

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **Oct 1**, 2011, and ending **Sep 30**, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **Nature Discovery Center**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
7112 Newcastle
 City, town or country State ZIP code + 4
Bellaire TX 77401

D Employer identification number
74-2132718

E Telephone number
(713) 667-6550

G Gross receipts \$ **476,524.**

F Name and address of principal officer:
Sarah Flournoy 7112 Newcastle Bellaire TX 77401

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.naturediscoverycenter.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1979** **M** State of legal domicile: **TX**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To ignite lifelong curiosity, understanding, and respect for nature through education.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 13
	6	Total number of volunteers (estimate if necessary)	6 350
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 170,907. Current Year 192,774.
	9	Program service revenue (Part VIII, line 2g)	58,429. 52,160.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,069. 79,444.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,078. 105,300.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,345. 429,678.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	323,160. 345,802.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,919.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	66,943. 72,233.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,103. 418,035.
	19	Revenue less expenses. Subtract line 18 from line 12	-73,758. 11,643.
	20	Total assets (Part X, line 16)	Beginning of Current Year 545,057. End of Year 650,701.
	21	Total liabilities (Part X, line 26)	15,899. 77,939.
22	Net assets or fund balances. Subtract line 21 from line 20	529,158. 572,762.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Sarah Flournoy* Date: **4/22/13**

Sarah Flournoy Executive Director
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: **Al Zientek, CPA** Preparer's signature: _____ Date: _____

Check if self-employed PTIN: **P00171356**

Firm's name: ▶ **ZIENTEK & CO., P.C.** Firm's EIN ▶ **76-0002535**

Firm's address: ▶ **2465 SOUTH KIRKWOOD HOUSTON TX 77077** Phone no. **(281) 496-6152**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. []

1 Briefly describe the organization's mission:

To ignite lifelong curiosity, understanding, and respect for nature through education.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses \$ 194,144. including grants of \$ 0.) (Revenue \$ 0.) Operation & maintenance of a park & nature discovery center in Bellaire, TX including classes, workshops, exhibits, displays & newsletters.

4 b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses 194,144.