

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 black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **Campus Pride Inc**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 240473
 City or town, state or country, and ZIP + 4
Charlotte NC 28224

D Employer identification number: **14-1969456**

E Telephone number: **704-277-6710**

F Name and address of principal officer:
Shane Windmeyer
PO Box 240473
Charlotte NC 28224

G Gross receipts \$: **174,344**

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)

H(c) Group exemption number _____

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

J Website: **www.campuspride.org**

K Type of organization: Corporation Trust Association Other

L Year of formation: **2006** **M** State of legal domicile: **NC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Campus Pride builds future lesbian,gay,bisexual,transgender(LGBT)and ally student leaders and safer,more LGBT-Friendly colleges and universities.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	2
5 Total number of employees (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	900
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,113	61,161
9 Program service revenue (Part VIII, line 2g)	82,500	111,213
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)	664	1,438
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,277	173,812
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)	31,300	40,150
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	50,287	141,866
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	81,587	182,016
19 Revenue less expenses. Subtract line 18 from line 12	8,690	-8,204
	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	14,859	21,209
21 Total liabilities (Part X, line 26)	15,162	29,716
22 Net assets or fund balances. Subtract line 21 from line 20	-303	-8,507

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: **Shane Windmeyer** Date: _____
 Type or print name and title: **President**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **5/18/09** Check if self-employed: Preparer's identifying number (see instructions): **P00681529**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Mary J. Green, CPA, PLLC** EIN: **64-0964805**
605 Lexington Ave Ste 8 Phone no.: **704-376-1252**
Charlotte, NC 28203