

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **MARCH FORTH WITH HOPE FOUNDATION**
 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 country, and ZIP + 4
MATTHEWS NC 28105

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

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

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

G Gross receipts \$: **211,581**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: **WWW.MARCHFORTHWITHHOPE.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **2004** **M** State of legal domicile: **NC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARCH FORTH WITH HOPE FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO FAMILIES BATTLING CANCER OR OTHER LIFE-THREATENING DISEASES. THE FOUNDATION HOLDS AN ANNUAL GOLF TOURNAMENT AND VARIOUS OTHER FUNDRAISING EVENTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	101,254	60,366
	9 Program service revenue (Part VIII, line 2g)		
	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)	2,195	120,908
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,449	181,274
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,915	177,168
	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)	9,051	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	11,393	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,375	26,779
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,341	203,947
19 Revenue less expenses. Subtract line 18 from line 12	4,108	-22,673	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 73,870	End of Year 51,477
	21 Total liabilities (Part X, line 26)		280
	22 Net assets or fund balances. Subtract line 21 from line 20	73,870	51,197

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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Stuart Stout*
 Date: **2/29/12**
 Type or print name and title: **STUART STOUT**

Paid Preparer's Use Only

Preparer's signature: *Thomas R. Webb* Date: **2/29/12** Check if self-employed: Preparer's identifying number (see instructions): **P00113258**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Ratlidge, Welch & Crews, P.A.**
7301 Carmel Executive Park Ste 210
Charlotte, NC 28226 EIN: **11-3767291** Phone no.: **704-542-9711**