

**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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
**MARCH FORTH WITH HOPE FOUNDATION**

**D** Employer identification number  
**20-1579326**

Doing business as \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3116 WEDDINGTON ROAD STE 900-133**

City or town, state or province, country, and ZIP or foreign postal code  
**MATTHEWS NC 28105**

**E** Telephone number  
**704-578-0802**

**G** Gross receipts \$ **375,540**

**F** Name and address of principal officer:  
**STUART STOUT**  
**3116 WEDDINGTON ROAD STE 900-133**  
**MATTHEWS NC 28105**

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.MARCHFORTHWITHHOPE.ORG**

H(c) Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2004**

**M** State of legal domicile: **NC**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>MARCH FORTH WITH HOPE FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO FAMILIES BATTLING CANCER OR OTHER LIFE-THREATENING DISEASES. THE FOUNDATION HOLDS AN ANNUAL BLACK TIE GALA AND VARIOUS OTHER FUNDRAISING EVENTS.</b>			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2015 (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			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year <b>173,452</b>	Current Year <b>146,140</b>
	9 Program service revenue (Part VIII, line 2g)			<b>0</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			<b>0</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>32,280</b>	<b>84,920</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>205,732</b>	<b>231,060</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>55,528</b>	<b>62,220</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>37,916</b>	<b>56,208</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>65,307</b>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>51,326</b>	<b>88,680</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>144,770</b>	<b>207,108</b>
19 Revenue less expenses. Subtract line 18 from line 12		<b>60,962</b>	<b>23,952</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year <b>163,755</b>	End of Year <b>187,707</b>
	21 Total liabilities (Part X, line 26)		<b>0</b>	<b>0</b>
	22 Net assets or fund balances. Subtract line 21 from line 20		<b>163,755</b>	<b>187,707</b>

**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: **5/1/16**

**STUART STOUT** **PRESIDENT/TREASURER**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Thomas K. Welch** Preparer's signature: *[Signature]* Date: **5/4/16** Check  if self-employed PTIN: **P00113258**

Firm's name: **Ratlidge, Welch & Crews, P.A.** Firm's EIN: **11-3767291**

Firm's address: **7301 Carmel Executive Park Ste 210 Charlotte, NC 28226** Phone no.: **704-542-9711**

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