

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **2019**, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** **Employer identification number**  
14-1969456

**E** **Telephone number**  
(704) 277-6710

**G** **Gross receipts \$** 252,474.

**F** **Name and address of principal officer:** Markus Pitchford  
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](http://www.campuspride.org)

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

**H(c)** **Group exemption number** ▶

Part I Summary		Prior Year	Current Year
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).....	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	6
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a).....	5	2
	6 Total number of volunteers (estimate if necessary).....	6	751
	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 39.....	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h).....	172,867.	106,564.
	9 Program service revenue (Part VIII, line 2g).....	81,450.	145,910.
	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).....	254,317.	252,474.
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).....	30,014.	44,752.
	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).....	204,414.	159,529.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	234,428.	204,281.	
19 Revenue less expenses. Subtract line 18 from line 12.....	19,889.	48,193.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 46,591.	End of Year 88,979.
	21 Total liabilities (Part X, line 26).....	41,301.	35,496.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	5,290.	53,483.

**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: Markus Pitchford Date: \_\_\_\_\_  
 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