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.

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning _____, and ending _____.

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

C Name of organization
Campus Pride Inc
Doing Business As

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
$ 288,234

H(a) Is this a group return for affiliates? [ ] Yes [x] No

H(b) Are all affiliates included? [ ] Yes [x] No

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

J Website: www.campuspride.org

K Form of organization: [x] 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 net 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) 4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5

6 Total number of volunteers (estimate if necessary) 6 4350

7a Total unrelated business revenue from Form VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

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) 332,364 288,234

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)
16 Professional fundraising fees (Part IX, column (A), line 11e)
17b Total fundraising expenses (Part IX, column (D), line 25) 0
17c Total 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) 329,094 300,592
19 Revenue less expenses. Subtract line 18 from line 12 329,094 300,592
20 Total assets (Part X, line 16) 20 28,154 18,409
21 Total liabilities (Part X, line 26) 21 16,427 19,040
22 Net assets or fund balances. Subtract line 21 from line 20 22 11,727 -631

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.

Signature of officer
Shane Windmeyer
President

Preparer's signature
Mary J Green

Preparer's EIN 64-0964805

Use Only
7301 Carmel Executive Park Ste 330
Charlotte, NC 28226

Phone no. 704-752-7771

May the IRS discuss this return with the preparer shown above? [ ] Yes [x] No

Form 990  (2011)