

Return of Organization Exempt From Income Tax

2014

Department of the Treasury
Internal Revenue Service

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Campus Pride, Inc P.O. Box 240473 Charlotte, NC 28224	D Employer identification number 14-1969456
		E Telephone number (704) 277-6710

F Name and address of principal officer: **John Witherington**
G Gross receipts \$ **501,546**
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**
H(c) Group exemption number

K Form of organization: Corporation Trust Association Other
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.

Activities & Governance	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	678
	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 34	7b	0.

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	172,325.
9 Program service revenue (Part VIII, line 2g)	230,564.	275,797.	
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)	402,889.	501,546.	

Expenses		Prior Year	Current Year
		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)		72,345.	
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)	350,170.	430,950.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	350,170.	503,295.	
19 Revenue less expenses. Subtract line 18 from line 12	52,719.	-1,749.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	44,226.
21 Total liabilities (Part X, line 26)	0.	11,459.	
22 Net assets or fund balances. Subtract line 21 from line 20	44,226.	42,477.	

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: *[Signature]* Date: **7/29/15**
 John Witherington Chair
 Type or print name and title.

Paid Preparer Use Only
 Print/Type preparer's name: Phillip G. Wilson Preparer's signature: *[Signature]* Date: 7/29/2015
 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: 56-1688300 Phone no.: 704-372-1515

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No