

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.

OMB No. 1545-0047
2014
Open to Public Inspection

A For the 2014 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**
 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

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 \$: **321,806**

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**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

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 BLACK TIE GALA AND VARIOUS OTHER FUNDRAISING EVENTS.

2 Check this box 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	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	62
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	233,423	173,452
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,263	32,280
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,160	205,732
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,093	55,528
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	43,524	37,916
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,668		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,570	51,326
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	208,187	144,770
19 Revenue less expenses. Subtract line 18 from line 12	4,973	60,962

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	102,793	163,755
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	102,793	163,755

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*
 Type or print name and title: **Stuart Stout, President**
 Date: **6/10/15**

Paid Preparer Use Only
 Print/Type preparer's name: **Thomas K. Welch**
 Preparer's signature: *Thomas K. Welch*
 Date: **6/10/15**
 Check if self-employed if 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**