**Form 990**

**Return of Organization Exempt From Income Tax**

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

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

### Part I

**A For the 2012 calendar year, or tax year beginning Oct 1, 2012, and ending Sep 30, 2013**

**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:**
- **City, town, or county:** Bellaire
- **State:** TX
- **ZIP code + 4:** 77401

**D**

- **Employer Identification Number:**

**E**

- **Telephone number:** (713) 667-6550

**F**

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

**J**

- **Websites:** www.naturediscoverycenter.org

**K**

- **Form of organization:** Corporation
- **Trust**
- **Association**
- **Other**
- **Year of Formation:** 1979
- **State of legal domicile:** TX

### Summary

1. Briefly describe the organization's mission or most significant activities: Nature Education and Park Preservation

### Activities & Governance

| 2. | Check this box 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) |
| 4. | Number of independent voting members of the governing body (Part VI, line 1b) |
| 5. | Total number of individuals employed in calendar year 2012 (Part V, line 2a) |
| 6. | Total number of volunteers (estimate if necessary) |
| 7a. | Total unrelated business revenue from Part VIII, column (C), line 12 |
| 7b. | Net unrelated business taxable income from Form 990-T, line 34 |

### Revenue

| 8. | Contributions and grants (Part VIII, line 1h) |
| 9. | Program service revenue (Part VIII, line 2g) |
| 10. | Investment income (Part VIII, column (A), lines 3, 4, and 7d) |
| 11. | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |
| 12. | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) |

### 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) |
| 16a. | Professional fundraising fees (Part IX, column (A), line 11e) |
| 16b. | Total fundraising expenses (Part IX, column (D), line 25) |
| 17. | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). |
| 18. | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) |
| 19. | Revenue less expenses. Subtract line 18 from line 12 |

### Net Assets

| 20. | Total assets (Part X, line 16) |
| 21. | Total liabilities (Part X, line 26) |
| 22. | Net assets or fund balances. Subtract line 21 from line 20 |

**Signature Block**

Under penalties of perjury, I declare that I have examined this report, 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:** 02/15/14

**Executive Director**

- **Print or type preparer's name:** Al Zientek, CPA, CFP
- **Preparer's signature:**
- **Date:**
- **Check if self-employed:**
- **PTIN:** P00171356

**Paid Preparer Use Only**

- **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) **[X]** Yes **[No]**

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