## EXTENDED TO NOVEMBER 16, 2015

## 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

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2014 calendar year, or tax year beginning and	d andina		
	Check	C Name of organization	d ending	D Employer identif	#
appli		UTAH PRIDE CENTER, INC.			lication number
	Ado	GAY AND LESBIAN COMMUNITY CENTER OF UTAH			
Nai cha				87-0	504077
Init		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
_	Fina retu term	7 355 NORTH 300 WEST		- Topicono manto	539-8800
ate		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,039,619.	
L retu		SALT LAKE CITY, UT 84103-1215		H(a) Is this a group return	
	tion	F Name and address of principal officer:MICHAEL AGUILAR		for subordinate	
_	<del>-</del>			H(b) Are all subordinates	
		xempt status: \( \bigcup \) 501(c)(3) \( \bigcup \) 501(c) (\( \) \( \) (insert no.) \( \) 4947(a)(1) ite: \( \bigcup \) WWW. UTAHPRIDECENTER.ORG	or 527	If "No," attach a	a list. (see instructions)
Tric) Group exemption number					
	art I		L Year o	of formation: 1992	M State of legal domicile; UT
	4		מ עוגשוו	DIDE CENTED	TO 3
ဦ	1	Briefly describe the organization's mission or most significant activities: THE UTAH PRIDE CENTER IS A COMMUNITY-BASED ORGANIZATION THAT PROVIDES SUPPORT, EDUCATION,			
Ę	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	lumbay of voting manch are at the second of			
	4	Number of independent voting members of the governing body (Part VI, line 1b)	****************	4	4
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	15	
	6	Total number of volunteers (estimate if necessary)	6	1046	
	7 a	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.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,126,847.	1,414,649.
	9	Program service revenue (Part VIII, line 2g)		357,339.	586,163.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		175.	11,906.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		279,479.	14,259.
ets or ances Expenses	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	······	2,763,840.	2,026,977.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	······	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	734,847.	0. 524,196.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		52,500.	324,190.
	ь	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  174,80	00.		transferência
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	VAS-5613481	993,819.	1,121,803.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,781,166.	1,645,999.
	19	Revenue less expenses. Subtract line 18 from line 12		982,674.	380,978.
		uderd (ESC) Little (Little Control Edge (ESC) (E		inning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		2,451,450.	2,593,836.
let Asse Ind Bal	21	Total liabilities (Part Nine 26)		433,282.	194,689.
Pa	<u>22</u> 	Net assets or fund balances. Subtract line 21 from line 20		2,018,168.	2,399,147.
Service Service	SHEET STREET, ST.	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and state		
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch proparer b	its, and to the best of my	knowledge and belief, it is
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cii preparei ii	as any knowledge.	
Sign Here		Signature of officer Date			
		MICHAEL AGUILAR, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Dat	te Check	PTIN
Paid -		TED L. HILL CPA		if self-employed	P00097426
Preparer		Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958
Use Only		Firm's address 5 TRIAD CENTER STE 600			
		SALT LAKE CITY, UT 84180-1128	Phone no.801	532-2200	
May the IRS discuss this return with the preparer shown above? (see instructions)					
HAZOUT 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)					