**Return of Organization Exempt From Income Tax**

**Form 990**

**Extended to November 16, 2015**

**Department of the Treasury**

**Internal Revenue Service**

**2014**

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning and ending

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Final return due extended

**C** Name of organization

- UTAH PRIDE CENTER, INC.
- GAY AND LESBIAN COMMUNITY CENTER OF UTAH

**D** Employer identification number

- 87-0504077

**E** Telephone number

- (801) 539-8800

**F** Name and address of principal officer

- MICHAEL AGUILAR
- SAME AS C ABOVE

**G** Gross receipts

- $ 2,039,619

**H**

- (a) Is this a group return for subordinates? [ ] Yes [ ] No
- (b) Are all subordinates included? [ ] Yes [ ] No
- If "No," attach a list. (see instructions)

**J** Website

- WWW.UTAHPRIDECENTER.ORG

**K** Form of organization

- [ ] Corporation [ ] Trust [ ] Association [ ] Other

**L** Year of formation: 1992 [ ] State of legal domicile: UT

**Part I**

**Summary**

**1** Briefly describe the organization’s mission or most significant activities:

- THE UTAH PRIDE CENTER IS A COMMUNITY-BASED ORGANIZATION THAT PROVIDES SUPPORT, EDUCATION,

**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

**4** Number of independent voting members of the governing body (Part VI, line 1b)

- 4

**5** Total number of individuals employed in calendar year 2014 (Part V, line 2a)

- 15

**6** Total number of volunteers (estimate if necessary)

- 1046

**7** Total unrelated business revenue from Part VIII, column (c), line 12

- 0

**8** Net unrelated business taxable income from Form 990-T, line 34

- 0

**Revenue**

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

- 357,339

- 586,163

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

- 175

- 11,906

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

- 2,763,840

- 2,026,977

**Expenses**

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

- 734,847

- 524,196

**14** 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)

- 52,500

- 0

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

- 993,819

- 1,121,803

**17** Total fundraising expenses (Part IX, column (F), line 25)

- 1,781,166

- 1,645,999

**18** Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)

- 982,674

- 380,978

**19** Revenue less expenses

- 0

**19b** Beginning of Current Year

- 0

**19c** End of Current Year

- 0

**20** Total assets (Part X, line 16)

- 2,451,450

- 2,593,836

**21** Total liabilities (Part X, line 26)

- 433,282

- 194,689

**22** Net assets or fund balances: Subtract line 21 from line 20

- 2,018,168

- 2,399,147

**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**

- MICHAEL AGUILAR, TREASURER

**Date**

**Paid**

- Print/Type preparer's name

- TED L. HILL CPA

- Preparer's signature

- Date

- Check if exempt

- PTIN

- P00097426

**Preparer**

- Firm's name

- EIDE BAILLY LLP

- Firm's EIN

- 45-0250958

**Use Only**

- Firm's address

- 5 TRIAD CENTER STE 600

- Phone no

- 801-532-2200

**May the IRS discuss this return with the preparer shown above? (see instructions)**

- Yes

**Form 990 (2014)**

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**
1. Briefly describe the organization's mission:

The Utah Pride Center is a community-based organization that provides support, education, outreach and advocacy for lesbian, gay, bisexual, transgender, queer individuals and allies through programs, services and resources as "The Catalyst for Personal Growth, Acceptance and

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes [X] No

If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes [X] No

If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>1,010,297.</td>
<td>560,512.</td>
</tr>
<tr>
<td>4b</td>
<td>173,101.</td>
<td>25,651.</td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4d. Other program services (Describe in Schedule O.)

(Express $ including grants of $ ) (Revenue $ )

4e. Total program service expenses $1,183,398.

See Schedule O for continuation(s)