

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

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

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

A For the 2012 calendar year, or tax year beginning **03/14/12**, and ending **12/31/12**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARCH FORTH WITH HOPE FOUNDATION		D Employer identification number 20-1579326
	Doing Business As		E Telephone number 704-578-0802
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3116 WEDDINGTON ROAD STE 900-133		G Gross receipts \$ 292,746
City, town or post office, state, and ZIP code MATTHEWS NC 28105		F Name and address of principal officer: STUART STOUT 3116 WEDDINGTON ROAD STE 900-133 MATTHEWS NC 28105	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)	
J Website: WWW.MARCHFORTHWITHHOPE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: MARCH FORTH WITH HOPE FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO FAMILIES BATTILING CANCER OR OTHER LIFE-THREATENING DISEASES. THE FOUNDATION HOLDS AN ANNUAL BLACK TIE GALA 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 individuals employed in calendar year 2012 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	55
	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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	221,881	218,855
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,201	13,997
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,680	232,852
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	98,968
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,794	46,646
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) 20,723			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,493	62,958
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,255	175,877	
19 Revenue less expenses. Subtract line 18 from line 12	-8,575	56,975	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	40,845	97,820
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		40,845	97,820

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: <i>Stuart B. Stout</i>		Date: 5/28/12	
	Type or print name and title: STUART B. STOUT / PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name Thomas K. Welch	Preparer's signature <i>Thomas K. Welch</i>	Date 5/23/12	Check <input type="checkbox"/> if PTIN self-employed 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