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)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A Fartha 2010 and an annual state of the sta									
<u> </u>		r the 2018 calendar year, or tax year beginning , 2018, and ending ,							
В	Check if a	*** *** **** *************************					D Employer identification number		
	Addr	ess change	Campus Pride, Inc P.O. Box 240473				14-1969456		
	Name	e change					E Telephone number		
	Initia	Charlotte, NC 28224				17	(704) 277-6710		
	Final r	eturn/terminated							
	Ame	nded return		C 254 217					
	\vdash	cation pending	MICHAEL BUMDIV				G Gross receipts \$ 254, 317.		
	☐,~pp	cation pending							
	Tay av	mot otatus	Same As C Above			H(b) Are all subordinal If "No," attach a l	ist. (see	ded? Yes No instructions)	
÷	Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527								
1	H(c) Group exemption number								
K Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: NC									
Part I Summary									
	1 B	iefly describe the organization's mission or most significant activities: Campus Pride serves LGBTQ and ally							
ė		tudent leaders and campus organizations in the areas of leadership development,							
ä	<u>s</u>	support programs and services to create safer, more inclusive LGBTO-friendly							
E	9	Colleges and universities.							
ð	2 C	Number of voting members of the governing body (Part VI, line 1a).					net a	ssets.	
9	3 N						3] 9	
Se	4 N	umber of in	dependent voting member	s of the governing body (Part VI, Iir	ne 1b)		4	9	
Activities & Governance	5 T	otal numbel	of individuals employed in	n calendar year 2018 (Part V, line 2	?a)		5	2	
	72 T	otal uprolet	of volunteers (estimate if	necessary)			6	751	
		lot uprolator	d business revenue from	Part VIII, column (C), line 12			8634(0)90	0.	
	- 0 1	b Net unrelated business taxable income from Form 990-T, line 38					7b	0.	
	8 C	Contributions and greats (Bost VIII. line 1h)				Prior Year		Current Year	
ne		Contributions and grants (Part VIII, line 1h)					248.	172,867.	
Revenue	10 Ir	vestment in	estment income (Part VIII, column (A), lines 3, 4, and 7d).				774.	81,450.	
æ		her revenue (Part VIII, column (A), lines 5, 4, and 7d)							
(ST-17-1)						254,317.			
Expenses		otal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)					332,022. 254		
		enefits paid to or for members (Part IX, column (A), line 4)							
		5.						30,014.	
	15 S		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				99,733.		
	16a P	rofessional	ofessional fundraising fees (Part IX, column (A), line 11e)					U-1000000	
	bΤ	otal fundrais	al fundraising expenses (Part IX, column (D), line 25) ▶						
	17 0	ther expens	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				L43.	204,414.	
	18 T	otal expens	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				319,876.		
	19 R	evenue less	Cold to a time 10 form line 10				46.	234,428. 19,889.	
Net Assets or	8					Beginning of Currer		End of Year	
	20 To	tal assets (Part X, line 16). tal liabilities (Part X, line 26). tal sassets or fund balances. Subtract line 21 from line 20.			25,5		46,591.		
		otal liabilitie	liabilities (Part X, line 26).			40,177.		41,301.	
	22 N	Net assets or fund balances. Subtract line 21 from line 20				-14	-14,599.		
_	art II	Signatur				-14,5	99.	5,290.	
_				ura including accompagaing cohodules and state	amonto and to the			A PARTY DESCRIPTION OF THE PARTY OF THE PART	
con	iplete. Dec	laration of preparation	arer (other than officer) is based on	urn, including accompanying schedules and state all information of which preparer has any knowle	edge.	ie best of my knowledge	and bell	et, it is true, correct, and	
6-3						- T			
Si	an	Signatu	Signature of officer Date						
Sign Here		Mar	Markus Pitchford Chair						
			print name and title			Chairman			
		Print/Type (preparer's name	Preparer's signature	Date	Check	if I	PTIN	
Paid Preparer Use Only		Phill-	ip G. Wilson		,	self-employe	J "		
							11	P00096084	
		/ Firm's addr	Transfer tourd a co, IA, CIAS				Fig. 5 P. F.C1 C0 C 2 C 2		
		, min s addr	irm's address * 817 E. Morehead Street, Ste. 100 Charlotte, NC 28202-2767				Firm's EIN > 561688300		
M	av the ID	S discuss #	ois return with the area	282UZ-Z/6/		Phone no.	104-	372-1515	
May the IRS discuss this return with the preparer shown above? (see instructions). X Yes No									