

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2017**Name of exempt organization
Campus Pride, Inc

Employer identification number

14-1969456Name and title of officer
Michael Bumbry**Chairman****Part I Type of Return and Return Information (Whole Dollars Only)**Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here.....▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12).....	1 b <u>332,022.</u>
2 a Form 990-EZ check here.....▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9).....	2 b _____
3 a Form 1120-POL check here.....▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3 b _____
4 a Form 990-PF check here.....▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).....	4 b _____
5 a Form 8868 check here.....▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c).....	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **C. DeWitt Foard & Co, PA, CPAs** to enter my PIN **50356** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.....

69763341118

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ _____

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.Form **8879-EO** (2017)

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 private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
 Campus Pride, Inc
 P.O. Box 240473
 Charlotte, NC 28224

D Employer identification number

14-1969456

E Telephone number

(704) 277-6710

G Gross receipts \$ 332,022.

F Name and address of principal officer: Michael Bumby

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 ☐ 527J Website: www.campuspride.orgK Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

H(c) Group exemption number

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: <u>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.</u>		
	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) <u>3</u>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>12</u>		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) <u>12</u>		
	6	Total number of volunteers (estimate if necessary) <u>4</u>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>806</u>		
7b	Net unrelated business taxable income from Form 990-T, line 34 <u>0.</u>			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	229,134.	215,248.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192,166.	116,774.
	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)	421,300.	332,022.
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)	111,362.	99,733.
	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)	339,854.	220,143.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	451,216.	319,876.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-29,916.	12,146.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	25,032.	25,578.
	22	Net assets or fund balances. Subtract line 21 from line 20	51,777.	40,177.
			-26,745.	-14,599.

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

Michael Bumby

Type or print name and title

Chairman

Paid Preparer Use Only

Print/Type preparer's name

Phillip G. Wilson

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P00096084

Firm's name

C. DeWitt Foard & Co, PA, CPAs

Firm's address

817 E. Morehead Street, Ste. 100

Charlotte, NC 28202-2767

Firm's EIN ▶ 561688300

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 08/08/17

Form 990 (2017)