Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

2015

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, 2015, and ending _____ ,

B Check if applicable:	**C**	**D** Employer identification number
☐ Address change	Campus Pride, Inc	14-1969456
☐ Name change	P.O. Box 240473	**E** Telephone number
☐ Initial return	Charlotte, NC 28224	(704) 277-6710
☐ Final return/terminated		
☐ Amended return		**G** Gross receipts $ 433,264.
☐ Application pending	**F** Name and address of principal officer: Christian Wiggins	

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Same As C Above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) (   )◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.campuspride.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other► **L** Year of formation: 2006 **M** State of legal domicile: NC

Part I | Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Campus Pride serves LGBTQ and ally student leaders and campus organizations in the areas of leadership development, support programs and services to create safer, more inclusive LGBTQ-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**	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3
	6	Total number of volunteers (estimate if necessary)	**6**	678
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	225,749.	211,863.
	9	Program service revenue (Part VIII, line 2g)	275,797.	221,401.
	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)	501,546.	433,264.
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)	72,345.	133,869.
	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-24e)	430,950.	338,701.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	503,295.	472,570.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,749.	-39,306.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	53,936.	48,043.
	21	Total liabilities (Part X, line 26)	11,459.	44,872.
	22	Net assets or fund balances. Subtract line 21 from line 20	42,477.	3,171.

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   Date

► Christian Wiggins   Chairperson
  Type or print name and title.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Phillip G. Wilson				P00096084
	Firm's name ► C. DeWitt Foard & Co, PA, CPAs				
	Firm's address ► 817 E. Morehead Street, Ste. 100			Firm's EIN ► 56-1688300	
	Charlotte, NC 28202-2767			Phone no. 704-372-1515	

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 10/12/15 Form **990** (2015)