

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493041009354

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS Open to Public generally cannot redact the information on the form Inspection ▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

A Fo	r the 2013	3 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-3	1-2013				
	eck if applica	C Name of organization		D Employer	identification number		
_	Iress change	The Park of East Texas INC		75-0247290			
— Nar	ne change	Doing Business As	1 , 3 32 7	=- •			
_	ıal return	Number and street for D.O. how if mail is not delivered to street address.	ıto				
_	minated	Number and street (or P O box if mail is not delivered to street address) Room/su 2112 WEST FRONT STREET	πε	E Telephone r	number		
_	ended retur	City or town, state or province, country, and ZIP or foreign postal code		(903)59	7-2501		
_	olication pen	TYLER, TX 75702					
Ahl	лісаціон рен				pts \$ 1,110,860		
		F Name and address of principal officer John Sykes		is a group ret rdinates?	urn for Ves V No		
		2112 WEST FRONT STREET	3450	Tamaces	1 1631 110		
		Tyler,TX 75702		all subordinate	es		
r Ta:	x-exempt st	atus	1	ded? o " attach a li	st (see instructions)		
	•						
J W	ebsite: 🏲	www etstatefair com	H(c) Grou	up exemption	number 🟲		
		ation Corporation Trust Association Other	<b>L</b> Year of fo	rmation 1976	<b>M</b> State of legal domicile		
Pa	rt I S	ummary					
Activities & Governance	eque ever Phas othe 2 Chec 3 Num 4 Num 5 Tota	munity The Park of East Texas has acquired 240 acres with plans for a year estrian facilities, exhibition and expo space, meeting rooms, open demonstrates center, equestrian and pedestrian trails and a hotel. An environmentally see 1 with planned usage to include trade shows, commencement programs, revents left to the imagination.  Conclude trade shows, commencement programs, revents left to the imagination.  Conclude trade shows, commencement programs, revents left to the imagination.  Conclude the imagination discontinued its operations or disposed of the state of voting members of the governing body (Part VI, line 1a).  Conclude the imagination discontinued its operations or disposed of the program of voting members of the governing body (Part VI, line 1b).  Conclude the program of the governing body (Part VI, line 1b) and the program of individuals employed in calendar year 2013 (Part V, line 2a).  Conclude the program of the governing body (Part VI, line 2a).	of more than 2	25% of its net	e, an amphitheater, an arena is planned for se shows, car shows, a		
		l unrelated business revenue from Part VIII, column (C), line 12		7	7a		
		unrelated business taxable income from Form 990-T, line 34			7b		
				or Year	Current Year		
	<b>8</b> C	ontributions and grants (Part VIII, line 1h)		25,135	2,22		
Revenue	<b>9</b> Pr	ogram service revenue (Part VIII, line 2g)		1,044,636	1,095,57		
5. 9.46	<b>10</b> In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,954	1,89		
ш		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,172	11,17		
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	1,082,897	1,110,86		
		rants and similar amounts paid (Part IX, column (A), lines 1–3 )		26,525			
		enefits paid to or for members (Part IX, column (A), line 4)		,	,		
	<b>15</b> Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines					
Expenses		-10)		544,314	490,34		
क्		rofessional fundraising fees (Part IX, column (A), line 11e)	•				
ठ		tal fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0					
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		635,759			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12		1,206,598	+		
- e7	19 10	evenue less expenses Subtract fine 10 nont fine 12		-123,701 g of Current			
ညည္း ကြည္			I .	ear	End of Year		
Net Assets or Fund Balances	<b>20</b> To	otal assets (Part X, line 16)		3,069,281	3,003,10		
절품	<b>21</b> To	otal liabilities (Part X, line 26)		85,161	33,29		
		et assets or fund balances Subtract line 21 from line 20		2,984,120	2,969,80		
Unde my kı	r penaltie: nowledge a	<b>Signature Block</b> Is of perjury, I declare that I have examined this return, including accompane and belief, it is true, correct, and complete Declaration of preparer (other the knowledge					
	Τι		ı				
		****** Signature of officer		014-02-06 ate			
Sign Here	<u>'</u> ''		D	ute			
ner(	1 1	JOHN SYKES President Type or print name and title					
	<u> </u>		ate Che	eck of PTI	IN		
Paid	4	Lisa St Mars	self	f-employed P00	0246412		
	a parer	Firm's name F Gollob Morgan Peddy PC	Firm	n's EIN 🕨			
	_	Firm's address ► 1001 ESE Loop 323 Ste 300	Pho	one no (903) 53	4-0088		
JSE	Only	Tyler, TX 757019609		, -, - <del>-</del>			

Form	990 (2013)				Page <b>2</b>
Par		<b>ent of Program Service A</b> Schedule O contains a response	ccomplishments or note to any line in this Part III		
Inc adva acqu room envii	Park of East Texa The POET promot ncements, and te Ired 240 acres wi is, open demonstr conmentally contro	tes the advancement of educatio chniques and other subjects that th plans for a year-round master ation and educational space, an olled, multi-purpose arena is plai	supports an annual fair produced by n through essay contests, art exhil are usful to individuals and benefic planned area which includes eques amphitheater, an events center, eq nned for Phase 1 with planned usag her events left to the imagination	oits and displays of agricultura cial to the community The Pa strian facilities, exhibition and uestrian and pedestrian trails	al and horticultural rk of East Texas has expo space, meeting and a hotel An
_					
2	the prior Form 9	90 or 990-EZ?		ch were not listed on	┌ Yes ┌ No
		be these new services on Schedu			
3	services?		significant changes in how it conduction.	cts, any program · · · · · · · ·	┌ Yes ┌ No
4	Describe the org		omplishments for each of its three i nizations are required to report the program service reported		
	(Code	) (Expenses \$	841,170 including grants of \$	) (Revenue \$	)
	scholarships are av scholarships to atte attending Tyler Jui scholarships are av educational tool S agriculture, farmin	warded through the POET and through a end Tyler Junior College for a \$750 per s nior College Academic Rodeo participan warded to both middle school and high s student tour groups visit the fair annually g, and livestock The opportunity to den	ssociation) offers unique educational oppor n internal educational competition, Academ semester stipend Up to ten two-year POET is who place first-third in any competition chool students, for a total of 10 scholarship to tour the various exhibits. These tours a nonstrate to children how agriculture touch s winners with cash premiums totaling over	nic Rodeo Graduating seniors are able scholarships are awarded annually are able to apply for Academic Rodeo awards annually The PARK OF EAStreet the initial exposure many student es their daily lives is an important les	le to apply for POET (\$30,000) to students o scholarships These ST TEXAS is its own is have to the world of
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule		) (Revenue \$	)

4e Total program service expenses ► 841,170

art IV	Checl	clist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	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		No
6	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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 Schedule D, Part $IV^{\square}$	9		No
10	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	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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"	11b		No
С	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	11c		No
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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $x^{\bullet}$	11e	Yes	
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.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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	Yes	
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	Yes	
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   14		1 03	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	36		
Ī	The rest, to time out of sufficient time form occorrections and the original sufficient time occorrections.	5c		
	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
b	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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?		ı	
_		8		No
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- -		
L <b>1</b>	Section 501(c)(12) organizations. Enter			
а	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 )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
C	Enter the amount of reserves on hand	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	l	1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ection A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	33			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the			
а	The governing body?		8a	Yes		
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		No
Se	ection B. Policies (This Section B requests information about policies not in	requi	ired by the Internal R	eveni	IP Cod	۵ ۱
	· · · · · · · · · · · · · · · · · · ·		rea by the internal R	C 7 C//C	ac cou	C.,
		•	rea by the internal it		Yes	No No
	Did the organization have local chapters, branches, or affiliates?	·	•	10a		
10a			s of such chapters,			No
10a b	Did the organization have local chapters, branches, or affiliates?	· · :ivitie on's e	s of such chapters, exempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it	 civitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov form S	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	civitie on's e s gov  Form 9  ly inte 	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	civitie on's e s gov  Form 9  ly inte 	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	civitie on's e s gov form S ly inte	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov  form S  ly inte  the p  	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review.	civitie on's e s gov  form S  ly inte  the p  	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	civitie on's e s gov Form S ly inte the p iew ar e deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organizaticipation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	ivitie on's e s gov form S  ivitie the p  ivitie iv	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe and approval by beration and decision? ullar arrangement with a in to evaluate its es to safeguard the	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and takes	ivitie on's e s gov form S  ivitie the p  ivitie iv	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe and approval by beration and decision? ullar arrangement with a in to evaluate its es to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No

- List the States with which a copy of this Form 990 is required to be filed  $\blacktriangleright$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 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 ▶JOHN SYKES 2112 WEST FRONT STREET TYler, TX 75702 (903) 597-2501

Form 990	(2013)	
----------	--------	--

_				_
D	-	$\alpha$	Δ	4
г	а	ч	_	•

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one I both	oox, an c	heck unless officer stee)	<u> </u>	(D Repor compen from organizat	table isation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	.   .	(F) Estima mount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		ganizati relate organiza	ed b
1b	Sub-Total					<u> </u>		<b>▶</b> -						
C	Total from continuation sheet	ts to Part VII, S	ection A	٩.			-	•						
d	Total (add lines 1b and 1c) .				•	•				220,200				7,020
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee	, or highest	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual					•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												ax year	
		(A) Name and business									( <b>B</b> ) cription of services		(C Comper	
												-		
												o		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f g 3 4 5
Revenue	3 4 5 6a b c d 7a b c d 8a
Other	b c 9a b c
	11a b
	c d e

Form 99								Page <b>9</b>
Part V	4441	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respo	onse or note to any lu	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χ£	1a	Federated camp	paigns 1	a				
Gifts, Grants illar Amounts	ь	Membership du	es <b>1</b>	b				
ē.	С	Fundraising eve	ents <b>1</b>	с				
iifts Iar 7	d	Related organiz	ations <b>1</b> 0	d				
imil	e	Government grants	s (contributions) 10	e				
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		f 2,225				
	g	Noncash contribution 1a-1f \$	ons included in lines					
S E	h	Total. Add lines	s 1a-1f		2,225			
Program Service Revenue	2a	AGRICULTURAL FA	IR	Business Code	1,095,573	1,095,573		
<u> </u>	Ь							
MCe	C							
Š	d e							
E E	f	All other progra	ım service revenue					
္ရွိ		_			1 005 570			
	g 3		ome (including divide		1,095,573			
		and other simila	aramounts)	•	1,890			1,890
	4		tment of tax-exempt bond	<b>b</b> -	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(i) iteai	11,172				
	ь	Less rental expenses						
	c	Rental income or (loss)		11,172				
	d	' '	me or (loss)		11,172			11,172
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	c d		s)		0			
e =	8a	Gross income fi	rom fundraısıng					
Other Revenue		\$ of contributions See Part IV , lin						
ē	ь	Loop dimentin	penses I					
₹	c		loss) from fundraising		0			
	9a		rom gaming activities e 19					
	ь	Loss direct ex	penses I					
	l		loss) from gaming ac		0			
	10a	Gross sales of returns and allo	wances .					
	ь	less cost of a	a bods sold b					
		<del>-</del>	loss) from sales of in	Lventory ▶	0			
		Miscellaneous		Business Code				
	11a							
	ь							
	с							
	d	All other revenu						
	e	Total. Add lines			0			
	12	Total revenue.	See Instructions .		1,110,860	1,095,573		13,062

# Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c	<li>(4) organizations r</li>	must complete all columns	All other organizations must of	complete column (A	)
--	-----------------------------	------------------------------	---------------------------	---------------------------------	--------------------	---

7b, 8b,  1 (1)  2 (1)  3 (1)  4 (1)  5 (1)	Check if Schedule O contains a response or note to any line in this tinclude amounts reported on lines 6b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the United States See Part IV, line 21  Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	(A) Total expenses  1,750  32,000  0	(B) Program service expenses  1,750  32,000	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b,  1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21  Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and	1,750 32,000	Program service expenses  1,750	Management and	Fundraising
2 (1) 3 (1) 4 (1) 5 (1)	Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and	32,000	·		
3 ( 3 ( 4   5 (	United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and	0	32,000		
4   5 (	organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and	0	,		
<b>5</b>	Compensation of current officers, directors, trustees, and	0			
I					
6		220,200	136,524	83,676	
(	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	235,127	175,876	59,251	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 (	Other employee benefits	0			
10	Payroll taxes	35,017	26,590	8,427	
11	Fees for services (non-employees)				
a l	Management	0			
<b>b</b> 1	Legal	0			
c /	Accounting	31,125		31,125	
d I	Lobbying	0			
e l	Professional fundraising services See Part IV, line 17	0			
f i	Investment management fees	0			
_ (	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	850		850	
	Advertising and promotion	51,406	49,486	1,920	
	Office expenses	3,835	+3,400	3,835	
	Information technology	20,081	11,356	8,725	
	Royalties	20,001	11,550	0,723	
	Occupancy	82,418	78,036	4,382	
	Travel	19,417	3,683	15,734	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	3,003	13,734	
	Conferences, conventions, and meetings	0		<del>                                     </del>	
	Interest	1,375		1,375	
	Payments to affiliates	0		1,3,3	
	Depreciation, depletion, and amortization	13,049		13,049	
	Insurance	50,246	25,109	25,137	
<b>24</b>	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)	33,213	23,103	23/137	
а	CONTRACT LABOR	136,970	136,970		
b ]	RENT EXPENSE	59,340	57,852	1,488	
c /	A wards	31,614	31,519	95	
d	Supplies	23,887	21,926	1,961	
e /	All other expenses	75,464	52,493	22,971	
25	Total functional expenses. Add lines 1 through 24e	1,125,171	841,170	284,001	0
1	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			876,268	1	780,653
	2	Savings and temporary cash investments		•		2	0
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			15,939	4	35,514
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L				E	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary elements of the part II of Schedule organizations (see instructions) Complete Part II of Schedule	contribu <sup>.</sup> mployee	tıng employers		6	0
χ Υ	7	Notes and loans receivable, net				7	0
₹ .	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis Complete	1 1	• •		3	0
	100	Part VI of Schedule D	10a	2,527,319			
	ь	Less accumulated depreciation	10b	340,382	2,148,346	<b>10</b> c	2,186,937
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			28,728	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			3,069,281	16	3,003,104
	17	Accounts payable and accrued expenses			28,592	17	22,000
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		•		20	
10	21	Escrow or custodial account liability Complete Part IV of Scho	edule D			21	
ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualr		tees,			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s	•	51,619	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related on other liabilities not included on lines 17-24) Complete Pa	rt X of S	chedule	1.0==		
		D			4,950	25	11,295
	26	Total liabilities. Add lines 17 through 25			85,161	26	33,295
φ		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and o	ompiete			
ğuğ	27	Unrestricted net assets				27	
<u>한</u>	28	Temporarily restricted net assets				28	
<u>.</u>	29	Permanently restricted net assets		•		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.		and			
S O.	30	Capital stock or trust principal, or current funds				30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund			1,788,368	31	1,788,368
Assets	32	Retained earnings, endowment, accumulated income, or other f			1,195,752	32	1,181,441
Š	33	Total net assets or fund balances			2,984,120	33	2,969,809
Z	34	Total liabilities and net assets/fund balances			3,069,281	34	3,003,104

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,:	110,860
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,:	125,171
3	Revenue less expenses Subtract line 2 from line 1	3			-14,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			984,120
5	Net unrealized gains (losses) on investments	5		۷,-	704,120
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,9	969,809
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	▼ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of t	he <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Director

**Software ID:** 13000170 **Software Version:** 2013v3.1

**EIN:** 75-0247290

Name: The Park of East Texas INC DBA East Texas State Fair

(A) Name and Title	(B) Average hours per week (list any hours	Posit more to perso and a	tion ( han o n is b	ne b ooth	ox, u an of /trus	inless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations
John Sykes	40 00	x		х				220,200	0	7,020
President Roy Lilly	0 00	<u> </u>						_		_
Director	0 00	Х						0	0	0
Rowe Anderson	1 00	×						0	0	o
Director Randy Roberts	0 00		$\vdash$							
Past Chairman	0 00	×						0	0	0
Harold Beard	1 00	×						0	0	0
Director Lonny Uzell	0 00	<u> </u>	_					Ů		
Chairman	1 00	×						0	0	0
CC Baker Jr	1 00									
Director	0 00	Х						0	0	0
Herbert Buie	1 00	×						0	0	0
Director Ted Conover	0 00		$\vdash$							
Director	0 00	×						0	0	0
Bobby Curtis	1 00	Х						0	0	0
Director Tom Deibel	0 00		-		-					
Director	0 00	x						0	0	0
Kevin Halbert	1 00	×						0	0	0
Director	0 00		_					0	0	0
Bret Berry	1 00	×						0	0	0
Director Joe Cavender	0 00 1 00									
Director	0 00	Х						0	0	0
Don Carroll	1 00	×						0	0	0
Director Sam Greenberg	0 00		$\vdash$		-					
Director	0 00	X						0	0	0
Andy Guinn	1 00	×						0	0	0
Director Lin Barker	0 00		-		_					
Director	1 00	×						0	0	0
Riley Harris	1 00									
Director	0 00	Х						0	0	0
Stacey Hiles	1 00	x						0	0	0
Director Charles Hill	0 00									
Vice Chairman	0 00	Х						0	0	0
Francis Kay	1 00	х						0	0	0
Director Harry Leatherwood	0 00	-	-		-	-	-			
Director	0 00	×						0	0	0
Nathan Mimms	1 00	×						0	0	0
Director	0 00							0	0	<u> </u>
Jay Misenheimer	1 00	×						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					:	( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
Steve Smith	1 00	х						0	0	0	
Director	0 00										
Joey Stanger	1 00	х						0	0	0	
Director	0 00										
Donnie Thedford	1 00	х						0	0	0	
Director	0 00										
Jeff War	1 00	х						0	0	0	
Director	0 00										
Brandy Zeigler  Director	1 00	х						0	0	О	
	0 00										
Edwin Holt	1 00	х						0	0	0	
Director	0 00						$\vdash$				
Kenny Holt Director	1 00	х						0	0	О	
	0 00										
Skip Ogle	1 00	х						0	0	О	
Director	0 00				<u> </u>						

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041009354

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
he Park of East Texas INC
NDA E T C+-+- E

Employer identification number

DBA E	ast Tex	as State F	aır						75-02472	290		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganizations	must com	olete this p	oart.) See ıı	nstructions		
Γhe d	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)			
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(l	b)(1)(A)(i).			
2	$\sqcap$	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedu	ule E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	cribed in <b>sec</b>	ction 170(b)(	1)(A)(iii). E	nter the	
_	_			ty, and state								
5	ı	_	-	erated for the benefi	_	or universit	ty owned or o	perated by a	a governmen	tai unit desc	ribed in	
_	_			A)(iv). (Complete P	•			470(1-)(4	137437-3			
6	<u> </u>			local government or								
7	ı	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)										
8	$\Gamma$	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )										
9	굣	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )										
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
		the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> Type I <b>b</b> Type II <b>c</b> Type III - Functionally integrated <b>d</b> Type III - Non-functionally integrated										
e	$\vdash$	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
	•	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
_			1509(a)(2)		- <b>t</b>	form the TD	C +1- + .+ :	T T T	- II T	T.T		
f			rganization this box	received a written de	etermination	from the 1K	S that it is a	Type I, Typ	e II, or Type	III supporti	ng organization,	
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the		,	
			ng persons?									
				rectly or indirectly o			_	persons de	scribed in (ii)		Yes No	
		-		governing body of th		_	11			11g	<del></del>	
				er of a person descri lled entity of a perso			ahaya?			11g( 11g(		
h				ng information about						119(	/	
		1 TO VIGO	z ciic ioliowii	ig information about	the supporte	za organizaci	1011(3)					
(	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of	
•	suppor	rted		organızatıon	organizati		the organiz	zation	organizat	ion in	monetary	
OI	ganiza	ation		(described on	col (i) listed in		ın col (i) d		col (i) org		support	
				lines 1 - 9 above or IRC section	your gove docume		suppor	τ,	in the U	5 /		
(see												
	instructions))					Yes	No	Yes	No	1		
							† · · · · ·		† · • • • • • • • • • • • • • • • • • •	† · · · ·	<del> </del>	
											<u> </u>	
			l			1	1	1	1	1	<del> </del>	

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	( <b>b)</b> 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	22,190	7,675	198,825	25,135	2,225	256,050
	grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the	982,622	1,222,270	1,280,207	1,055,808	1,106,745	5,647,652
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						0
_	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit						0
	to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	1,004,812	1,229,945	1,479,032	1,080,943	1,108,970	5,903,702
	Amounts included on lines 1, 2,	, ,	, ,	, ,	, ,	· · ·	, ,
,	and 3 received from disqualified						0
	persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						F 002 702
	from line 6 )						5,903,702
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	( <b>f)</b> Total
9	A mounts from line 6	1,004,812	1,229,945	1,479,032	1,080,943	1,108,970	5,903,702
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2,293	3,084	996	1,954	1,890	10,217
	and income from similar						
ь	sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						<b>I</b> 0
							·
	June 30, 1975						
c	June 30, 1975 Add lines 10a and 10b	2,293	3,084	996	1,954	1,890	10,217
c 11	Add lines 10a and 10b Net income from unrelated	2,293	3,084	996	1,954	1,890	10,217
	Add lines 10a and 10b  Net income from unrelated business activities not included	2,293	3,084	996	1,954	1,890	10,217
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the	2,293	3,084	996	1,954	1,890	
11	Add lines 10a and 10b  Net income from unrelated business activities not included	2,293	3,084	996	1,954	1,890	
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,293	3,084	996	1,954	1,890	0
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	2,293	3,084	996	1,954	1,890	
11 12	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,293	3,084	996	1,954	1,890	0
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c,	1,007,105	1,233,029	1,480,028	1,954	1,890	0
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)	1,007,105	1,233,029	1,480,028	1,082,897	1,110,860	0 0 5,913,919
11 12	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is	1,007,105	1,233,029	1,480,028	1,082,897	1,110,860	0 0 5,913,919
11 12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)	1,007,105 for the organizatio	1,233,029 on's first, second,	1,480,028	1,082,897	1,110,860	5,913,919
11 12 13 14 Se	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here	1,007,105 for the organization	1,233,029 on's first, second,	1,480,028 third, fourth, or f	1,082,897	1,110,860	5,913,919
11 12 13 14 Se 15	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here	1,007,105 for the organization lic Support Pe (line 8, column (1	1,233,029 on's first, second, ercentage f) divided by line	1,480,028 third, fourth, or f	1,082,897	1,110,860 501(c)(3) orga	0 5,913,919 nization, ▶ □
11 12 13 14 Se 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub Public support percentage from 201	1,007,105 for the organization lic Support Pe (line 8, column (1	1,233,029 on's first, second, ercentage f) divided by line : ort III, line 15	1,480,028 third, fourth, or f 13, column (f))	1,082,897	1,110,860 501(c)(3) orga	0 5,913,919 nization, ▶□
11 12 13 14 Se 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub Public support percentage from 201  ction D. Computation of Inv	1,007,105 for the organization lic Support Pe (line 8, column (1) 2 Schedule A, Pa estment Inco	1,233,029 on's first, second, ercentage f) divided by line : ort III, line 15 me Percentag	1,480,028 third, fourth, or f 13, column (f))	1,082,897 fth tax year as a	1,110,860 501(c)(3) orga 15 16	5,913,919 nization, 99 830 % 99 680 %
11 12 13 14 Se 15 16 Se 17	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub Public support percentage for 2013 Public support percentage from 202  ction D. Computation of Inv Investment income percentage for	1,007,105 for the organization lic Support Pe (line 8, column (1) 2 Schedule A, Pa estment Incom 2013 (line 10c, co	1,233,029 on's first, second, ercentage f) divided by line : ort III, line 15 me Percentag	1,480,028 third, fourth, or f 13, column (f))   e	1,082,897 fth tax year as a	1,110,860 501(c)(3) orga 15 16	0 5,913,919 nization, 99 830 % 99 680 %
112 13 14 See 15 16 See 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is check this box and stop here  ction C. Computation of Pub Public support percentage from 201  ction D. Computation of Inv	1,007,105 for the organization lic Support Pe (line 8, column (1) 2 Schedule A, Pa estment Incolumn (1) 2013 (line 10c, column (1) 2013 Schedule A	1,233,029 on's first, second, ercentage f) divided by line : ert III, line 15 me Percentage llumn (f) divided b	1,480,028 third, fourth, or f 13, column (f))  1e by line 13, column	1,082,897 Ifth tax year as a	1,110,860 501(c)(3) orga 15 16	99 830 % 99 680 % 0 170 % 0 320 %

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions										
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
		Schodulo A / Form 0	000 er 000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493041009354

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

JIIIGI	TOVERING OCIVICE				Inspect	OII.
The	ne of the organization Park of East Texas INC East Texas State Faır			oloyer identifica 0247290	ition numbe	r
Pa	t I Organizations Maintaining Donor Adv				. Complet	e ıf th
	organization answered "Yes" to Form 990,			41.5		
		(a) Donor advised funds	_	<b>(b)</b> Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization		onor adv	ısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?	<del>_</del>			┌ Yes	┌ No
ar	<b>TII</b> Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation of Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)	a certifie	d historic struc	ture	
	easement on the last day of the tax year			T		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	, ,	2c			
	Number of conservation easements included in (c) acqu historic structure listed in the National Register	uired after 8/17/06, and not on a	2d			
	Number of conservation easements modified, transferre	ed, released, extinguished, or termina	ted by th	ne organization	during	
	the tax year ►					
	Number of states where property subject to conservation	on easement is located ►				
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	ne periodic monitoring, inspection, ha	ndling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	ting, and enforcing conservation easo	ements o	during the year		
	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easemer	nte durin	a the year		
	► \$	and emoreting conservation casemer	ies duim	g the year		
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	) above satisfy the requirements of so	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the organization's financi				
Ti	Organizations Maintaining Collections Complete if the organization answered "Ye		, or Ot	her Similar	Assets.	
l	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	s held for public exhibition, education	n, or rese	earch in furthera		с
)	If the organization elected, as permitted under SFAS 11 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	s held for public exhibition, education				с
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1					
	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> - <b>⊄</b>		
)				· +		
•	Assets included in Form 990, Part X			<b>₽</b> \$		

Part	Organizations Maintaining Collections of Art, H	istor	ric	cal Tr	easu	res, or Ot	he	r Similar Asse	ts (co	ntınued)
3	Using the organization's acquisition, accession, and other records, collection items (check all that apply)	check	к а	·		-		significant use of	ıts	
а	Public exhibition d	Г	-	Loan	orexc	hange progra	ms			
b	Scholarly research e	Γ	-	Other	=					
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain h Part ${\sf XIII}$	ow th	еy	furthe	r the c	organization's	sex	empt purpose ın		
5	During the year, did the organization solicit or receive donations of									<b></b>
Dar	assets to be sold to raise funds rather than to be maintained as par <b>t IV Escrow and Custodial Arrangements.</b> Complete								Yes	No_
1461	Part IV, line 9, or reported an amount on Form 990,					i aliswered	'	es to rolling 990	,	
1a	Is the organization an agent, trustee, custodian or other intermedia included on Form 990, Part X? $$	ry for	C	ontribu	tions (	or other asse	ets i	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and complete the following	owing	, ta	able		_				
_						H.	_	Amou	nt	
C C	Beginning balance					<u> </u>	lc			
d e	Additions during the year					<u> </u>	Ld Le			
f	Distributions during the year					<u> </u>	Le 1f			
	Ending balance	2				Ŀ	-1		Yes	
2a	Did the organization include an amount on Form 990, Part X, line 21									, MO
	If "Yes," explain the arrangement in Part XIII Check here if the ex									<u> </u>
Pa	Tt V Endowment Funds. Complete if the organization are (a)Current year (b)	(b)Prio							Four ye	ears back
1a	Beginning of year balance	-								
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year end balance (I	ine 1	g,	colum	n (a)) l	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possession of the organization	n that	t a	re held	d and a	idministered	for	the		
	organization by (i) unrelated organizations						_	3a(i)	Yes	No
	(ii) related organizations	•	٠.	•				3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on	Sche	ed	ule R?				3b		
4	Describe in Part XIII the intended uses of the organization's endow									
Par	<b>t VI</b> Land, Buildings, and Equipment. Complete if the 11a. See Form 990, Part X, line 10.	orga	ını	ızatıor	n ansv	vered 'Yes'	to	Form 990, Part	IV, lır	ne
	Description of property			Cost or s (invest		(b)Cost or ot basis (other		(c) Accumulated depreciation	<b>(d)</b> Bo	ok value
1a l	and					2,007,	993		:	2,007,993
	Buildings					484,		335,055		149,331
	easehold improvements					15,	440	3,377		12,063
d i	Equipment					19,	500	1,950		17,550
	Other	$\perp$								
Tota	.Add lines 1a through 1e (Column (d) must equal Form 990, Part X, co	olumn	(E	3), line	10(c).)		•			2,186,937
								Schedule D (F	orm 9	90) 2013

Part VIII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C		
See Form 990, Part X, line 13.	complete if the organization	m diswered Tes to form 550, Fare TV, line TTe
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		·
Form 990, Part X, line 25.	1	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Damage Deposit	11,295	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11 205	1
2 Linkshitz for uncertain toy accident I Dark VIII	11,295	

1	Total revenue, gains, and other	1		
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investi	ments 2a		
b	Donated services and use of fa			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )			
e	Add lines <b>2a</b> through <b>2d</b> .		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	<b>4</b> c	
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part		kpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1	Total expenses and losses per	audited financial statements	1	
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b		
С	Other losses	<u>2</u> c		
d	Other (Describe in Part XIII )			
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 990	), Part IX, line 25, but not on line 1:		
а		ıded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5		d <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
Part	Supplemental Info	ormation		
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
Part X	FIN48 Footnote	The Association has adopted the provisions of FASB ASC 740-10 (FASB Accounting for Uncertainty in Income Taxes) Under these provisions, the liability for uncertain tax positions when it is probable that a loss has bee can be reasonably estimated The Association continually evaluates expiaudits, proposed settlements, changes in tax law and new authoritative ru	e Ass n incu ring s	ociation records a irred and the amount

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if

the organization answered 'Yes' to Form 990, Part IV, line 12a.

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

The Park of East Texas INC

Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990
► Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

**Employer identification number** 

2013

DLN: 93493041009354

Open to Public Inspection

DBA East Texas State Fair						75-0247290	
Part I General Information	on on Grants and	l Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organiz</li> </ol>	ward the grants or as:	sıstance <sup>?</sup>					√ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	 01(c)(3) and governr	l ment organizations list	ted in the line 1 table .			<b>►</b>	0

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Part III 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 assistanc	e	(b)Number of	(c)A mount of		(e)Method of valuation (book,	<b>(f)</b> Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) (1)						
(1) Scholarships		31	32,000			
Part IV Supplemental In	format	<b>ion.</b> Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference Explanation						

Grantmaker's Description of How Grants are Used

The Park of East Texas (POET)provides scholarships in the amount of \$3,000 (\$750 per semester) to ten recipients each year To be eligible student must be a graduating senior from a public, private, or home school, must attend Tyler Junior College for the next two years (2 fall and 2 spring semesters) beginning with the upcoming Fall semester, have completed a minimum of 12 credit hours per semester, and must submit a completed scholarship application. The Park of East Texas scholarships are intended to encourage and support students with interest and potential for higher education. The Selection Committee considers a variety of factors including, but not limited to, academic achievement, involvement in extra-curricular or community service activities, educational goals, motivation, and in some instances, financial need. Students awarded POET 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 POET staff to ensure compliance with eligibility requirements

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Compensation Information** 

DLN: 93493041009354

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization The Park of East Texas INC DBA East Texas State Fair

**Employer identification number** 

75-0247290

Pa	rt I Questions Regarding Compensation	า	·			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec		- · · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	iat appl ation of	y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compensation committee		Written employment contract			
	Independent compensation consultant	_	Compensation survey or study			
	Form 990 of other organizations	<u> ~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, I or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro-	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st com	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	in Part III	i Negula	records section 33 4330 4(a)(3). It les, describe	8		No
9	If "Yes" to line 8 did the organization also follow the	rehutt	able presumption procedure described in Regulations			<u> </u>
-	section 53 4958-6(c)?	South	22.2 p. 204p. o.	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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 column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)John Sykes President	(i) (ii)	195,000	15,000	10,200		7,020	227,220	

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041009354

**SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization The Park of East Texas INC

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047 2013

> Open to Public Inspection

DBA East Texas State Fair

Employer identification number

75-0247290

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 prior to filing
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Comparibility data is used via International Association of Fairs guidance, and the compensation is reviewed and approved by independent persons
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Documents and Policies are available upon request at The Park of East Texas office