECTOR	1	X			-			0.	0.			0.
(16) LONNY UZZELL OFFICER	1	x		Х				0.	٥.			0.
(17) BJ HORNBOSTEL	┼┷	<u> </u>		^	-			0.	<u> </u>			
DIRECTOR	1	X					:	0.	0.			0.
(18) MARTIE BIGBIE	 -											
DIRECTOR	1	Х			1			0.	0.			0.
(19) RYLIE HARRIS												
DIRECTOR	1	Х						0.	0.			0.
(20) JEANNIE LAFFERTY												
DIRECTOR	1	X			<u> </u>		_	0.	0.			0.
(21) SAM MEZAYEK		١			1							_
DIRECTOR	1_1_	X			<u> </u>	-	-	0.	0.			0.
(22) DANNY PEGGRAM	,	X						0.	0.			0.
DIRECTOR (23) BOBBY CURTIS	++	├^		\vdash	\vdash			U.	<u> </u>			
DIRECTOR	1	x			ļ			l o.	0.			0.
(24) JOE CAVENDER	1											
DIRECTOR	1	X						0.	0.			0.
(25) SHARI RICKMAN												
DIRECTOR	1	X	<u> </u>					0.	0.			0.
1 b Sub-total								207,448.	0.			0.
c Total from continuation sheets to Part VII, Section	Α							0.	0.			0.
d Total (add lines 1b and 1c)	ملق مقام		linta	d a b				207, 448.		able co	mpons	
2 Total number of individuals (including but not limite from the organization ► 1	ea to tn	ose	uste	a ac	oove) WII	о ге	ceived more than	\$100,000 of report	able co	npens	3411011
nom the organization											Yes	No
3 Did the organization list any former officer, director	or trus	tee	kev	em	nlov	/ee	or h	ighest compensat	ed employee			
on line 13 ² If 'Yes,' complete Schedule J for such	ındıvıdu	ial.	,	· · · ·	رت. م.	,	· · · ·	,g.,000 00p.000.	.ou op.o, oo	3	ļ	X
4 For any individual listed on line 1a, is the sum of re	eportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations; greater such individual	than \$1	50,0	00?	If "	Yes'	com	plet	te Schedule J for		4	X	1
5 Did any person listed on line 1a receive or accrue of	romner	ne atu	an fr	om.	anv	unra	alate	ed organization or	individual			
for services rendered to the organization? If 'Yes,'	comple	te S	chec	dule	J fo	or su	ch p	person		5		X
Section B. Independent Contractors									4100.000 - 6			
Complete this table for your five highest compensation from the organization. Report compensation.	ted ind ensation	eper า for	nden the	t co cale	ntra enda	ctors ar ye	s tha ar e	at received more t nding with or with	inan \$100,000 of iin the organization	's tax ye	ear	
(A)								(B	3)	(C)	
Name and business address Description of services Compe									ensatio	วท		
							_			-		
										-		
								-				
								 				
2 Total number of independent contractors (including	but no	t lim	uted	to 1	thos	e list	ted:	above) who receiv	ed more than			
\$100,000 in compensation from the organization >	_					J						

rai	t viii r Statement of Revenue		·		
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) 1 a 1 b 1 c 1 d 1 c				
CONTRIBUTIONS AND OTHER SIP	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f	198,825.			
CE REVENUE	2a AGRICULTURAL FAIR b Business Code	1,240,811.	1,240,811.		
OGRAM SERVI	d e f All other program service revenue				
ğ	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and	1,240,811.			
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ▶	996.			996.
	(i) Real (ii) Personal 6a Gross rents. 39,396. b Less: rental expenses c Rental income or (loss) 39,396.		i		
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory	39,396.			39,396.
	b Less: cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss) 8a Gross income from fundraising events				
OTHER REVENUE	of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b Less direct expenses				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 h Less: direct expenses				
	b Less: direct expenses c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code			·	
	11ab				
	c				
	d All other revenue				
	e Iotal. Add files Tra-Tru	1,480,028.	1,240,811.	0.	40,392.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	ın this Part IX		X
Do no 6b, 7	ot include amounts reported on lines b, 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 governments and organizations in the United States. See Part IV, line 21		-		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	23,500.	23,500.		
	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	207,448.	145,214.	62,234.	0.
Ū	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	240,906.	178,352.	62,554.	
U	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	24,634.	19,254.	5,380.	
10	Payroll taxes	32,025.	25,064.	6,961.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	24,001.		24,001.	
d	Lobbying				<u></u>
e	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				·
g	Other	27,000.		27,000.	
12	Advertising and promotion	45,315.	45,315.		
13	Office expenses	5,547.	-596.	6,143.	
14	Information technology	5,809.	1,774.	4,035.	
15	Royalties				
16	Occupancy				
17	Travel	15,204.	3,732.	11,472.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u>.</u>
19	Conferences, conventions, and meetings				
20	Interest	3,028.		3,028.	·
	Payments to affiliates				
	Depreciation, depletion, and amortization	10,391.		10,391.	
	Insurance	26,106.	18,058.	8,048.	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACT LABOR	128,218.	118,935.	9,283.	
	UTILITIES	95,252.	89,767.	5,485.	
С	RENT EXPENSE	52,591.	50,952.	1,639.	
d	SUPPLIES	37,266.	34,147.	3,119.	
е	All other expenses SEE SCH. O	125,331.	94,874.	30,457.	
25	Total functional expenses. Add lines 1 through 24e	1,129,572.	848,342.	281,230.	0.
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				
	SOP 98-2 (ASC 958-720)	<u></u>	<u>. </u>	<u></u> L	Form 990 (2011)

Part X **Balance Sheet (B)** End of year (A) Beginning of year 671, 686 1,001,973. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 243 7,482 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 2,468,406 10a 316,578 2,151,828. 10b 1,993,653 10 c **b** Less¹ accumulated depreciation 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 28,476. 15 Other assets See Part IV, line 11 3,189,759 2,665,582 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,988 2,669 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 76,244. 76,619 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. <u>2,</u>650. 1,951 25 80,183 26 81,938. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here > X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 1,788,368. 1,788,368 31 31 Paid-in or capital surplus, or land, building, or equipment fund. 797,031 1,319,453. 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 2,585,399 33 3,107,821. 3,189,759. 2,665,582 34 34 Total liabilities and net assets/fund balances

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Form 990 (2011)

Form 990 (2011) THE PARK OF EAST TEXAS, INC 75-	0247290		Pag	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				X
,				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,48	<u> 80,0</u>	<u> 28.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,12		
3 Revenue less expenses Subtract line 2 from line 1	3	35	0, 4	<u>56.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	2,58	35,3	<u>99.</u>
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	17	1,9	<u>66.</u>
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,10	7,8	21.
Part XII Financial Statements and Reporting				_
Check if Schedule O contains a response to any question in this Part XII .				
	г		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 in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	.]	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	he audit,	2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both:	ied on a			
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		<u>X</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	uired audit	3 b		
BAA		Form	990 (2011)

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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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

ame c	f the	organization THE PA	RK OF EAST TE	CXAS, INC							tion number
		DBA EA	ST TEXAS STAT	E FAIR						47290	
Part	1	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	<u>ıstruct</u>	ions.
he o	rga	nization is not a privat	te foundation becaus	e it is (For lines 1 throi	ugh 11, d	check o	nly one	box)			
1		A church, convention	of churches or associ	ciation of churches desc	ribed in	section	170(b)	(1)(A)(i).			
2	П	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)						
3	П	A hospital or a coope	rative hospital servic	e organization describe	d in sec	tion 170)(Ь)(1)(А)(iii).			
4	П			in conjunction with a h)(b)(1)(A)(iii) . Er	nter the hospital's
		name, city, and state									
5		170(b)(1)(A)(iv). (Cor	mplete Part II)	f a college or university					nmental	unit de	scribed in section
6	Ш	A federal, state, or lo	cal government or go	overnmental unit describ	bed in s e	ection 1	70(b)(1)	(A)(v).			
7	Ц	in section 170(b)(1)(4	A)(vi). (Complete Pai				vernme	ntal unit	or from	the ge	neral public described
8	닏			70(b)(1)(A)(vi). (Complet							
9	X	from activities related	d to its exempt function did not be seen to the seen did not be seen to the seen did not be seen did not be seen to the seen did not be seen d) more than 33-1/3% of ons – subject to certair s taxable income (less mplete Part III)	ı excepti	ons, an	d (2) no	more t	han 33-1	1/3% of	its support from gros
10				xclusively to test for pu	iblic safe	ty See	section	509(a)	(4).		
11		An organization orga	nized and operated e	exclusively for the beneful	it of, to)(1) or s	perform	the fun	ctions o	f, or car	rry out ti 509(a)(3)	he purposes of one o). Check the box that
			_	tion and complete lines						. \Box	T III OII
		a Type I	b Type II	c Type III		•	_			ુ• ⊔.	Type III - Other
е		other than foundation section 509(a)(2)	, I certify that the org n managers and othe	anization is not controll r than one or more pub	ed direc licly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	ın secti	on 509(a)(1) or
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	Туре І	, Type II	or Type	e III sup	porting	organization,
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	Yes No
		(i) A person who o	directly or indirectly c	ontrols, either alone or pported organization?	together	with pe	ersons d	lescribe	d ın (ıı)	and (III)	
		, ,	er of a person descri	=							11 g (ii)
		• •	•	described in (i) or (ii) a	bove?						11 g (iii)
h		` '		e supported organization							
		(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9	(iv)	s the	(v) Did y	ou notify		s the ation in	(vii) Amount of support
		*· 3 *···		above or IRC section (see instructions))	column (i	i) listed in overning	colum your su	n (i) of upport?	colur organize	nn (i) ed in the S ?	
					Yes	nent?	Yes	No	Yes	No	
					162	140	163	110	163	140	
(A)							ļ	ļ			
(B)		<u> </u>			ļ						
(C)								1			
(D)						<u> </u>	-				
(E)										_	
Total						[

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

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 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	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see in	structions)			12	<u> </u>
13	First five years. If the Form 990 organization, check this box and	is for the organia	zation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support l	Percentage	-			
	Public support percentage for 20			ne 11, column (f)	1.	14	<u>%</u>
	Public support percentage from		,			15	<u>%</u>
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization qualifies as a pu	did not check the ublicly supported o	box on line 13, ai organization	nd the line 14 is 3	3-1/3% or more, (check this box
	33-1/3% support test – 2010. If and stop here. The organization	qualifies as a pu	ublicly supported o	organization			
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts s-and-circumstan	-and-circumstance ices' test. The org	es' test, check this anization qualifies	box and stop he as a publicly sup	re. Explain in Par ported organizati	t IV how on ►
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts d-circumstances	-and-circumstance ' test. The organiz	es' test, check this ation qualifies as	box and stop he r a publicly support	r e. Explain in Par ed organization	t IV how the
18 BAA	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a			structions

Page 3

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

(Complete only if you checked the box on line 9 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	tion A. Public Support		<u> </u>	<u></u>		 	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1		105,055.	24,144.	22,190.	7,675.	198,82	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	1,100,087.	1,182,404.	982,622.	1,222,270.	1,280,20	7. 5,767,590. 0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge				,		0.
	Total. Add lines 1 through 5	1,205,142.	1,206,548.	1,004,812.	1,229,945.	1,479,03	2. 6,125,479.
7 a	Amounts included on lines 1, 2, and 3 received from	0.	0.	0.	0.		0.
t	disqualified persons 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	0.	0.	0.	0.		0. 0.
,	: Add lines 7a and 7b	0.	0.	0.	0.		0. 0.
	Public support (Subtract line 7c from line 6.)	ļ	0.	<u> </u>	<u> </u>		6,125,479.
Sec	tion B. Total Support	J	1			·	1 0/125/1/5.
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,205,142.	1,206,548.	1,004,812.	1,229,945.	1,479,03	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15,754.	10,949.	2,293.	3,084.	99	
c	: Add lines 10a and 10b	15,754.	10,949.	2,293.	3,084.	99	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	1,220,896.	1,217,497.	1,007,105.	1,233,029.	1,480,02	8. 6,158,555.
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501	(c)(3)
Sec	tion C. Computation of Pu	blic Support F	Percentage	-			
15	Public support percentage for 20	011 (line 8, colum	n (f) divided by lii	ne 13, column (f))	l	<u> 1</u>	99.46 %
16	Public support percentage from	2010 Schedule A	, Part III, line 15				99.23 %
Sec	tion D. Computation of Inv	<u>restment Incol</u>	me Percentag	<u> </u>			
17	Investment income percentage t	•		-	ımn (f))		0.54 %
18	Investment income percentage t					<u> </u>	0.77 %
	a 33-1/3% support tests – 2011. I is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organiza	tion X
ŧ	33-1/3% support tests – 2010. I line 18 is not more than 33-1/3%	f the organization	did not check a b	oox on line 14 or l	line 19a, and line	16 is more that	n 33-1/3%, and ►
20	Private foundation. If the organ						

Schedule A (Form 990 or 990-EZ) 2011

Part IV	Supplemental Part II line 17a	Information. Co	mplete this part	to provide the e	explanations requisions part for any add	ired by Part II, lir	Page 4 ne 10; nn
•	(See instruction	ns).					
			-				
		·					
				-			
		. 					
				_			

SCHEDULE D .(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name	or the organization			Linployer lacinatication flamber
DBA	PARK OF EAST TEXAS, INC EAST TEXAS STATE FAIR			75-0247290
Par	t I Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar I Form 990, Part IV, line 6.	Funds or Acco	ounts. Complete if
1 2 3	Total number at end of year Aggregate contributions to (during year). Aggregate grants from (during year)	(a) Donor advised funds	(b) F	unds and other accounts
4 5	Aggregate value at end of year Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held	in donor advised	☐Yes ☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant he benefit of the donor or donor advisor, o	t funds can be	Yes No
Par	t II Conservation Easements. Compl	ete if the organization answered '	es' to Form 9	90. Part IV. line 7.
	Purpose(s) of conservation easements held by Preservation of land for public use (e g , r Protection of natural habitat Preservation of open space	r the organization (check all that apply). ecreation or education) Preservat	tion of an historication of a certified	ally important land area historic structure
	last day of the tax year			Held at the End of the Tax Year
•	Total number of conservation easements		2a '	ield at the Lild Of the Tax Teal
	Total number of conservation easements Total acreage restricted by conservation ease	ments	2b	
	: Number of conservation easements on a certi		2c	
		• •	1 1 1	
	Number of conservation easements included is structure listed in the National Register		2d]	
3	Number of conservation easements modified, tax year ▶		minated by the or	ganization during the
4	Number of states where property subject to co		<u>.</u>	
5	Does the organization have a written policy re and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation	easements durin	g the year
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing conservation ease	ements during the	e year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	conservation easements in its revenue and content of the organization's financial statements to	expense statement that describes the	, and balance sheet, and organization's accounting for
Par	Complete if the organization ans	ctions of Art, Historical Treasures wered 'Yes' to Form 990, Part IV,	s, or Other Sin line 8.	nilar Assets.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or r	esearch in further	nt and balance sheet works of rance of public service, provide,
ŀ	olf the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	ld for public exhibition, education, or resea	enue statement a arch in furtheranc	nd balance sheet works of art, e of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1 .		►\$
	(ii) Assets included in Form 990, Part X			- \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar ass 116 (ASC 958) relating to these items	sets for financial o	gain, provide the following
a	Revenues included in Form 990, Part VIII, line	: 1		► \$
	Assets included in Form 990, Part X			► \$
BAA	For Paperwork Reduction Act Notice see the	Instructions for Form 990 TEFA	33011 05/25/11	Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 THE I				O	75-024		antini	Page 2
3 Using the organization's acquisiti								
items (check all that apply):	on, accession, an	a other records, ci	leck any or the lon	lowing the	at are a significant u	se or it	s collec	uon
a Public exhibition			or exchange progr	rams				
b Scholarly research		e 💹 Othe	r					
c Preservation for future gener								
4 Provide a description of the orga Part XIV					•	se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be n	naintained as part	rt, nistorical treasu of the organization	ires, or or n's collect	ther similar tion?	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangement amount on For	s. Complete if m 990, Part X,	the organizatio line 21.	n answ	ered 'Yes' to For	m 990), Part	īV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediar	y for contributions	or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ving table					
						Amoun	it	
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance		00 D V I 01	2	l	1f		Г	
2a Did the organization include an a		90, Part X, line 21	f		l	Yes	L	No
Part V Endowment Funds. Co		organization an	swered 'Ves' to	Form	990 Part IV line	10		
Tart V Endownent ands. Oc	(a) Current year	(b) Prior ye			(d) Three years back		Four year	s hack
1 a Beginning of year balance.	(a) current year	(b) i nor ye	(6) 140 300	113 DUCK	(u) Three years buck	1 (0)	rour your	3 Duck
b Contributions								$\overline{}$
c Net investment earnings, gains, and losses								
d Grants or scholarships		•						$\overline{}$
e Other expenditures for facilities								
and programs								
f Administrative expenses						—		
g End of year balance	L					.l		
2 Provide the estimated percentage	_	ear end balance (li	ne 1g, column (a))	held as:				
a Board designated or quasi-endov	vment -							
b Permanent endowment ► c Temporarily restricted endowmer		%						
The percentages in lines 2a, 2b,								
· -								
3a Are there endowment funds not a organization by.	in the possession	of the organization	n that are held and	administ	tered for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations liste	d as required on S	chedule R?			3b		
4 Describe in Part XIV the intended	d uses of the orga	nızatıon's endown	nent funds					
Part VI Land, Buildings, and	Equipment. Se	e Form 990, P	art X, line 10.					
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other)	er ((c) Accumulated depreciation	(d)	Book va	alue
1 a Land	<u> </u>		1,979,2			1		<u>,293.</u>
b Buildings	<u> </u>		477,1		315,145.			<u>, 968 .</u>
c Leasehold improvements	ļ		12,0	00.	1,433.		10	<u>,567.</u>
d Equipment	-							
e Other		F 000 D : 1 Y		0(-))			151	
Total. Add lines 1a through 1e (Colun BAA	ın (a) must equal	rorm 990, Part X,	column (B), line l	υ(c))	Schod			, 828. 90) 2011
					Scried	uic D (I	לל ווווט	,U) ZUII

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Schedule D (Form 990) 2011 THE PARK OF EAST TEXAS, INC	75-	0247290	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1,4	80,028.
2 Total expenses (Form 990, Part IX, column (A), line 25)			29,572.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3	350,456.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments	•		
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine I	ines 3 and 9	3	50,456.
Part XII Reconciliation of Revenue per Audited Financial State	ments With Revenue per Ret		
1 Total revenue, gains, and other support per audited financial statements	L	1 1,4	<u>151,784.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains on investments .	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	ł	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d.	_	2 e	
3 Subtract line 2e from line 1		3 1,4	<u>151,784.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV) SEE PART XIV	4b 28,244.		
c Add lines 4a and 4b .		4c	28,244.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			180,028.
Part XIII Reconciliation of Expenses per Audited Financial Sta	<u>tements With Expenses per F</u>	Return	
1 Total expenses and losses per audited financial statements	<u> </u>	1 1,1	<u>126,072.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d.	·	2e	070
3 Subtract line 2e from line 1	1 1 F	3 1,1	L26,072.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) SEE PART XIV	4a 3,500.		
c Add lines 4a and 4b	4 b 37300.	4c	3,500.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18)		129,572.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part any additional information.	19, Part III, lines 1a and 4; Part IV, XIII, lines 2d and 4b. Also complete	lines 1b and 2b, this part to prov	nde
PART X - FIN 48 FOOTNOTE			
THE_ASSOCIATION_HAS_ADOPTED_THE_PROVISIONS_OF_E	ASB_ASC_740-10_(FASB_I	<u>NTERPRETAT</u>	<u>ION</u>
NO48, ACCOUNTING FOR UNCERTAINTY IN INCOME TA	XES), UNDER THESE PRO	<u>VIŞIONS, T</u>	HE
ASSOCIATION RECORDS A LIABILITY FOR UNCERTAIN T	AX POSITIONS WHEN IT I	<u>S_PROBABLE</u>	TAHT_
A_LOSS_HAS_BEEN_INCURRED_AND_THE_AMOUNT_CAN_BE			
ASSOCIATION CONTINUALLY EVALUATES EXPIRING STAT	UTES OF LIMITATION, AU	<u>DITS, PROP</u>	OSED
SETTLEMENTS CHANGES IN TAX LAW AND NEW AUTHOR	TATIVE RULINGS.	-	

Schedule D	(Form 990) 2011	THE PARK O	F EAST TEXAS	S, INC		75-0247290	Page 5
Part XIV	Supplemental	Information (F EAST TEXAS (continued)				
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•							
					- 	-	
							
		- 					
	<u></u>		-				
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			-				
		 .					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

overnments, and Individuals in the United States

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2011) × 2 (h) Purpose of grant or assistance Employer identification number X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 75-0247290 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV TEEA3901L 06/01/11 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (p) EIN THE PARK OF EAST TEXAS, 1 (a) Name and address of organization or government 1 1 1 1111 11111 111 Name of the organization 1 ١ l ١ Part II 1 ١ ~ 즫 <u>ල</u> හු Ø 좘 9 9 e

Page 2 Schedule I (Form 990) (2011) THE PARK OF EAST TEXAS, INC

Parkling Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Number of property (c) Type of grant or assistance (c) Number of property (c) Number of	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book, FMV, annraisal other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	25	23, 500.			
4					
ın					
9					
7					
Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2,	olete this part to pr	ovide the informat	ion required in Par		and any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	MONITORING USE	OF GRANTS FUN	DS IN U.S.	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE EAST TEXAS STATE FAIR PROVIDES SCHOLARSHIPS IN THE AMOUNT OF \$3,000 (\$750 PER	IDES SCHOLARSH	IPS IN THE AMO	UNT OF \$3,000_	(\$750 PER	
SEMESTER) TO TEN RECIPIENTS EACH YEAR. TO	CH YEAR. TO B	BE ELIGIBLE STUDENT MUST BE A GRADUATING	DENT MUST BE A	GRADUATING	
SENIOR FROM A PUBLIC, PRIVATE, OR HOME SCHOOL, MUST ATTEND TYLER JUNIOR COLLEGE FOR	OR HOME SCHOO	L, MUST ATTEND	TYLER JUNIOR	COLLEGE FOR	
THE NEXT TWO YEARS (2 FALL AND 2 SPRING SEMESTERS) BEGINNING WITH THE UPCOMING FALL	2 SPRING SEME	STERS) BEGINNI	NG WITH THE UP	COMING FALL	
SEMESTER, HAVE COMPLETED A MINIMUM OF 12 CREDIT HOURS PER SEMESTER, AND MUST SUBMIT A	JIMUM OF 12 CRE	DIT HOURS PER	SEMESTER, AND	MUST SUBMIT A	
COMPLETED SCHOLARSHIP APPLICATION. THE EAST TEXAS STATE FAIR SCHOLARSHIPS ARE	TON. THE EAST	TEXAS STATE F	AIR SCHOLARSHI	PS_ARE	
INTENDED TO ENCOURAGE AND SUPPORT STUDENTS	1	WITH INTEREST AND POTENTIAL FOR HIGHER	ND POTENTIAL F	OR HIGHER	
EDUCATION. THE SELECTION COMMITTEE CONSIDERS A VARIETY OF FACTORS INCLUDING, BUT NOT	TTEE_CONSIDERS	A VARIETY OF	FACTORS INCLUD	ING, BUT NOT	
LIMITED TO, ACADEMIC ACHIEVEMENT, INVOLVEMENT IN EXTRA-CURRICULAR OR COMMUNITY	INT, INVOLVEMEN	T IN EXTRA-CUR	RICULAR OR COM	AUNITY	
SERVICE ACTIVITIES, EDUCATIONAL GOALS, MOTIVATION, AND IN SOME INSTANCES, FINANCIAL	AL GOALS, MOTIV	ATION, AND IN	SOME INSTANCES	, FINANCIAL	
ВАА	:				Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Name of the organization
THE PARK OF EAST TEXAS, INC.

Employer identification number 75-0247290

Part	Questions Regarding Compensation				
				Yes	No
1 a C V	heck the appropriate box(es) if the organization provided any of II, Section A, line 1a. Complete Part III to provide any relev	the following to or for a person listed in Form 990, Part vant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	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 (e.g., maid, chauffeur, chef)			
-	_	_			
b II	any of the boxes on line 1a are checked, did the organizate imbursement or provision of all of the expenses described	nion follow a written policy regarding payment or above? If 'No,' complete Part III to explain	1 b		
2 D	id the organization require substantiation prior to reimbursii ustees, and the CEO/Executive Director, regarding the item	ng or allowing expenses incurred by all officers, directors, as checked in line 1a?	2		
3 Ir	ndicate which, if any, of the following the filing organization EO/Executive Director Check all that apply. Do not check a stablish compensation of the CEO/Executive Director Expla	used to establish the compensation of the organization's any boxes for methods used by a related organization to			
Γ	Compensation committee	Written employment contract			
Ì	Independent compensation consultant	X Compensation survey or study			
Ì	Form 990 of other organizations	X Approval by the board or compensation committee			
4 E	uring the year, did any person listed in Form 990, Part VII, r a related organization	Section A, line 1a with respect to the filing organization			
	eceive a severance payment or change-of-control payment	?	4a		Х
	articipate in, or receive payment from, a supplemental non-		4b		Х
	articipate in, or receive payment from, an equity-based con		4c		Х
It	'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
c	only section 501(c)(3) and 501(c)(4) organizations must con	mplete lines 5-9.			
5 F	or persons listed in Form 990, Part VII, Section A, line 1a, ontingent on the revenues of	did the organization pay or accrue any compensation			
a T	he organization?		5a		Х
b A	ny related organization?		5 b		X
li 1	'Yes' to line 5a or 5b, describe in Part III.				
	or persons listed in Form 990, Part VII, Section A, line 1a, ontingent on the net earnings of	did the organization pay or accrue any compensation			
	he organization?		6a		Х
	ny related organization?		6b		Х
	'Yes' to line 6a or 6b, describe in Part III.				
7 F	or persons listed in Form 990, Part VII, Section A, line 1a,	did the organization provide any non-fixed payments not	7		Х
	escribed in lines 5 and 6? If 'Yes,' describe in Part III	•	 		┢
8 V	lere any amounts reported in Form 990, Part VII, paid or ac ontract exception described in Regulations section 53 4958	ccrued pursuant to a contract that was subject to the initial -4(a)(3)? If 'Yes,' describe in Part III	8		X
9 I	'Yes' to line 8, did the organization also follow the rebuttatection 53 4958-6(c)?	ble presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2011

THE PARK OF EAST TEXAS, INC

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 columns (D) and (E) amounts for that individual.

			Come coor				<u> </u>	
(A) Name		(b) Base compensation	(b) Base (ii) Bonus and incentive (iii) Other compensation compensatio	(iii) Other reportable compensation	other deferred compensation	benefits	(E) (I)-(D) (B)(I)-(D)	reported as deferred in prior Form 990
JOHN SYKES	ε		31,648.	10,200.	0	.0.	207,448.	.0.
1	(ii)	0.	0			0	0	
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4	€ (€					 		
	Θ				 	 	1 1 1	1 1 1 1
5	(ii)							
	Θ	 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
6	<u>(i)</u>							
](0)	1 1 1	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1
7	(ii)							
	Θ			 	1 1 1 1	 	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	(ii)							
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6	€							
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11	<u>(ii)</u>							
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	<u>e</u>		1	1		 	1 1 1 1 1 1 1 1	
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16	₫						2040	1.15 1 (1.15)
ВАА				TEEA4102L 01/	01/24/12		19IDO	schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Infernal Revenue Service Name of the organization

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 990-EZ.

Open to Public Inspection

Employer identification number

THE PARK OF EAST TEXAS, INC 75-0247290 TEXAS STATE FAIR <u> FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD</u> SEE FORM 3115 ATTACHED FOR CHANGE OF ACCOUNTING METHOD FROM CASH TO ACCRUAL FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE PARK OF EAST TEXAS IS A 240 ACRE YEAR-ROUND MASTER PLANNED AREA WHICH INCLUDES EQUESTRIAN FACILITIES, EXHIBITION AND EXPO SPACE, MEETING ROOMS, OPEN DEMONSTRATION AND EDUCATIONAL SPACE, AN AMPHITHEATER, AN EVENTS CENTER, EQUESTRIAN AND PEDESTRIAN TRAILS AND A HOTEL. AN ENVIRONMENTALLY CONTROLLED, MULTI-PURPOSE ARENA IS PLANNED FOR PHASE 1 WITH PLANNED USAGE TO INCLUDE TRADE SHOWS, COMMENCEMENT PROGRAMS, CONVENTIONS, CONCERTS, HORSE SHOWS, CAR SHOWS, AND OTHER EVENTS LEFT TO THE THE EAST TEXAS STATE FAIR IS AN ANNUAL FAIR PRODUCED BY THE STAFF AND VOLUNTEERS OF THE PARK OF EAST TEXAS, INC. FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS THE PARK OF EAST TEXAS, INC. (EAST TEXAS STATE FAIR ASSOCIATION) OFFERS UNIQUE EDUCATIONAL OPPORTUNITIES TO YOUTH THROUGH A WIDE VARIETY OF PROGRAMS. SCHOLARSHIPS ARE AWARDED THROUGH THE ETSFA AND THROUGH AN INTERNAL EDUCATIONAL GRADUATING SENIORS ARE ABLE TO APPLY FOR ETSFA COMPETITION, ACADEMIC RODEO. SCHOLARSHIPS TO ATTEND TYLER JUNIOR COLLEGE FOR A \$750 PER SEMESTER STIPEND. TEN TWO-YEAR ETSFA SCHOLARSHIPS ARE AWARDED ANNUALLY (\$30,000) TO STUDENTS ATTENDING ACADEMIC RODEO PARTICIPANTS WHO PLACE FIRST-THIRD IN ANY TYLER JUNIOR COLLEGE. COMPETITION ARE ABLE TO APPLY FOR ACADEMIC RODEO SCHOLARSHIPS. THESE SCHOLARSHIPS ARE AWARDED TO BOTH MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS, FOR A TOTAL OF 10 THE EAST TEXAS STATE FAIR IS ITS OWN EDUCATIONAL TOOL SCHOLARSHIP AWARDS ANNUALLY. STUDENT TOUR GROUPS VISIT THE FAIR ANNUALLY TO TOUR THE VARIOUS EXHIBITS. THESE TOURS ARE THE INITIAL EXPOSURE MANY STUDENTS HAVE TO THE WORLD OF AGRICULTURE, FARMING, AND LIVESTOCK. THE OPPORTUNITY TO DEMONSTRATE TO CHILDREN HOW AGRICULTURE TOUCHES THEIR DAILY LIVES IS AN IMPORTANT LESSON. THE EAST TEXAS STATE FAIR

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR	Employer identification number 75-0247290
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMEN	
LIVESTOCK SHOW SUPPORTS OVER 3,500 ENTRIES AND HONORS WI	
TOTALING OVER \$20,000 PER YEAR.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELEC	CT GOVERNING BODY
THE BOARD IS ELECTED BY A NOMINATING COMMITTEE MADE UP O	
PRESIDENTS.	
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
COPY TO BE REVIEWED AND ACCEPTED BY 15 MEMBER EXECUTIVE	COMMITTEE OF THE BOARD OF
DIRECTORS. THEY WILL BE DISTRIBUTED AT AN EC MEETING PR	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL P	
COMPARIBILITY DATA IS USED VIA INTERNATIONAL ASSOCIATIO	
COMPENSATION IS REVIEWED AND APPROVED BY INDEPENDENT PER	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB	
DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST AT THE	
OFFICE.	
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Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization
THE PARK OF EAST TEXAS, INC

Employler Identification number

75-0247290

Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Linployees		г —						(2)		
(A)	(B)	Doc.	4.aa (C)	hat aaa	l. A	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	_	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CUDIC CIMONS	<u> </u>					<u> </u>	\vdash			<u> </u>
CHRIS SIMONS DIRECTOR	1	X						0.	0.	0.
TOM DEIBEL		<u> </u>	H		┢		_	0.	- 0.	<u> </u>
DIRECTOR	1	x						0.	0.	0.
DAVID THEDFORD	-	- :-	 						<u> </u>	
DIRECTOR	1	х	ľ					0.	0.	0.
KEVIN HALBERT		1								
DIRECTOR	1	Х						0.	0.	0.
MICHAEL TOLBERT										
DIRECTOR	1	X		L				0.	0.	0.
GARY HALBROOKS										
DIRECTOR	11	X		_	L	L	_	0.	0.	0.
NANCY_BRACKEN					ł					
DIRECTOR	1	X			_		<u> </u>	0.	0.	0.
JEFF WARR	_	. <i>.</i>								0
DIRECTOR	1	X			<u> </u>			0.	0.	0.
CHARLES HILL	,	٠,	ļ					0.	0.	0.
DIRECTOR HARRY LEATHERWOOD	1	Х			\vdash		├	<u>U.</u>		
DIRECTOR	1	x			l			0.	0.	0.
NATHAN MIMMS	 	<u> </u>	\vdash		┢		\vdash	0.	0.	<u> </u>
DIRECTOR	1 1	X						0.	0.	0.
JAY MISENHEIMER	l — —	 			一					
DIRECTOR	1 1	X						0.	0.	0.
DONNIE THEDFORD										
DIRECTOR	11	Х						0.	0.	0.
					 		\vdash			
	 -	 	H	\vdash	\vdash		\vdash	 		
					<u> </u>					*****
			_		_	•	•			F 000 0 1 0011

Form 990 Cont 2011

2011 •

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

CLIÈNT 50247290

THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

06:56PM

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
	moma r	PROGRAM	MANAGEMENT	CHADDATCING
-	TOTAL _	SERVICES	<u>& GENERAL</u>	<u>FUNDRAISING</u>
AWARDS	30,928.	30,754.	174.	
BANK FEES	3,720.		3,720.	
BUSINESS DEVELOPMENT	10,900.	10,900.		
CAPITAL OUTLAY	,	·		
DUES AND SUBSCRIPTIONS	7,910.	1,321.	6,589.	
EQUIPMENT	7,809.	7,809.	,	
FEES	140.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	140.	
INSTALLATION AND FAIR SET UP	5,894.	5,894.		
JUDGES	6,175.	6,175.		
LAND DEVELOPMENT	2,820.	3,2,0.	2,820.	
MAINTENENCE	17,697.	15,890.	1,807.	
MEALS AND MEETINGS	9,156.	5,203.	3,953.	
POSTAGE AND SHIPPING	5,909.	249.	5,660.	
PRINTING AND PUBLICATIONS	763.	763.	3,000.	
		705.	396.	
SECURITY	396.		525.	
SPONSERSHIPS	525.	25		
TELEPHONE	4,708.	35.	4,673.	
TICKETS	3,381.	3,381.		
VEHICLE EXPENSE	6,500.	6,500.	- 20 453	<u> </u>
TOTAL	\$ 125,331.	\$ 94,874.	\$ 30,457.	<u>\$ 0.</u>

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT

TOTAL \$ 171,966.

2011 ·

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 50247290

THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

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PART I, LINE 2 - PROCEDURES FO	OR MONITORING USE OF	GRANTS FUNDS IN U.S.	(CONTINUED)
--------------------------------	----------------------	-----------------------------	-------------

NEED. STUDENTS AWARDED ETSF SCHOLARSHIPS MUST ENROLL IN AT LEAST 12 CREDIT HOURS PER SEMESTER, MAINTAIN A CUMULATIVE 3.0 GRADE POINT AVERAGE, AND SEMESTERS MUST BE CONSECUTIVE. TJC PROVIDES A REPORT ON EACH STUDENT AT THE END OF EACH SEMESTER, WHICH IS REVIEWED BY ETSF STAFF TO ENSURE COMPLIANCE WITH ELIGIBILITY REQUIREMENTS.

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIÈNT 50247290

THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

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SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SECTION 481(A) ADJUSTMENT - RENT

TOTAL \$ 28,244.

SCHEDULE D, PART XIII, LINE 4B OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SECTION 481(A) ADJUSTMENT - SUPPLIES .

TOTAL \$ 3,500.

(Rev December 2009)

Application for Change in Accounting Method

OMB No 1545-0152

Internal Revenue Service			_				
Name of filer (name of parent corporation if a c	consolidated group) (see instructions)	Identification number (see instructions)					
		75-0247290					
		Principal business activity code number (see instructions)					
THE PARK OF EAST TEXAS	S. INC	611000					
Number, street, and room or suite no. If a P O		Tax year of change begins (MM/DD/YYYY) 1/01/2011					
2112 WEST FRONT STREET	•	Tax year of change ends (MM/DD/YYYY) 12/31/2011					
City or town, state, and ZIP Code		Name of contact person (see instructions)					
TYLER, TX 75702		JOHN SYKES					
Name of applicant(s) (if different than filer) and	identification number(s) (see instructions)	Contact person's telephone number	r	—			
		(903) 597-2501					
If the applicant is a member of a co	ensolidated group, check this hox		▶□				
		tached (see instructions for when Form 2848 is required),	<u>-</u> X				
Check the box to indicate		Check the appropriate box to indicate the type of account					
the applicant.	Cooperative (Section 1381)	method change being requested. (see instructions)	y				
Individual	— ⊢ . ' ` ` ` `	,					
H	Partnership	Depreciation or Amortization					
Corporation	S corporation						
Controlled foreign corporation (Section 957		Financial Products and/or Financial Activities of					
10/50 corporation (Section 904(d)(2)(E))	Insurance company (Section 831)	Financial Institutions					
Qualified personal service corporation (Section 448(d)(2))	Other (specify)	Other (specify)					
X Exempt organization Enter Coo	de section ► 501 (C) (3)						
Caution: To be eligible for approva	I of the requested change in method in	of accounting, the taxpayer must provide all information that	t is rel	evant			
to the taxpayer or to the taxpayer's	requested change in method of acco as any other information that is not s	ounting This includes all information requested on this Form	3115				
The taxpayer must attach all applic	cable supplemental statements reque	ested throughout this form.					
	utomatic Change Request		Yes	No			
1 Enter the applicable designate	ed automatic accounting method char	nge number for the requested automatic change. Enter only					
one designated automatic acc	counting method change number, exc	ent as provided for in guidance published by the IRS. If the					
requested change has no des description of the change and	ignated automatic accounting method I citation of the IRS guidance providing	d change number, check 'Other,' and provide both a g the automatic change. See instructions		1 1			
•	.22 (b) Other Descrip		1				
``	ns described in section 4.02 of Rev Pr	oc 2008-52 cause automatic consent to be unavailable for	Ì				
the applicant's requested cha	nge? If 'Yes,' attach an explanation			X			
	hen Part IV, and also Schedules A th	rough E of this form (if applicable)					
Part II Information for All	Requests		Yes	No			
		o which the requested change relates, or terminate its					
existence, in the tax year of o			<u> </u>	X			
	ligible to make the change under auto	• , ,		1 1			
4a Does the applicant (or any pro	esent or former consolidated group in Lincome tax return(s) under examinat	which the applicant was a member during the applicable		X			
If 'No', go to line 5	income tax return(s) under examina	tion (see instructions).					
	he applicant is requesting to change	an issue (with respect to either the applicant or any present					
or former consolidated group consideration or (ii) placed in	in which the applicant was a member	during the applicable tax year(s)) either (i) under					
		on instructions)					
Huden nemelijen of maritum. I dealess the A. C.	Signature (s		the anni	lication			
contains all the relevant facts relating to the a	application, and it is true, correct, and complete.	nying schedules and statements, and, to the best of my knowledge and belief, Declaration of preparer (other than applicant) is based on all information of wh	ich pre	parer			
has any knowledge.	iler	Preparer (other than filer/applicant)					
•••			5 20	12			
		_ <u> </u>					
Signature	e and date	Signature of individual preparing the application and date					
		LISA G. ROBINSON					
Name and title	e (print or type)	Name of individual preparing the application (print or type)					
		GOLLOB MORGAN PEDDY PC					
		1001 ESE LOOP 323 STE 300					
		TYLER, TX 75701-9609	_	 -			
		Name of firm preparing the application					
BAA For Privacy Act and Paperwo	ork Reduction Act Notice, see the ins	tructions. Form 3115 (F	Rev 12	-2009)			

Forn	3115 (Rev12-2009)	THE	PARK	OF EA	ST '	TEXAS,	INC		75-0247290	P	age 2
Par	II Information	For	All Re	quests	(cont	ınued)				Yes	No
		nsolida	ated gro	up in whi					orth respect to either the applicant or any ing the applicable tax year(s)) for any tax year		
C	Is the request to char director consent to the	nge th ne filin	e methog of the	od of acco	untın (see ı	ig being fi nstruction	led under the prod is)?	ed	ures requiring that the operating division		
	If 'Yes,' attach the co	nsent	statem	ent from	he di	rector.					
•	Is the request to cha	nge th	e metho	od of acco	untın	ig being fi	led under the 90-d	lay	or 120-day window period?		
	If 'Yes,' check the bo	x for t	he appl	icable wir	ndow	period an	d attach the requir	red	statement (see instructions)	1	
	90 day			-			n ended 🟲				
f	If you answered 'Yes' to Irr	ie 4a, ei	nter the na	ame and tele	phone			the	e tax year(s) under examination.		
	Name ►						ne number ►		Tax year(s) >		
_	Has a copy of this Fo			•							
5 a	tax year(s)) have any	/ Fede	ral inco	me tax re	turn(s) before	Appeals and/or a l	Fec	oplicant was a member during the applicable deral court?		X
	If 'Yes,' enter the nar					Appe	eals officer and/or		counsel for the government, and the tax		
	year(s) before Appea	ils and	l/or a Fe	ederal cou	ırt				T 43 -		
	Name ►		:				ne number ►		Tax year(s) ►		 -
				-					sel for the government identified on line 5a?		
(is the method of acc court (for either the a vear(s) the applicant	applica	int or a	ny presen	t or fo	ormer cor	change an issue u isolidated group in	ina wh	er consideration by Appeals and/or a Federal nich the applicant was a member for the tax		
	If 'Yes', attach an ex	planat	ion	, ,		,					i
6	statement that provide	les ea	ch pare	nt corpora	ation's	s (a) nam	e, (b) identification	า ทเ	or former consolidated group, attach a umber, (c) address, and (d) tax year(s) during is office, and/or before a Federal court		
7	partnership or an S o	orpor ore Ap	ation, is peals, c	it reques	ting a	a change	from a method of	ācc	limited liability company) treated as a counting that is an issue under consideration in deral income tax return of a partner, member,		
	If 'Yes,' the applican	t is no	t eligibl	e to make	the	change					
8	Does the applicable protection for the rec						or automatic conse	ent) state that the applicant does not receive audit		Х
1	If 'Yes,' attach an ex	planat	ion.								
9;	Has the applicant, its procedure requiring a requested change)?	s pred advan	ecessor ce cons	, or a rela ent) a cha	ited p inge i	arty reque in method	ested or made (un of accounting with	der hın	either an automatic change procedure or a the past 5 years (including the year of the		X
١		le or b	usiness whether	, attach a	deso	cription of	each requested cl	har	nge in method of accounting (including the tax		
•	If any application wa taxpayer but was not change, attach an ex	signe	d and r	not perfect eturned to	ted, of the	or denied IRS, or if	, or if a Consent A the change was n	gre ot i	ement granting a change was sent to the made or not made in the requested year of		
10	Does the applicant, i request) for a private	ts pre	decesso ruling,	r, or a re change i	lated n met	party curi hod of ac	rently have pendin- counting, or techn	g a	ny request (including any concurrently filed I advice?		X
ļ	• •		-	-			-		yer, identification number(s), the type of ce), and the specific issue(s) in the request(s).		
	Is the applicant requ									Х	L
	If 'Yes,' check the ap					dicate the	applicant's preser	nt a	and proposed methods of accounting. Also,		!
	Present method:	X				Acci	rual		Hybrid (attach description)		1
	Proposed method:	ြ	Cash			X · Accı	rual		Hybrid (attach description)		

Pa	3115 (Rev 12-2009) THE PARK OF EAST TEXAS, INC. 75-0247290		age 3						
•	t II Information For All Requests (continued)	Yes	No						
	12 If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:								
а	a The item(s) being changed								
b	The applicant's present method for the item(s) being changed								
С	The applicant's proposed method for the item(s) being changed.								
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).								
	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1 446-1(d), describe, whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. SEE ATTACHMENT 1								
	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If 'No,' attach an explanation	Х							
	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		Х						
	b If 'Yes,' for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.								
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		Х						
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.								
	1st preceding 2nd preceding 3rd preceding year ended mo yr year ended: mo yr year ended: mo yr								
	year ended mo yr year ended: mo yr year ended: mo yr \$								
Pa	year ended mo yr year ended: mo yr year ended: mo yr \$ \$ \$ \$ t III Information For Advance Consent Request \$\(\lambda\rightarrow\rintarrow\rightarrow\rightarrow\rightarrow\rightarrow\rightarrow\ri	Yes	No						
Pa	year ended mo yr year ended: mo yr year ended: mo yr \$	Yes	No						
18	year ended mo yr year ended: mo yr year ended: mo yr \$ \$ \$ Information For Advance Consent Request U/Q Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published.	Yes	No						
18 19	year ended mo yr year ended: mo yr year ended: mo yr \$ \$ \$ \$ Information For Advance Consent Request	Yes	No						
18 19	year ended mo yr year ended: mo yr year ended: mo yr Still Information For Advance Consent Request YA Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary	Yes	No						
18 19	year ended mo yr year ended: mo yr year ended: mo yr year ended: mo yr \$ till Information For Advance Consent Request U/A Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures Attach a full explanation of the legal basis supporting the proposed method for the item being changed include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists	Yes	No						
18 19 20 21	year ended mo yr year ended mo yr year ended mo yr year ended: mo yr \$	Yes	No						
18 19 20 21 22	year ended mo yr year ended mo yr year ended: mo yr year ended: mo yr \$ till Information For Advance Consent Request N/A Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent request procedures Attach a full explanation of the legal basis supporting the proposed method for the item being changed Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists Attach a copy of all documents related to the proposed change (see instructions) Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If 'No', attach an explanation.	Yes	No						
Par 18 19 20 21 22	year ended mo yr year ended mo yr year ended: mo yr year ended: mo yr \$	Yes	No						
Pai 18 19 20 21 22 23 a	S S S S S S S S S S								
Pai 18 19 20 21 22 23 a	year ended mo yr year ended mo yr year ended: mo yr year ended: mo yr \$	Yes	No						
Pai 18 19 20 21 22 23 a b	year ended mo yr year ended mo yr year ended: mo yr year ended: mo yr \$ \$	Yes							
Pai 18 19 20 21 22 23 a b Pai	year ended mo yr year ended mo yr year ended mo yr year ended: mo yr \$	Yes	No						
Pai 18 19 20 21 22 23 a b Pai	year ended mo yr year ended mo yr year ended: mo yr year ended: mo yr \$ \$	Yes	No						
Pai 18 19 20 21 22 23 a b Pai	year ended mo yr year ended mo yr year ended: mo \$ till Information For Advance Consent Request Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or guidance as an automatic change request? If 'Yes,' attach an explanation describing why the applicant is submitting its request under advance consent reprocedures Attach a full explanation of the legal basis supporting the proposed method for the item being changed Include and complete description of the facts that explains how the law specifically applies to the applicant's situation demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulation, so court cases, etc.) supporting the proposed method. Include all authority (statutes, regulation or a statement that no contrary authority exists Attach a copy of all documents related to the proposed change (see instructions) Attach a statement of the applicant's reasons for the proposed change. If the applicant is a member of a consolidated group for the year of change, do all other members of the consuse the proposed method of accounting for the item being changed? If 'No', attach an explanation. Enter the amount of user fee attached to this application (see instructions) If the applicant qualifies for a reduced user fee, attach the required information or certification (see instruction to till Section 481(a) Adjustment Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance required implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjust if 'Yes,' do not complete lines 25, 26, and 27 below.	r other published equest de a detailed and that ulations, contrary solidated group ns).	r other published equest de a detailed and that ulations, contrary solidated group ns). Yes e the applicant to						

BAA

		-0247290	P	age 4
Pa	rt IV Section 481(a) Adjustment		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to tak amount of the adjustment into account in the year of change?	e the entire	X	
2 7	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated gro consolidated group, a controlled group, or other related parties?	ap, a		X
	If 'Yes', attach an explanation.			
Sch	nedule A — Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed.)		
Pa	rt I Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state 'None providing a breakdown of the amounts entered on lines 1a through 1g.	.' Also, attach a	a statem	ent
	SEE ATTACHMENT 3	Am	ount	
;	a Income accrued but not received	\$	28,2	224.
I	b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method		N	ONE
	c Expenses accrued but not paid (such as accounts payable) .		-3,5	
(d Prepaid expenses previously deducted			ONE
	e Supplies on hand previously deducted and/or not previously reported			ONE
	Inventory on hand previously deducted and/or not previously reported Complete Schedule D, Part II		N	ONE
,	g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation the section 481(a) adjustment ►	- Of	N	ONE
1	h Net section 481(a) adjustment (Combine lines $1a-1g$) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25	\$	24,7	124.
2	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	XYes	☐ N	
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if of the tax year preceding the year of change. Also attach a statement specifying the accounting method used sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal in return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.	vhen preparing	the bala	ance
Pa	rt II Change to the Cash Method For Advance Consent Request (see instructions) 1/1/1			
App	licants requesting a change to the cash method must attach the following information:			
1	used in carrying out the business			es
	An explanation as to whether the applicant is required to use the accrual method under any section of the Co	de or regulation	IS	
	nedule B – Change in Reporting Advance Payments (see instructions) N/A			
1	If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 0 2004-1 CB 991, attach the following information:	2 of Rev Proc 2	004-34,	
	a A statement explaining how the advance payments meet the definition in section 2.01 of Rev Proc 2004-34.			
	b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required Rev Proc 2004-34	•	. , , , ,	
	c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by Proc 2004-34			
	If the applicant is requesting to change to the deferral method for advance payments described in Regulation attach the following.	section 1 451-	5(b)(1)(п),
	a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)			
	b A statement explaining what portions of the advance payments, if any, are attributable to services, whether s the provisions of goods or items, and whether any portions of the advance payments that are attributable to r than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)	uch services are on-integral serv	integra vices are	al to e less
,	c A statement explaining that the advance payments will be included in income no later than when included in of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)	gross receipts fo	or purpo	ses

d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Form 3115 (Rev 12-2009)

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Partill General LIFO Information N/A

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e g , by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc)
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a st6atement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part III Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business See Regulations section 1.472-8(c).

Schedule D — Change in the Treatment of Long-Term Contracts Under Sec 263A Assets (see instructions)	ction 460, Inve	ntories, or O				
Part I Change in Reporting Income From Long-Term Contracts (Also con	plete Part III on	pages 7 and 8)	N/A			
To the extent not already provided, attach a description of the applicant's present and p reporting income and expenses from long-term contracts. Also, attach a representative deletion) for the requested change. If the applicant is a construction contractor, attach a construction activities.	actual contract (w	ithout any	,			
2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see ins	tructions)?		Yes No			
b if 'Yes,' do all the contracts qualify for the exception under section 460(e) (see instruction	ns)?	Γ	Yes No			
If line 2b is 'No,' attach an explanation.		_	-			
c If line 2b is 'Yes,' is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?						
d If line 2c is 'No,' is the applicant requesting to use the exempt-contract percentage-of-configurations section 1.460-4(c)(2)?	ompletion method	under	Yes No			
If line 2d is 'Yes,' attach an explanation of what cost comparison the applicant will use to completion factor	o determine a cor	ntract's				
If line 2d is 'No,' attach an explanation of what method the applicant is using and the au	ithority for its use					
3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)	2)?		Yes No			
b If 'Yes,' attach an explanation of the applicant's present and proposed method(s) of acc manufacturing contracts	ounting for long-to	erm				
c Attach a description of the applicant's manufacturing activities, including any required in	stallation of manu	ufactured goods				
4 To determine a contract's completion factor using the percentage-of-completion method						
a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?			Yes No			
b If line 4a is 'No,' is the applicant electing the simplified cost-to-cost method (see section 1 460-5(c))?	1 460(b)(3) and Re	egulations ·	Yes No			
5 Attach a statement indicating whether any of the applicant's contracts are either cost-pl long-term contracts	us long-term cont	racts or Federal				
Part II Change in Valuing Inventories Including Cost Allocation Change	S (Also complete	Part III on page	s 7 and 8)			
1 Attach a description of the inventory goods being changed N/P	\					
2 Attach a description of the inventory goods (if any) NOT being changed	•		_			
3a Is the applicant subject to section 263A? If 'No,' go to line 4a			Yes No			
b Is the applicant's present inventory valuation method in compliance with section 263A (if 'No,' attach a detailed explanation	see instructions)		Yes No			
	Inver	ntory	Inventory Not			
4a Check the appropriate boxes below	Being C		Being Changed			
44 Officer the appropriate boxes below	Present	Proposed	Present			
Identification methods.	method	method	method			
Specific identification	\ 	·	 			
FIFO	·-·	 	 			
LIFO			 			
	-					
Other (attach explanation)						
Valuation methods			ļ			
Cost .			-			
Cost or market, whichever is lower			 			
Retail cost			 			
Retail, lower of cost or market			 -			
Other (attach explanation)		-	 			
b Enter the value at the end of the tax year preceding the year of change		<u> </u>	L			
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, atta	ch the following ir	nformation (see	instructions).			
a Copies of Form(s) 970 filed to adopt or expand the use of the method.						
b Only for applicants requesting advance consent. A statement describing whether the a Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different resolution.	pplicant is changi nethod	ng to the metho	d required by			
 b Only for applicants requesting advance consent. A statement describing whether the a Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different r c Only for applicants requesting an automatic change. The statement required by section (or its successor) 	nethod					

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Form 3115 (Rev 12-2009) THE PARK OF EAST TEXAS,

Partill · Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see the instructions))

Section A — Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- The method of allocating mixed service costs (i e, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S ratio, or other reasonable allocation method)

Section B — Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark 'N/A' in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs	·	
6	Employee benefits .		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10			
11			
	in service and not temporarily idle		
12	F		
	Rent .		· -
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities .		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection .		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs) .		

BAA

11 Other costs (Attach a list of these costs).

Part III Method of Cost Allocation (see instructions) (continued) Section C — Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs) Present method Proposed method 1 Marketing, selling, advertising, and distribution expenses. 2 Research and experimental expenses not included in Section B, line 26 Bidding expenses not included in Section B, line 22

General and administrative costs not included in Section B Income taxes 6 Cost of strikes 7 Warranty and product liability costs 8 Section 179 costs 9 On-site storage Depreciation, amortization, and cost recovery allowance not included in Section B, line 11

Schedule E — Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested

Note: See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions)

1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? .	Yes	∐No
	If 'Yes,' the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)	_	
2	Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?	Yes	∐ No
	If 'Yes,' enter the applicable section	_	
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the election under section 168(f)(1), 179, or 179C)?	Yes	No
	If 'Yes,' state the election made ►	_	
4 a	To the extent not already provided, attach a statement describing the property being changed. Include in the descript of property, the year the property was placed in service, and the property's use in the applicant's trade or business of producing activity.	ion the type r income-	е

- producing activity b If the property is residential rental property, did the applicant live in the property before renting it?
- Nο c Is the property public utility property?
- To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc)
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- If the property is currently treated and/or will be treated as depreciable or amortizable property, the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).
- b The applicable asset class from Rev Proc 87-56, 1987-2 CB 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev Proc 83-35, 1983-1 CB 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

2011 ·

FORM 3115 ATTACHMENTS

PAGE 1

CLIENT 50247290

THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

06.56PM

ATTACHMENT 1 FORM 3115, PART II, LINE 13 DESCRIPTION OF TRADE OR BUSINESS

THE PARK OF EAST TEXAS IS A 240 ACRE YEAR-ROUND MASTER PLANNED AREA WHICH INCLUDES EQUESTRIAN FACILITIES, EXHIBITION AND EXPO SPACE, MEETING ROOMS, OPEN DEMONSTRATION AND EDUCATIONAL SPACE, AN AMPHITHEATER, AN EVENTS CENTER, EQUESTRIAN AND PEDESTRIAN TRAILS AND A HOTEL. AN ENVIRONMENTALLY CONTROLLED, MULTI-PURPOSE ARENA IS PLANNED FOR PHASE 1 WITH PLANNED USAGE TO INCLUDE TRADE SHOWS, COMMENCEMENT PROGRAMS, CONVENTIONS, CONCERTS, HORSE SHOWS, CAR SHOWS, AND OTHER EVENTS LEFT TO THE IMAGINATION. THE EAST TEXAS STATE FAIR IS AN ANNUAL FAIR PRODUCED BY THE STAFF AND VOLUNTEERS OF THE PARK OF EAST TEXAS, INC

ATTACHMENT 2 FORM 3115, PART IV, LINE 25 METHODOLOGY USED TO DETERMINE THE SECTION 481(A) ADJUSTMENT

INCOME ACCRUED BUT NOT RECEIVED AND EXPENSES ACCRUED BUT NOT PAID AT DECEMBER 31, 2010

ATTACHMENT 3 FORM 3115, SCHEDULE A, PART I BREAKDOWN OF LINES 1A - 1G

LINE 1A RECEIVABLE

TOTAL \$ 28,224.

LINE 1C SUPPLIES

TOTAL \$ −3,500. \$ −3,500. 2011

FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

CLIENT 50247290

THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

06 56PM

FORM 3115

SCHEDULE A, PART 1, LINE 2

THE PARK OF EAST TEXAS, INC. (THE PARK) IS REQUESTING PERMISSION TO ADOPT THE RECURRING ITEM EXCEPTION AS PART OF ITS APPLICATION TO CHANGE FROM THE CASH TO ACCRUAL METHOD OF ACCOUNTING. THIS EXCEPTION WILL BE USED WITH RESPECT TO ALL ACTIVITIES OF THE PARK AND WITH RESPECT TO ALL TYPES OF ITEMS WITHIN SUCH ACTIVITIES.

SCHEDULE A, PART 1, LINE 3

THE CASH METHOD OF ACCOUNTING WAS USED WHEN PREPARING THE BALANCE SHEET FOR THE PERIOD ENDING DECEMBER 31, 2010.

Attachment to Form 3115

_		(2010) THE PARK OF EAST TEXAS, INC	<u> </u>	···	75-0	247	
Ra	t X	Balance Sheet					ODCKSEL
	•				(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing			581,266.	1	671,686.
- 1	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	ounts receivable, net				
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trust	ees, key employees, hedule L	喜 参加 图图 1	多 。	国家是国家 国家
	6	Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and contributions organizations of section 501(c)(9) voluntary organizations (see instructions)	ed unde ibuting ry empl	er section 4958(f)(1)), employers and oyees' beneficiary		6	
ŝ	7	Notes and loans receivable, net				7	
A S E T S	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,994,935		量量	建设的基本
- 1	b	Less: accumulated depreciation	10b	1,282.	1,851,386.	10 c	1,993,653.
	11		• • • • • • •			11	
	12	Investments - other securities. See Part IV, line 11.				12	
ľ	13	Investments - program-related, See Part IV, line 11.				13	
- 1	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line				16	2,665,582.
	17	Accounts payable and accrued expenses				17	1,988.
	18	Grants payable				18	
	19	Deferred revenue				19	
i i	20	Tax-exempt bond liabilities				20	
AB	21	Escrow or custodial account liability. Complete Part	V of So	hedule D		21	
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L	stees, l	key employees, Complete Part II		22	
E	23	Secured mortgages and notes payable to unrelated the			62,724.	23	76,244.
	24	Unsecured notes and loans payable to unrelated third	l partie:	3		24	
	25	Other liabilities. Complete Part X of Schedule D				25	1,951.
	26	Total liabilities. Add lines 17 through 25				26	80,183.
- ME		Organizations that follow SFAS 117, check here ►	an	d complete lines			建筑建筑级家
		27 through 29 and Ilnes 33 and 34.					图 第 5 图 图 图 图
55	27	Unrestricted net assets				27	
Į	28	Temporarily restricted net assets				28	
O R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he	re -	v and combiete		427	
	20	lines 30 through 34.			是 1	30	10年,10年,10年,10年,10年,10年,10年,10年,10年,10年,
Ď	30	Capital stock or trust principal, or current funds			1,788,368.	30	1 700 250
X	31	Paid-in or capital surplus, or land, building, or equipm				31	1,788,368.
§	32	Retained earnings, endowment, accumulated income, Total net assets or fund balances				32	797,031.
(ZC)116	33					33	2,585,399.
	34	Total liabilities and net assets/fund balances	<u></u>	•••••••••••••••••••••••••••••••••••••••	2,433,002.	54	2,665,582.
BA	4						Form 990 (2010)

TEEA0111L 12/21/10

Attachment to Form 3115

Form	990	0 (2010) THE PARK	OF EAST T	EXAS, INC			75-0247290	Page 9
		Statement of Re		z .				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.0	1a	Federated campaigns	1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b	Membership dues	1b					A Secretary
2 S	С	Fundraising events	1c		A STATE OF THE STA	and the state of t		A Second
들		Related organizations						
SE.	е	Government grants (contribution	ons) 1e		5772			A Santa
F E	f	All other contributions, gifts, g	rants, and	7 675			and the second	
題	_	similar amounts not included		7,675.	A			
	_	Noncash contributions include	_		7,675.			
		Total. Add lines 1a-1f		Business Code	W 2 - 1075			
PROGRAM SERVICE REVENUE	2a	AGRICULTURAL F	AIR T		1,211,350.	1,211,350.	The second of the first second with the second of the seco	Art of the America St.
Ē	 b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Š	C					, , , , , , , , , , , , , , , , , , , ,		
	d		[
₹	е)		·· · · · · · · · · · · · · · · · · · ·				
뚕		All other program service				- E4704	(MCC)	S Professional Control
<u>E</u>	9	Total. Add lines 2a-2f		<u></u>	1,211,350.			
	3	Investment income (incother similar amounts).	luding dividends	s, interest and	3,083.			3,083.
	4	Income from investmen			3,003.			3,003.
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
	•	Noyanics	(I) Real	(ii) Personal			Samuel Barrell	
	6a	Gross Rents		10,920.			16	
	b	Less: rental expenses.						
		Rental income or (loss)		10,920.		A STATE OF		
	d	Net rental income or (lo	oss)	-	10,920.			10,920.
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other	W. Service		San All III	
	-	assets other than inventory .						Belling to the second
	b	Less: cost or other basis						
		and sales expenses		<u> </u>				
1		Gain or (loss)			The second secon		Para San San San San San San San San San Sa	
		Net gain or (loss)						THE STATE OF THE S
별	8a	Gross income from fund (not including. \$	draising events					
OTHER REVENUE		of contributions reporte	d on line 1c).					
2		See Part IV, line 18	_	в		1		
물	b	Less: direct expenses						
0	c	Net income or (loss) fro	om fundraising e	events▶				
	9 a	Gross income from gan See Part IV, line 19	ning activities.	B				
		Less: direct expenses					The state of the s	PATENTAL METERS AND
	C	: Net income or (loss) fro	om gaming activ	rities ▶	A STORY OF THE STORY	Marian de la Carlo de Carlo d		TO THE REAL PROPERTY.
	10 a	Gross sales of inventor and allowances	y, less returns	_1	r SA		A STATE OF THE STA	
								4 2
		Less; cost of goods sole			No.			
	C	: Net income or (loss) fro Miscellaneous Reven		Business Code				
	11a							
	Ь	·)						
ļ	C							
	d	All other revenue						
		Total. Add lines 11a-11						
	12	Total revenue. See inst	ructions	<u></u>	1,233,028.	1,211,350.	0.	14,003.

BAA

Form 990 (2010)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b,	not include amounts reported on lines 7b, 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 governments and organizations in the U.S. See Part IV, line 21				The state of the s
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,750.	22,750.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			il house	Control of the Contro
5	Compensation of current officers, directors, trustees, and key employees	177,800.	151,130.	26,670.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	243,544.	215,425.	28,119.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	6,500.	5,525.	975.	,
10	Payroll taxes	31,800.	27,030.	4,770.	
	Fees for services (non-employees):				
	Management				·
	Legal	10.		10.	
	: Accounting	25,303.		25,303.	
	I Lobbying		AZNAŠTYCTU	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other		116,996.	15,142.	
12	Advertising and promotion		42,682.	600.	
13	Office expenses		-	7,438.	
14	Information technology			5,321.	
15	Royalties			····-	
16	Occupancy	4,600.	4,600.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	4,600.	4,600.		
19	Conferences, conventions, and meetings				
	Interest	2,846.	_	2,846.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	977.	977.		
23	Insurance	56,245.	56,245.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f				
_	expenses on Schedule O.)	83,566.	79,388.	4,178.	<u> </u>
	RENT EXPENSE	51,128.	51,128.	4,170.	
	: AWARDS & JUDGES	36,462.	36,462.		
	SUPPLIES	23,668.	20,118.	3,550.	
	MAINTENENCE	11,825.	10,123.	1,702.	
	All other expenses	50,622.	35, 985.	14,637.	<u></u>
	Total functional expenses. Add lines 1 through 24f	1,017,825.	876,564.	141,261.	0.
	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Attachment to Form 3115

2010 ·

FEDERAL WORKSHEETS

PAGE 1

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THE PARK OF EAST TEXAS, INC DBA EAST TEXAS STATE FAIR

75-0247290

5/24/12

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FORM 990, PART IX, LINE 24F OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
BANK FEES BUSINESS DEVELOPMENT CAPITAL OUTLAY DUES AND SUBSCRIPTIONS	3,175. 4,517. 6,909. 9,636.	2,710. 6,909. 9,636.	3,175. 1,807.	
FEES INSTALLATION AND FAIR SET UP LAND DEVELOPMENT	90. 6,355.	6,355.	90.	
MEALS AND MEETINGS MISCELLANEOUS EXPENSE	5,505.	4,129.	1,376.	
POSTAGE AND SHIPPING SECURITY TELEPHONE	4,082. 393. 4,939.	1,225.	2,857. 393. 4,939.	
TICKETS	5,021. \$ 50,622.	5,021. \$ 35,985.	\$ 14,637.	\$ 0.