

**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 \_\_\_\_\_  
 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 \$** **288,234**

**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)  501(c) ( ) (insert no.)  4947(a)(1) or  527

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

**K Form of organization:**  Corporation  Trust  Association  Other

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

**Part I Summary**

|                                    |   |   |              |
|------------------------------------|---|---|--------------|
| <b>Activities &amp; Governance</b> | 1 Briefly describe the organization's mission or most significant activities:<br><b>Campus Pride builds future lesbian, gay, bisexual, transgender (LGBT) and ally student leaders and safer, more LGBT-Friendly colleges and universities.</b> |   |              |
|                                    | 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)             |              |
|                                    | 4   | Number of independent voting members of the governing body (Part VI, line 1b) |              |
|                                    | 5   | Total number of individuals employed in calendar year 2011 (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  |   |              |
| <b>Revenue</b>                     | 8   | Prior Year  | Current Year |
|                                    | 9   | 92,307  | 66,012       |
|                                    | 10  | 240,057   | 222,222      |
|                                    | 11  | 0   | 0            |
|                                    | 12  | 332,364   | 288,234      |
|                                    | 13  | 0   | 0            |
| <b>Expenses</b>                    | 14  | 0   | 0            |
|                                    | 15  | 0   | 0            |
|                                    | 16a   | 0   | 0            |
|                                    | 16b   | 0   | 0            |
|                                    | 17  | 329,094   | 300,592      |
|                                    | 18  | 329,094   | 300,592      |
| <b>Net Assets or Fund Balances</b> | 19  | 3,270   | -12,358      |
|                                    | 20  | Beginning of Current Year   | End of Year  |
|                                    | 21  | 28,154  | 18,409       |
|                                    | 22  | 16,427  | 19,040       |
|                                    |   | 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.

**Sign Here**

Signature of officer: **Shane Windmeyer** Date: \_\_\_\_\_  
 Type or print name and title: **President**

**Paid Preparer Use Only**

Print/Type preparer's name: **Mary J Green** Preparer's signature: **Mary J Green** Date: **05/15/12** Check  if self-employed  PTIN: **P00681529**

Firm's name: **Mary J. Green, CPA, PLLC** Firm's EIN: **64-0964805**  
 Firm's address: **7301 Carmel Executive Park Ste 330** Phone no.: **704-752-7771**  
**Charlotte, NC 28226**

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