

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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) 3116 WEDDINGTON ROAD STE 900-133		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code MATTHEWS NC 28105		G Gross receipts \$ 370,409
	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 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 <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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	58
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b 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)	146,140	140,931
	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)	84,920	78,953
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,060	219,884
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	62,220	61,325
	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)	56,208	74,858
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,180		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,680	68,701	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,108	204,884	
19 Revenue less expenses. Subtract line 18 from line 12	23,952	15,000	
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)	187,707	202,707
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0

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	Date
	STUART STOUT Type or print name and title	PRESIDENT/TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Thomas K. Welch				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			