

Return of Organization Exempt From Income Tax

2009

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

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 2009 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**

G Gross receipts \$: **141,791**

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 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**

H(c) Group exemption number

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 net 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, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	60,366	36,311
	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)	120,908	66,150
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,274	102,461
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	177,168
14 Benefits paid to or for members (Part IX, column (A), line 4)			17,408
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25)		8,238	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		26,779	31,317
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		203,947	88,817
19 Revenue less expenses. Subtract line 18 from line 12	-22,673	13,644	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 51,477	End of Year: 64,841
	21 Total liabilities (Part X, line 26)	280	
	22 Net assets or fund balances. Subtract line 21 from line 20	51,197	64,841

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: *Stuart Stout* Date: **3/1/12**
 Type or print name and title: **STUART STOUT**

Paid Preparer's Use Only
 Preparer's signature: *Thomas K. Welch* Date: **3/1/12** Check if self-employed:
 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**
 Preparer's identifying number (see instructions): **P00113258**
 EIN: **11-3767291**
 Phone no.: **704-542-9711**