

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 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 \$: **142,492**

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

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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 39		
Revenue	8	Prior Year	Current Year
	9	236,664	35,054
	10		0
	11		0
	12	66,861	78,180
Expenses	13	303,525	113,234
	14	63,203	64,274
	15		0
	16a	66,680	16,796
	b	29,989	0
	17	93,389	41,658
	18	223,272	122,728
Net Assets or Fund Balances	19	80,253	-9,494
	20	Beginning of Current Year	End of Year
	21	236,946	227,452
	22	0	0
		236,946	227,452

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: _____
 Type or print name and title: **PRESIDENT/TREASURER**

Paid Preparer Use Only
 Print/Type preparer's name: **THOMAS K. WELCH** Preparer's signature: _____ Date: _____
 Check if PTIN self-employed **P00113258**
 Firm's name: **RATLEDGE, 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**