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.

		nue Service	► Go to www.i	irs.gov/Form990 for instru	ctions and the late	st informati	ion. 7007	Inspect				
~A	For the	2019 calen	dar year, or tax year begini	ning June 1	, 2019, and end	ling	May 31	, 20 20				
В	Check ii	f applicable	C Name of organization Mia S	outphin Foundation, Inc			D Emplo	yer identification	number			
=	Address	s change	Doing business as					57-1169230				
-	Name c	ne change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number										
د []	Initial re	nitial return 9095 Furrow Avenue 410-952-4226										
$\leq \Box$	Final ret	urn/terminated	City or town, state or province	ce, country, and ZIP or foreign	postal code			· · · · · · · · · · · · · · · · · · ·				
$z\Box$	Amende	ed return	Ellicott City, Maryland 210	042			G Gross	receipts \$	119,390			
	Applicat	tion pending	F Name and address of principa	al officer Sally Hebner		H(a) Is	this a group return fo	r subordinates? 🔲 Y	es 🗹 No			
ī —			12050 Old Frederick Road			` / ` `		es included? 🗌 Y i	_			
<u> </u>	Tax-exe	empt status	✓ 501(c)(3)) ◀ (insert no)	4947(a)(1) or 527	') _	"No," attach a lis	st (see instructions	.)			
<u> </u>			iasutphinfoundation org			H(c) G	iroup exemption	number >				
, K				sociation	L Year of for	mation 20	004 M State	of legal domicile	MD_			
. —	art	Summa	-									
<u> </u>	1	-	scribe the organization's n	-								
2 e			programs which benefit ch									
E' E			the public and distributes						· 			
Governance	2		s box ▶ ☐ if the organizat	·	•	ea or more	1 . 1	its net assets.				
Z	3 4		f voting members of the g		•	h)	3		11			
	5		f independent voting mem ber of individuals employe			*13·}	. 4		11			
S N	6	Total numb	her of volunteers (estimat	e if necessary	(ט	6		0			
SC Activitie	7a	Total unrel	lated business revenue fro ted business taxable inco	om Part VIII. column (C)	line 12	∞	0		25			
	b	Net unrela	ted business taxable inco	ome from Form 990-TAI	8 3 2 2021	9	7b					
	_	TTO UTITOIQ	ted business taxable into	7110 11 0111 0 00 1, 111		- 1	or Year	Current Ye	ar			
41	8	Contributio	ons and grants (Part VIII, I	line 1h)	DEN, UT	7	59,278		77,999			
ñ	9		ervice revenue (Part VIII, I	line 2g)			5572.5		,,,,,			
Revenue	10	_	t income (Part VIII, colum	-			40,445		37,391			
Œ	11		enue (Part VIII, column (A),	• •	and 11e)		674		891			
	12	Total reven	nue-add lines 8 through 1	l1 (must equal Part VIII, c	olumn (A), line 12)		100,397		116,281			
	13	Grants and	d similar amounts paid (Pa	art IX, column (A), lines 1	-3)		45,000		50,000			
	14	Benefits pa	aid to or for members (Pa	irt IX, column (A), line 4)								
တ	15	Salaries, ot	ther compensation, employ	yee benefits (Part IX, colu	mn (A), lines 5-10)							
Expenses	16a		nal fundraising fees (Part I)									
ă	b		raising expenses (Part IX,									
ш	17		enses (Part IX, column (A)		•		1,097		3,036			
	18		enses. Add lines 13-17 (m	•	n (A), line 25) .		46,097		53,036			
- "	19	Revenue le	ess expenses Subtract Iir	ne 18 from line 12 .		 	54,300		63,245			
Net Assets or Fund Balances	00	T-1-1	t- (D-+ V L 40)			Beginning	of Current Year	End of Yea				
sse Bala	20		, , , , , , , , , , , , , , , , , , , ,				<u>1,11</u> 6,717	1	1,291,670			
et /	21 22		ities (Part X, line 26) ... s or fund balances Subtra			_	4 440 747					
	art II		ire Block	ict line 21 from line 20			1,116,717		1,291,670			
			, I declare that I have examined	this return, including accompar	wing schedules and st	atements and	I to the best of m	v knowledge and	helief it is			
			te Declaration of preparer (other					iy kilomoogo una	Dollor, it is			
		V	Sillin Holman		-	<u> </u>	APRIL	2,2021				
Sig	gn	Signati	ure of officer				Date	0 1000,				
He	ere	5 A	ILLY HEBNER, EX	CEWTINE DIRECTOR								
			or print name and title									
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check [ıf PTIN				
	nu epare	r					self-emp	loyed				
	se On	F	ne 🕨				Fırm's EIN ▶					
		Firm's add					Phone no					
Ma	ly the If	RS discuss t	this return with the prepai	rer shown above? (see 11	nstructions) .			. Tes	No			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
'	Mia Sutphin Foundation, Inc (MSF) is dedicated to supporting programs which benefit children and their families in need through
	direct healthcare and health outreach.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes Vo
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 50,000 including grants of \$ 50,000) (Revenue \$)
	\$17,000 Children of God Relief Fund
	\$16,000 Healthcare for the Homeless
	\$6,000 The Healing Hands Foundation
	\$6,000 People's Emergency Center
	\$5,000 Massachusetts Society for the Prevention of Cruelty to Children
	\$50,000 total grants The distributions committee of the MSF Board of Trustees makes annual recommendations to the Trustees for grant considerations
	based on the committees research and due diligence. As MSF has never had any employees, all research is performed by a
	combination of Trustees and volunteers.
46	(O-d
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······
	······································
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

ABG10

Part IV Checklist of Required Schedules

			1.63	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		V
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		V
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
				•

Part	Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		٧
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· ·		
	Established and the Barrier of Established State of the S		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	 			-3-
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	n]	1
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b		 ─
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			 	+-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a	 	- V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b	 	Ť
	At any time during the calendar year, did the organization have an interest in, or a signature or other.		-	 	\vdash
70	a financial account in a foreign country (such as a bank account, securities account, or other final		4a		1
b	If "Yes," enter the name of the foreign country ▶	iolal accounty	144	$\vdash \lnot$	Ť
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAR)			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	randadaon.	5c	_	Ť
	Does the organization have annual gross receipts that are normally greater than \$100,0	OO and did the	00		
	organization solicit any contributions that were not tax deductible as charitable contributions	?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	~	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			İ
	required to file Form 8282?		7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefits		7f		~
	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g	<u> </u>	<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h		ļ
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8		ļ <u>.</u>
	Sponsoring organizations maintaining donor advised funds.		_		
	Did the sponsoring organization make any taxable distributions under section 4966?		9a	 	-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers Section 501(c)(7) organizations. Enter:	son, .	9b	 	├
	• • • • • • • • • • • • • • • • • • • •	140-1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.	10b	-	1	
	Gross income from members or shareholders	11a		1	
	Gross income from other sources (Do not net amounts due or paid to other sources	110	1		ŀ
	against amounts due or received from them)	11b		İ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		-
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedul	e O			
	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on	Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.				1
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		
	If "Yes," complete Form 4720, Schedule O				

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ır	struc	
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 11] ,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	J
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		-
_	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	~	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Heven	ue Co	nde)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لبــا
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	- (Sec	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain on Schedule O)	•		, ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year	inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	▶	
	Sally Hebner, 12050 Old Frederick Road, Marriottsville, MD 21104, 410-952-4226			

Form 990 (2019)	Form	990	(2019)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization no	any relate	d org	anız			ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title .	(B) Average hours per week (list any hours for related organizations below dotted line)	offic Individua	unles	Pos neck ss pe	rson	than of the state	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Brian Atkinson, Trustee & Chair of the Board	0.5	,						0	0	0
(2) David Atkinson, Trustee	0.5	,						0	0	
(3) Callum Cussen, Trustee	0.5	,						0	0	
(4) Carol Hearn, Trustee	0.5	,						0	0	
(5) Sally Hebner, Trustee & Executive Director	22	,		_				0	0	
(6) Alison Hills, Trustee	0.5	,		-				0	0	
(7) Mary Carole Jorgensen, Trustee	0 5	,						0	0	
(8) Julie Nelms, Trustee	0.5	,			-			0	0	0
(9) Albert Sutphin II, Trustee	0.5	,						0	0	
(10) Caroline Sutphin, Trustee	0.5	,			-			0	0	
(11) Michael Sutphin, Trustee	2	,						0	0	
(12)								0		<u> </u>
(13)										
(14)										

Part	VII Section A. Officers, Directors,	i rustees,	Key I	Em		_	s, an	a F	lignest Compe	nsated Em	oloyees (continue
		(5)			•	C) sition				(=)	
	(A) (B) Name and title Average				neck	more	e than o		(D)	(E)	(F)
	Name and title	officer and a director/trusti						Reportable compensation	Reportable compensation	Estimated amount of other	
	per week										compensation
		organization (W-2/1099-MISC)	organizations (W-2/1099-MIS								
		hours for related	Individual trustee or director	nstitutional trustee	4	Key employee	Highest compensi	er	(**-2) 1033-141100)	(***-23 1000 14110	related organization
		organizations	اج ا	l a		loye	l Sign				
		dotted line)	ste	Snu		ď	Pen				
		, , ,	"	99			sate				
(15)			-		⊢			-			
110/		 	1								
(16)	-				\vdash	<u> </u>	-				
3		 	1								
(17)			-		\vdash			_			
7		 	1								
(18)						-			 -		
1		 	1								
(19)											
3		†	1		ŀ						
(20)										-	
3==2		 	1								
(21)											
32		†	1	i							
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·		†	ĺ								
(24)	***								-		
22		†									
(25)				<u> </u>				_			
·····		†									
1b	Subtotal			<u> </u>				<u> </u>	. 0		0
С	Total from continuation sheets to Part	VII, Sectio	n A					>			
d	Total (add lines 1b and 1c)							>	0		0
2	Total number of individuals (including but							e) w	ho received more	e than \$100,0	000 of
	reportable compensation from the organi							•	0		
	· · · · · · · · · · · · · · · · · · ·						**				Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	stee	ə. k	ev e	lam	ovee, or highes	t compensa	ted F
	employee on line 1a? If "Yes," complete 3							. '			3
4	For any individual listed on line 1a, is the							n a	nd other comper	nsation from	the The
	organization and related organizations										
	individual										. 4 .
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion	fro	m anv	un!	related organizat	ion or individ	ual IIII
	for services rendered to the organization?										5
Secti	on B. Independent Contractors	· · ·					·				
1	Complete this table for your five high	nest compe	ensate	ed	ınde	eper	ndent	ÇO	ntractors that r	eceived mor	e than \$100,000
	compensation from the organization. Repo										
	(A)								(B)		(C)
	Name and business add	ress							Description of serv	rices	Compensation
	•										
			_								
2	Total number of independent contracto	rs (includir	ng bu	it n	ot I	ımıt	ed to	th	ose listed above	e) who	, ,
_	received more than \$100,000 of compens									,	

 04 4	
Statement of Boyoni	
Statement of Revenu	10

	Check if Schedule O contains a response or note to any line in this Part VIII									
				,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigi	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	' '								
اغ ت	C	Fundraising events	•		1c	42,835				
ifts	d	Related organization			1d					
Ç,≝	е	Government grants	-	-	1e					
Sic	f	All other contribution								ļ
iğ e		and similar amounts not included above 1f				35,164				
불티	g Noncash contributions included in									
5 5		lines 1a-1f		•	_1g					
0 8	<u>h</u>	Total. Add lines 1a-	<u>-1t .</u>	· · · ·		. • .	<u>7</u> 7,999			
a l	0-					Business Code				
<u>Ş</u>	2a b	•••••				-				
gram Ser Revenue	C									
E S	d									
g &	e									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-				•				
	3	Investment income	(ıncl	uding divi	dends	s, interest, and	-	_		
		other similar amoun					21,557			
	4	income from investr	nent o	of tax-exem	npt bo	nd proceeds >				
	5 Royalties		•							
	C-	0		(ı) Rea	I	(II) Personal				
	6a	Gross rents Less rental expenses	6a 6b							
	b b	Rental income or (loss)								
	d	Net rental income o		s) .					-	
	7a	Gross amount from	(100)	(i) Securit	ies	(II) Other				
	, a	sales of assets								
		other than inventory	7a	1	5,834					
မ္ခ	b	Less cost or other basis								
Revenue		and sales expenses	7b							
Ş		Gain or (loss)	7c	1	5,834					
		Net gain or (loss)			<u> </u>	•	15,834			
Other	8a	Gross income from		-						
Ĭ		events (not including	ncluding \$ 42,835 tions reported on line							
		1c) See Part IV, line		3 011 11110	8a	4,000				
	b	Less. direct expense			8b	3,109				
	C	Net income or (loss)			g eve		891			`
		Gross income f			<u> </u>					
		activities. See Part I		•	9a					
	b	Less. direct expense	es .		9b					,
	C	Net income or (loss)	from	gaming ad	tivitie	s >				
	10a	Gross sales of in					,			
		returns and allowand			10a					
		Less, cost of goods Net income or (loss)			10b	orv >				
-	<u>C</u>	THE THEOTHE OF (1088)	11011	Jaics VI III	venil	Business Code				
Miscellaneous Revenue	11a	•				202000 0000		-		
scellaned Revenue	b					-				
Se ella	C									
ဒ္ဌ 🏅	d	All other revenue								
Σ	е	Total. Add lines 11a	<u>11d</u>	<u></u>		-				
	12	Total revenue. See	ınstr	uctions		🔻	116,281			
										Form 990 (2019)

D 1137	A	of Functional	_
	Statement	AT FUNCTIONAL	-vnoneae
Гациа	Statement	OI FUNCTIONAL	LYDEHSES

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	ın this Part IX .		· · · · 🗋
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000	50,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	-		, 	
е	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,305	-	1,305	
13	Office expenses	1,731		1,731	
14	Information technology	1,731	•	1,731	
15	Royalties				-
16	Occupancy				
17	Travel		-	.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				<u>.</u>
	ľ	······································			1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If		1		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24é expenses on Schedule O	100	4 9 1 1		
а	``				<u> </u>
b		- +			
c					
d					
e	All other expenses	······			
25	Total functional expenses. Add lines 1 through 24e	53.030	50,000	2.000	
26	Joint costs. Complete this line only if the	53,036	50,000	3,036	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Total liabilities and net assets/fund balances

33

	n 990 (2				Page 1
P	art X				
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	70 <u>,6</u> 74	2	96,84
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	· · · · · · · · · · · · · · · · · · ·	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	-
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
٩	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
	ь	Less. accumulated depreciation	are a la la compleme a manifel de la forma de la complement de la comple	10c	em esperi in espirace e Timos i empriorer e de monoro e mono e mono que a maganque
,	11	Investments—publicly traded securities	1,046,043	-	1,194,82
	12	Investments—other securities. See Part IV, line 11	1,040,043	12	1,134,02
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets See Part IV, line 11		15	 -
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,116,717		1,291,67
	17	Accounts payable and accrued expenses		17	.,
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	<u>-</u>		
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D			
	26	Table Particular Control of the Cont		25	
	20		0	26	
ances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.		_	
3al	27	Net assets without donor restrictions		27	
P	28	Net assets with donor restrictions		28	
Ë		Organizations that do not follow FASB ASC 958, check here ▶ □			
Jr.	00	and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	1,116,717		1,291,676
Net	32 33	Total net assets or fund balances	1,116,717		1,291,670
_		LORGERGORNES GOULDELGSSEIS/LUDO UMIGUCES	7 776 717	- T- T	1 701 67/

Form **990** (2019)

1,291,670

1,291,670

1,291,670

1,116,717 33

Reconciliation of Net Assets				- 3 -
1 Total revenue (must equal Part VIII, column (A), line 12)				
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis. Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	<u></u>			<u>. 🗆</u>
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			1	16,281
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				53,036
5 Net unrealized gains (losses) on investments				63,245
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	4		1,1	<u>16,717</u>
7 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	5		1	11,708
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schedule O)	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9			
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. 2 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?				
Check if Schedule O contains a response or note to any line in this Part XII	10		1,29	91,670
1 Accounting method used to prepare the Form 990. ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.				
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 Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both: Separate basis				
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b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.				۱ ۱
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	ted on	a		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.		_		ľ (
the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.				
the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	ersiaht (of		
Schedule O.		2c		
Schedule O.	oplain o	n n		. 1
3a. As a result of a federal award, was the organization required to undergo an audit or cuidite on not footh in the	-			
The a result of a recerci award, was the organization required to undergo an addit of addits as set forth in the	th in th	ie		
Single Audit Act and OMB Circular A-133?		За		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	udits .	3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization Employer identification number Mia Sutphin Foundation, Inc 57-1169230 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12e. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . 50,894 57,437 53.991 63,277 81.999 307,598 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 50,894 57,437 53,991 63,277 81,999 307,598 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 23,779 **Public support.** Subtract line 5 from line 4 283,819 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 50,894 57,437 53,991 63,277 81,999 307,598 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources . . . 21,735 25,743 24,216 40,445 37,392 149,531 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) **Total support.** Add lines 7 through 10 11 457,129 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . 14 <u>62.</u>1 % 15 62.1 % 331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

realitie of the	e organization					Employer identilit	cation number
Mia Sutph	nn Foundation, Inc.						1169230
Part I	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1 In	dicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
a 🗌	Mail solicitations				ion of non-govern		
ьГ	Internet and email solicitation	ns	fΓ		ion of governmen	-	
c \Box	Phone solicitations		a [fundraising events	-	
d □	In-person solicitations		9 _	_ орсони	idilalalaling evert	•	
	id the organization have a writi						
b If	r key employees listed in Form "Yes," list the 10 highest paid ompensated at least \$5,000 by	individuals or e	ntities (fund			~	
_							
(ı)	Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					-		
2							
3	-						
4							
5							
6							
7	-			,			
8	•					 	
9		_					
10							
Total				<u> </u>			
3 Lis	st all states in which the organg gistration or licensing.		tered or lic	ensed to s	colicit contribution	s or has been notific	ed it is exempt from
				·		•••••	
		·····					
				·		•	
		····		·			

Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" o and gross income on	on Form 990, Part IV, li Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
-			(a) Event #1 Benefit cook-out (event type)	(b) Event #2 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	46,835			46,835
<u>~</u>	2	Less. Contributions	42,835			42,835
	3	Gross income (line 1 minus line 2)	4,000			4,000
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,789			1,789
Direc	8	Entertainment				
	9	Other direct expenses .	1,320			1,320
	10 11	Direct expense summary Ac Net income summary. Subtra	_	, ,		3,109
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe		990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>—</u>	1_	Gross revenue .				
ses	2	Cash prizes .				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y Subtract line 7 from li	ne 1, column (d)	.	
10	a Ist b If " a We	ere any of the organization's g	onduct gaming activities	, suspended, or termina	ated during the tax year	? .
	b If "	'Yes," explain.				

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Publion Inspection

Employer identification number

Mia Su	Mia Sutphin Foundation, Inc							57-1169230
Part	General Information on Grants and Assistance	on Grants and	Assistance			:		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	
•	the selection criteria used to award the grants or assistance?	ward the grants	or assistance?					✓ Yes □ No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.		
Part		sistance to Do	mestic Organiz received more the	ations and Dom	lestic Governm	inizations and Domestic Governments. Complete if the organization e than \$5,000. Part II can be duplicated if additional space is needed.	the organization ansv pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) C 3050 K	(1) Children of God Relief Fund 3050 K Street, Washington DC 20007	13-3615655	501(c)(3)	\$17,000				Children's healthcare
(2) H	(2) Health Care for the Homeless 421 Fallsway, Baltimore, MD 21202	52-1576404	501(c)(3)	\$16,000				Children's healthcare
(3) ₁	(3) The Healing Hands Foundation Scotts ManorCt, Baltimore, MD21053	26-0559103	501(c)(3)	\$6,000				Children's healthcare
(4) F 325 N.	(4) People's Emergency Fund 325 N. 39th St, Philadelphia, PA19104	23-2017882	501(c)(3)	000'9\$				Children's healthcare
(5) N 125 Ha	(5) MA Soc. Prev. Cruelty Children 125 Hartwell Ave, Lexington,MA02421	04-2103596	501(c)(3)	\$5,000				Children's healthcare
(9)								
ε								
(8)								
6							i	
(10)								
(11)								
(12)								
24 6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other occanizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			2
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2019)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

2019

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Mia Sutphin Foundation, Inc.	57-1169230
Form 990, Part VI 2 Of our 11 trustees, 6 are siblings of Sutphin family and 2 are siblings of Atkinson family	ly, noted by % and # respectively.
Form 990 Part VI 11b:	
Form 990 and related reporting schedules are prepared annually by the Mia Sutphin Foundation, Inc (MSF)	trustee, Michael Sutphin*. The
completed filings are reviewed by MSF trustee and executive director, Sally Hebner*. The final filings are e	emailed to the MSF board of
trustees prior to the annual filing with the Internal Revenue Service. Discussion on annual MSF regulatory	filings (including IRS form 990) are
covered at the MSF annual board meeting 'Michael Sutphin and Sally Hebner are both Certified Public Ac	countants
Form 990, Part VI 9 - MSF Board of Trustees addresses:	•••••
(1) Brian Atkinson, 200 Atlee Road, Wayne, PA 19087 #	
(2) David Atkinson, 612 Schiller Ave, Merion, PA 19066 #	
(3) Callum Cussen, 6300 Bayberry Court, Apt 1112, Elkridge, MD 21075	
(4) Carol Hearn, PO Box 328, Horntown, VA 23395	
(5) Sally Hebner, 12050 Old Frederick Rd, Marriottsville, MD 21104 %	
(6) Alison Hills, 145 Crescent Road, London, Englad N22 7RU %	
(7) Mary Carole Jorgensen, 3713 Ligon Road, Ellicott City, MD 21042	
(8) Julie Nelms, 9952 Arden Station Road, Princess Anne, MD 21853 %	·····
(9) Albert Sutphin II, 864 N Shore Drive, Glen Burnie, MD 21060 %	
(10) Caroline Sutphin, 12130 W60th St., Arvada, CO 80004 %	
(11) Michael Sutphin, 590 Harland Street, Milton, MA 02186 %	
Form 990 Part VI 12c	
MSF Board of Trustees receive the conflicts of interest policy annually as part of the board materials and T	rustees are required to disclose
any potential conflicts. The Executive Director and one trustee ensure compliance with the policy through	checks against MSF transactions.
Form 990 Part VI 19:	
The Mia Sutphin Foundation, Inc (MSF) governing documents (articles of incorporation and by-laws), confl	ct of interest policy and financial
statements were not made available to the public for the MSF year ended May 31, 2020. They are available is	upon request.