Return of Organization Exempt From Income Tax

Under section 501(c)(3), of the Internal Revenue Code (except private foundations)

Form 990

B For the 2014 calendar year, or tax year beginning __________, 2014, and ending __________, 2014

D Employer identification number

C Campus Pride, Inc

P.O. Box 240743

Charlotte, NC 28222

E Telephone number

(704) 277-6710

G Gross receipts $ 501,546

F—Name and address of principal officer: John Witherington

H(4) Is this a group return for subsidiaries? Yes No

If Yes, attach a list (see instructions)

J Website: www.campuspride.org

K Form of organization: Corporation

L Year of formation: 2006

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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.

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).

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

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

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (C), line 12.

7b Net unrelated business taxable income from Form 990-T, line 34.

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2p).

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).

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).

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

b Total fundraising expenses (Part IX, column (D), line 25).

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24).

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

19 Revenue less expenses. Subtract line 18 from line 12.

20 Total assets (Part X, line 16).

21 Total liabilities (Part X, line 25).

22 Net assets or fund balances. Subtract line 21 from line 20.

Part II Signature Block

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 upon knowledge of which preparer has any knowledge.

John Witherington

Signature of officer

Date

Paid Preparer Use Only

Preparer's signature: Phillip G. Wilson

Preparer's Taxpayer Identification Number: 000096084

Preparer's name: C. DeWitt Ford & Co., PA, CPAs

Firm's EIN: 56-1688300

Firm's address: 817 E. Morehead Street, Ste. 100

Charlotte, NC 28202-2767

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.

TEEA0413, 05/29/14

Form 990 (2014)