50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

OMB No 1545-1150

2012

Department of the Treasury Internal Revenue Service

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning July 1 2012, and ending June 30 C Name of organization B Check if applicable D Employer identification number Address change National Organization of Gay and Lesbian Scientists and Technical Professionals 95-4358685 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return PO Box 91803 626 791-7689 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Pasadena CA 91109 Accrual Other (specify) H Check ▶ ☐ If the organization is not I Website: ► www.noglstp.org required to attach Schedule B J Tax-exempt status (check only one) - 7 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 85947 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I $\overline{\mathbf{V}}$ Contributions, gifts, grants, and similar amounts received 73565 Program service revenue including government fees and contracts 2 2 4874 3 Membership dues and assessments 3 7463 4 Investment income 4 45 Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15.000) . . . 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 إور 85947 10 Grants and similar amounts paid (list in Schedule O) 88 ho 12261 මෙ 11 Benefits paid to or for members . . . hab 12 Salaries, other compensation, and employee benefits 3117 13 Professional fees and other payments to independent contractors 13 345 14 Occupancy, rent, utilities, and maintenance 14 1840 15 Printing, publications, postage, and shipping. 15 7341 16 Other expenses (describe in Schedule O) 16 53522 17 Total expenses. Add lines 10 through 16 17 78426 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 18 7521 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 58917 ž 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 66438 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2012)

Cat No 106421

Da	Balance Sheets (see the instructions	for Dort III				rage I
	Check if the organization used Schedul	•	ny guastian in this	Doub II		.
	Offeck if the organization used Scheduli	e O to respond to a	ny question in this	(A) Beginning of year		(P) Fool of 1999
22	Cash, savings, and investments				00	(B) End of year
23	Land and buildings		• • •	61118		6671
24	Other assets (describe in Schedule O)				23	
25	Total assets		• •		24	
26				61118	_	6671
27	Total liabilities (describe in Schedule 0) Net assets or fund balances (line 27 of colum	n /D\ must nares with	 h lino 21\	2201		28
Par	· · · · · · · · · · · · · · · · · · ·		<u>_</u>	58917	27	6643
Fai		•		,		Expenses
\ A (I= =	Check if the organization used Schedule					quired for section
	t is the organization's primary exempt purpose?		-			(c)(3) and 501(c)(4) anizations and section
as n	ribe the organization's program service accompline assured by expenses. In a clear and concise roms benefited, and other relevant information for e	nanner, describe the			494	7(a)(1) trusts, optional others)
28					 	
20	Presented "Out to Innovate" Career Summit for LGE					
	two-day summit with cross-generational mentoring,			omplished		
	panel, Key Note Address, and Recognition Awards I					
~~		t includes foreign gra		▶ ⊔	28a	55464
29	Provided role models and mentoring opportunites w					
	and Educator of the Year; continued affiliation with	Mentornet.net; contin	ued our "Out to Inno	ovate" Scholarship		
	for LGBT Students in STEM					
	(Grants \$ 10000) If this amoun			<u></u> ▶ ⊔	298	1234
30	Outreach and networking among national professio					
	PRIDE event support, professional society represen	tation, quarterly news	letter, social media	presence		
	/O					
•		t includes foreign gra	ants, check here	▶ ⊔_	30a	7530
31	Other program services (describe in Schedule O)			· · ·_		
00		t includes foreign gra	ants, check here .	<u> </u>	31a	
	Total program service expenses (add lines 28a		• • •		32	
Par	• • • • • • • • • • • • • • • • • • • •				struc	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a			.	<u> </u>
	4.44	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS	C) benefit plans, and	` ;	other compensation
			(if not paid, enter -0-) deferred compensatio	n L	
	elle Diamond	Chairperson of the				
PO E	ox 91803, Pasadena CA 91109	Board; 8	-()-	0-	-0
	ara Belmont	- Treasurer/				
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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		9 - 1	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a	2 to 1	/
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			مين الم
39	Section 501(c)(7) organizations. Enter:	of the		
a b	Initiation fees and capital contributions included on line 9			*
40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	200		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ California			
42a		626 82		
b	Located at ► PO Box 91803, Pasadena CA 91109 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	91109	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1	√
	If "Yes," enter the name of the foreign country: ▶	4	4	XII.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised finds during the years if "Ver " Farm COO	3	Yes	No
_	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
d d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	<i>ii</i> - 1	√
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓

							res	NO
46	Did the organization engage, directly or i	ndırectly, ın political d	campaign activities on	behalf of or	ın opposi	tion	2 2	
	to candidates for public office? If "Yes,"		, Part I			. 4	6	1
Part	VI Section 501(c)(3) organization	s only						<u></u>
	All section 501(c)(3) organization	ns must answer que	estions 47–49b and	52. and cor	nplete th	e tables	s for lin	29
	50 and 51	io il la constante de la const		o_, a, .a oo.			, 101 1111	00
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	Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI		:	.,	<u>, Ц</u>
							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect d	uring the	tax		
	year? If "Yes," complete Schedule C, Pa	rt II				. 4	7	1
48	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						 	
49a								V
		I the organization make any transfers to an exempt non-charitable related organization?		. 49		✓		
_ b	If "Yes," was the related organization a s			•		. 49		✓
50	Complete this table for the organization's	s five highest comper	nsated employees (oth	er than offic	ers, dırec	tors, trus	tees an	id key
	employees) who each received more tha	n \$100,000 of compe	nsation from the orgai	nization If the	ere is nor	ne, enter	"None."	,
		(b) Average	(c) Reportable	(d) Health b	enefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions to			ated amoi	
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other c	ompensat	tion
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none		.]		İ				
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f	Total number of other employees paid ov	or \$100,000	. • 0	L		l		
	, , ,							
51	Complete this table for the organization	rs five nignest comp	ensated independent	contractors	who eacl	n receive	ed more	e thar
	\$100,000 of assessmention from the arm		(K) 11					
	\$100,000 of compensation from the orga	anızation. İf there is n	one, enter "None."					
(a)		anization. If there is no		ice	lc) Compens		
(a)	\$100,000 of compensation from the organization and address of each independent contractor parts.	anization. If there is no	one, enter "None." (b) Type of serv	ıce	(c) Compens		
		anization. If there is no		ice	(0) Compens		
(a)		anization. If there is no	(b) Type of serv	ice	(c) Compens		
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

National Organization of Gay and Lesbian Scientists and Technical Professionals Inc. 95-4358685 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e 🗌 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 section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the organization (described on lines 1-9 the organization in organization in col support governing document? col (i) of your (i) organized in the US? above or IRC section support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

Part							
	(Complete only if you checked the						alify undeŕ
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	4-1 0000	(-) 0040	(1) 0044		T
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				, , , , , , , , , , , , , , , , , , ,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						ļ. <u></u>
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).					700 gar - 120 - 120 ar à car.	
6	Public support. Subtract line 5 from line 4.			i			
	on B. Total Support		,			•	,
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					ļ	
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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the support of the Form 990 is for the support of the support				or fifth toy w	12	20 E01(a)(2)
13	organization, check this box and stop he		ii S iii St, Secor	ia, iriira, iourtr	i, or illin tax y	ear as a secu	on 501(c)(3) ► □
Secti	ion C. Computation of Public Suppo		ie	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u> </u>	
14	Public support percentage for 2012 (line			I1, column (fl)	-	14	%
15	Public support percentage from 2011 Sci					15	%
16a	331/3% support test —2012. If the organi box and stop here. The organization qua	ilifies as a pub	licly supported	organization			. ▶ [
b	331/3% support test—2011. If the organ check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	ganization .		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "corganization	ets the "facts- facts-and-circi	and-circumsta umstances" te	ances" test, che st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check t The organization	his box and s t	top here.
18	Private foundation. If the organization d					ck this box and	

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 tes	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees				, ,	* * * * * * * * * * * * * * * * * * * *	
	received (Do not include any "unusual grants")	15307	26289	70716	47214	81028	240554
2	Gross receipts from admissions, merchandise			,,,,,	77211	0.020	240004
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	o	coo	1510	ام	4074	7074
3	Gross receipts from activities that are not an	- 0	690	1510	0	4874	7074
·	unrelated trade or business under section 513	_	_				
		0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	o	ol	o	o	0
6	Total. Add lines 1 through 5	15307	26979	72226	47214	85902	247628
7a	Amounts included on lines 1, 2, and 3			, , , , , ,			
	received from disqualified persons	2212	2241	3667	5167	8831	22118
b	Amounts included on lines 2 and 3	2212	2241	3007	3107	0031	22110
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	-	0	2500	10000	7500	10242	30242
С 8	Add lines 7a and 7b	2212	4741	13667	12667	14831	52360
0	Public support (Subtract line 7c from line 6.)				ŀ		
C4:		الحبت حصا					195268
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	15307	26979	72226	47214	85902	247628
10a	Gross income from interest, dividends,					i	
	payments received on securities loans, rents.						
	royalties and income from similar sources	401	231	28	24	45	729
b	Unrelated business taxable income (less					Í	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	401	231	28	24	45	729
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on	o	o	. 0	0	o	•
12	Other income Do not include gain or						0
-	loss from the sale of capital assets					i	
	(Explain in Part IV.)		أء	_	_	_	_
13	Total support. (Add lines 9, 10c, 11,	0		0	0	. 0	0
	and 12)			_		_	
14	,	15708	27210	72254	47238	85947	248357
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Cooti				· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· · P 📙
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	79 %
16 Sooti	Public support percentage from 2011 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	64 %
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (line 10c, colum	nn (f) divided by	y line 13, colun	nn (f))	17	0.3 %
18	Investment income percentage from 2011	Schedule A, F	Part III, line 17			18	<u>1 %</u>
19a	331/3% support tests—2012. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz	ation did not ch	neck a box on l	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this I	box and stop he	e re. The organi	zation qualifies	as a publicly si	upported organi	zation 🕨 📝
20	Private foundation. If the organization di						

chedule A (Form 990 or 990-EZ) 2012					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).	,			
	indications).				
•					
		••••			
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••					

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2012 Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

National Organization of Gay and Lesbian Scientists and Technical Professionals Inc	95-4358685
Part I Line 16 Other Expenses:	
bank service charges: 479, corporate filings 10; interest/finance charges 161, dues/subscriptions. 395	· ·
Outreach/Affiliates. 5601; Mentoring Program 1000, Supplies. 196	
Out to Innovate Career Summit for LGBT People in STEM: supplies. 69; videography:3639, hospitality/fo	ood: 17626; facilitites: 5634;
marketing: 5072; travel/accommodations: 13640;	
Part III Line 29 Out to Innovate Scholarship Recipients	
Malakaı Ryker, \$5000 scholarshıp paid to University of Mınnesota	
Carl Streed Jr, \$5000 scholarship paid to Johns Hopkins University School of Medicine	
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