

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 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): **3116 WEDDINGTON ROAD STE 900-133**

Room/suite: \_\_\_\_\_

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 \$: **178,113**

**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: <b>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.</b>			
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	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 2020 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,054	78,007
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)	78,180	-11,733
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,234	66,274
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,274	13,955
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)	16,796	61,707
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	64,404	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,658	41,674
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	122,728	117,336
19	Revenue less expenses. Subtract line 18 from line 12	-9,494	-51,062
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	227,452	287,990
21	Total liabilities (Part X, line 26)	0	111,600
22	Net assets or fund balances. Subtract line 21 from line 20	227,452	176,390

**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 self-employed  PTIN: **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**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. DAA Form 990 (2020)