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/Form990EZ for instructions and the latest information.  ▶ The Post of the Post of the Post of the Post of the Internal Revenue Code (except private foundations)  ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.  ▶ The Post of			_l Short	t Form	29492	52111012 OMB No 1545-1150
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The central calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018    Common terror and the latest information (A)   Common terror and the latest information (A)   Common terror and terror a			▶ Do not enter social security number	s on this form as it may be ma	ade public	Open to Public
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Add lines \$b, 6c, and 7b to line 9 to determine gross receipts if gross secepts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-E2 \$200,000 or more, or if total assets (Part II).  Check if the organization used Schedule 0 to respond to any question in this Part I Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  Check if the organization used Schedule 0 to respond to any question in this Part I S.  A forest incine in comment of the part I S.  A forest incine in the organization used Schedule 0 if greater than S. 15,000)  B cross income the organization events (not including \$ 12,856. of contributions into fundraising events reported on line 1) (altach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  B cross income the form fundraising events (not including \$ 12,856. of contributions into fundraising events reported on line 1) (altach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  B cross sincered and contributions exceeds \$15,000 or the part is a fundraising events (certifice participations) and allowances and solutions and solutions and allowances and solutions are solved in the participation in the solution of the participation in the solution in the sol				(insert no ) 4947(a)(1) or		
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16 Other expenses (describe in Schedule 0) 17 Total expenses Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year Combine lines 18 through 20  HA For Paperwork Reduction Act Notice, see the separate instructions  RECEIVED  NOV 13 2018  Form 990-EZ (2017)	š					40.000
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17 Total expenses Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year Combine lines 18 through 20  HA For Paperwork Reduction Act Notice, see the separate instructions  RECEIVED  NOV 13 2018	<u> </u>					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year Combine lines 18 through 20  HA For Paperwork Reduction Act Notice, see the separate instructions  RECEIVED  32171 11-22-17		-	•	SEE SCHEDULE		
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Net assets or fund balances at end of year Combine lines 18 through 20   21   -6,520.	ş;		• • • •	W.	<u> </u>	5,201.
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Net assets or fund balances at end of year Combine lines 18 through 20   21   -6,520.	et	, ,				0.
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	Check if the organization used Schedule O to i	espond to any questi	(A) Beginning of year	<del></del>	(B) E	nd of year
22	Cash, savings, and investments	F	(A) Deginning or year	. 22	T (b) 5	18.
23		<u> </u>		23	<del>                                     </del>	
24	and adventure	o 1	3,808			2,428.
25	,	·	3,808			2,446.
26	250 261100111 D	0	15,529			8,966.
_27	Net assets or fund balances (line 27 of column (B) must agree with line	21)	-11,721			-6,520.
	art III Statement of Program Service Accomplishing	nents (see the instru	ctions for Part III)		E)	репѕеѕ
	Check if the organization used Schedule O to i	espond to any questi	on in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE	0				and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest progr		ises. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inf	ormation for each program title			<u> </u>	
28	SEE SCHEDULE O	<del></del>				
				<del></del> -	1 1	
	(Grants \$ ) If this amount includes foreign	gn grants, check here			28a	
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	Other program services (describe in Schedule O)	gri granto, oncok nore	<u> </u>		100	
	(Grants \$) If this amount includes foreign	on grants, check here	•	$\Box$	31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
Pa	art IV List of Officers, Directors, Trustees, and Ke	y Employees (list each o	one even if not compensated - s	see the		
	Check if the organization used Schedule O to i					
	Crieck if the organization used Schedule O to i	espond to any questi	<u>ion in this Part IV</u>			
	Check if the organization used Schedule O to	(b) Average hours	(C) Reportable		ealth benefits,	(e) Estimated
	(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	` ćont empl	ributions to oyee benefit	amount of other
	(a) Name and title	(b) Average hours	(C) Reportable compensation (Forms	cont emple plans,	ributions to	l ''
	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC)	cont emple plans,	ributions to oyee benefit and deferred apensation	amount of other compensation
DΙ	(a) Name and title AIL BOYD RECTOR	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	cont emple plans,	ributions to oyee benefit and deferred	amount of other
DI LA	(a) Name and title AIL BOYD IRECTOR AURA SALAMY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	ributions to oyee benefit and deferred opensation	amount of other compensation
DI LA DI	(a) Name and title AIL BOYD TRECTOR AURA SALAMY TRECTOR	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	ributions to oyee benefit and deferred apensation	amount of other compensation
DI LA DI KA	(a) Name and title AIL BOYD TRECTOR AURA SALAMY TRECTOR AREN NAVARRO	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	oyee benefit and deferred opensation 0.	amount of other compensation  0.
DI LA DI KA	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	ributions to oyee benefit and deferred opensation	amount of other compensation
DI LA DI KA DI JO	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA	(b) Average hours per week devoted to position  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	oyee benefit and deferred opensation  O .  O .	amount of other compensation  0.  0.
DI LA DI KA DI JO	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR	(b) Average hours per week devoted to position  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	oyee benefit and deferred opensation 0.	amount of other compensation  0.
DI LA DI JO DI TA	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	over being the control of the contro	amount of other compensation  O.  O.  O.
DI LA DI KA DI JO TA	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR	(b) Average hours per week devoted to position  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	oyee benefit and deferred opensation  O .  O .	amount of other compensation  0.  0.
DI LA DI JO DI TA DI ME	(a) Name and title AIL BOYD IRECTOR AURA SALAMY IRECTOR AREN NAVARRO IRECTOR DEY CASTENEDA IRECTOR AMMY GONZALES IRECTOR EGAN CHRISTENSEN	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	over benefit and deferred pensation  O .  O .  O .	amount of other compensation  O.  O.  O.  O.
DI LA DI KA DI TA DI ME	(a) Name and title AIL BOYD IRECTOR AURA SALAMY IRECTOR AREN NAVARRO IRECTOR DEY CASTENEDA IRECTOR AMMY GONZALES IRECTOR EGAN CHRISTENSEN IRECTOR	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	over being the control of the contro	amount of other compensation  O.  O.  O.
DI LA DI KA DI DI TA DI ME DI AN	(a) Name and title AIL BOYD ERECTOR AURA SALAMY ERECTOR AREN NAVARRO ERECTOR DEY CASTENEDA ERECTOR AMMY GONZALES ERECTOR EGAN CHRISTENSEN ERECTOR UNE ROSE, PH.D.	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O .  O .  O .	amount of other compensation  O.  O.  O.  O.
DI LA DI KA DI TA DI ME DI AN	(a) Name and title AIL BOYD ERECTOR AURA SALAMY ERECTOR AREN NAVARRO ERECTOR DEY CASTENEDA ERECTOR AMMY GONZALES ERECTOR EGAN CHRISTENSEN ERECTOR UNE ROSE, PH.D. DARD CHAIRMAN	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	over benefit and deferred pensation  O .  O .  O .	amount of other compensation  O.  O.  O.  O.
DI LA DI KA DI TA DI ME DI AN BO	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR URECTOR DARD CHAIRMAN RECTOR DARD CHAIRMAN	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.
DI LA DI KA DI DI TA DI AN BO RI	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR RECTO	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  2.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O .  O .  O .	amount of other compensation  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN REASURER ATHRYN WEIL	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR RECTO	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN REASURER ATHRYN WEIL	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN REASURER ATHRYN WEIL	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN REASURER ATHRYN WEIL	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.
DI LA DI KA DI TA DI ME BO RI TR	(a) Name and title AIL BOYD RECTOR AURA SALAMY RECTOR AREN NAVARRO RECTOR DEY CASTENEDA RECTOR AMMY GONZALES RECTOR EGAN CHRISTENSEN RECTOR RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN RECTOR AND CHAIRMAN REASURER ATHRYN WEIL	(b) Average hours per week devoted to position  2.00  2.00  2.00  2.00  2.00  4.00  2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	cont emple plans,	O.  O.  O.  O.	amount of other compensation  O.  O.  O.  O.  O.  O.  O.

Form 990-EZ (2017)

Part V

85-04622

instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? <u>35a</u> N b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter. N/A a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4912 ▶ \_ 0. <u>0 •</u> ; section 4955 ▶ section 4911 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ NONE 42 a The organization's books are in care of ► KATHRYN WEIL Telephone no. ► 505-843-8450 Located at ▶ 11005 SPAIN RD. NE, ALBUQUERQUE ZIP+4 ► 87111 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial Yes No account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c . If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **►** 43 and enter the amount of tax-exempt interest received or accrued during the tax year N/A Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44h c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d in Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2017)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

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			hun	<i>- u</i>	Jus	<u>/</u>		
Sign		Signature of officer	// "		`			
lere		KATHRYN	WEYL,	EXECU	TIVE	DIRE	ECTOR	

May the IRS discuss this return with the preparer shown above? See instructions

Type or print name and title Preparer's signature Check PTIN Print/Type preparer's name Date self- employed Paid Preparer Firm's name Firm's EIN **Use Only** Firm's address Phone no.

Form 990-EZ (2017)

No

Yes

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Employer identification number

SUSAN'S LEGACY 85-0462276 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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)) 3 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, 4 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). 7 X 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 10 🔲 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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). 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 12q. 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. 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2017 SUSAN'S LEGACY 85-0462 Part II 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)

Sect	ion A. Public Support	<del></del>		<del></del>	<del> </del>		
Calen	lar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 (	Gifts, grants, contributions, and						
7	nembership fees received (Do not						
- 1	nclude any "unusual grants ")	86,340.	118,901.	75,920.	84,801.	82,026.	447,988.
2	Tax revenues levied for the organ-						
1	zation's benefit and either paid to						
(	or expended on its behalf						
3	The value of services or facilities						
f	urnished by a governmental unit to		ļ			1	1
t	he organization without charge						
4	Fotal. Add lines 1 through 3	86,340.	118,901.	75,920.	84,801.	82,026.	447,988.
5	The portion of total contributions		•				
1	by each person (other than a	* .	• -	∵ .'	`	· 1	
ŗ	governmental unit or publicly			.		,	
9	supported organization) included				-	<b>.</b>	į
(	on line 1 that exceeds 2% of the	•	·	٠			
á	amount shown on line 11,		٠ .			,	
(	column (f)		•	·, ,	**		
	Public support. Subtract line 5 from line 4				,	•	447,988.
<u>Sect</u>	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 /	Amounts from line 4	86,340.	118,901.	75,920.	84,801.	82,026.	447,988.
8	Gross income from interest,		1	·			
(	dividends, payments received on						
,	securities loans, rents, royalties,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	and income from similar sources	L				·	
9 1	Net income from unrelated business						
;	activities, whether or not the					•	
ı	ousiness is regularly carried on						
10 (	Other income Do not include gain	i					
(	or loss from the sale of capital			, <u> </u>			
,	assets (Explain in Part VI )						
11	Fotal support. Add lines 7 through 10	٠,	, ,			,	447,988.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth tax	x year as a section	501(c)(3)	
	organization, check this box and stor	here					▶□
Sect	tion C. Computation of Publi	c Support Per	centage			·	·
14 I	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))			<u>100.00 %</u>
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	100.00 %
16a (	33 1/3% support test - 2017. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
;	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b :	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
;	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a '	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
:	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
ı	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a publici	ly supported organ	nization	ightharpoons
	Private foundation. If the organization						

## Schedule A (Form 990 or 990-EZ) 2017 SUSAN'S LEGACY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please comp	Sictor dit ii j			<del></del>	
$\overline{}$	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,		}				
	merchandise sold or services per-		ļ.		/	<b>'</b>	
	formed, or facilities furnished in any activity that is related to the		<u> </u>				
	organization's tax-exempt purpose						
3	Gross receipts from activities that		ļ				
	are not an unrelated trade or bus-		İ				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		1		/		
	or expended on its behalf				/		
5	The value of services or facilities			/			
	fumished by a governmental unit to			/			
	the organization without charge						
6	Total. Add lines 1 through 5	<del></del>			<u> </u>		
78	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons			/		<u> </u>	
t	Amounts included on lines 2 and 3 received			/			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			/			
	amount on line 13 for the year			/			
•	: Add lines 7a and 7b	,		/			
_8_	Public support. (Subtract line 7c from line 6)				<u> </u>	<u>i</u>	
<u>Se</u>	ction B. Total Support		/		_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014/	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6		//				ļ
10a	Gross income from interest,		/				
	dividends, payments received on securities loans, rents, royalties,		/				
	and income from similar sources				1		
ŀ	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/				
	acquired after June 30, 1975					1	
	Add lines 10a and 10b		<u> </u>		1		
11	Net income from unrelated business activities not included in line 10b,		<i> </i>		1		
	whether or not the business is		<i> </i>		1		
	regularly carried on		<b> </b>				
12	Other income Do not include gain or loss from the sale of capital		1/				
	assets (Explain in Part VI)		<del>                                     </del>		<u> </u>	<u> </u>	
	Total support (Add lines 9, 10c, 11, and 12)		Ц	l		1	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	0				<u>-</u>	<b></b>
	ction C. Computation of Public					<del></del>	
	Public support percentage for 2017 (li			olumn (f))		15	<u>%</u>
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	<u>%</u>
	ction D. Computation of Inves				<del></del>	TT	
17		•		ne 13, column (f))		17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box an	-	-		•		▶□
t	33 1/3% support tests - 2016. If the	-					and
	line 18 is not more than 33 1/3%, chec			•		-	▶∟
20	Private foundation. If the organization	n did not check a	DOX on line 14, 19	a, or 190, check th	nis box and see in	structions	▶

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All	Supporting C	<b>Organizations</b>
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b	<u> </u>	<u> </u>
990 or 9	90-EZ	2017

Pai	tiv. Supporting Organizations (continued)			
•		1 12 1 4	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		4	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	13 2	***	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1. 18 P	J. 160	100
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	3. 2	23.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	18 18 g	*	
	controlled the organization's activities. If the organization had more than one supported organization,	100 K	1, 3, 3, 1	10 pg (
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,5, 13 		22.24
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1.5	: 2.7	35
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		i s	1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	13/1	A Part	**(A)
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		235	14
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		7 64	
	or management of the supporting organization was vested in the same persons that controlled or managed			133
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<b>18</b> *3.5		Allen e
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3	7. 9	12 (3)
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1. 8. 11	200	2,3
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		23124
2		. 3.5%	ć #	-VXX°
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	14.7	3	
		استثثا	عنث.	لتعسن
•	the organization maintained a close and continuous working relationship with the supported organization(s)	- / NO.	i baran	A. 154
3	By reason of the relationship described in (2), did the organization's supported organizations have a	6	1. 3	7.5
	significant voice in the organization's investment policies and in directing the use of the organization's	1885 S	3.7	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		3427	التبسين
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	L
			_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1.		
a	The organization satisfied the Activities Test Complete line 2 below			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions)		T
2	Activities Test Answer (a) and (b) below.	* 53 (	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		19.00	S 3
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	2 30 45 4	2.73	ا تُوْدُرُ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	x 1 .	7 9,	1
	how the organization was responsive to those supported organizations, and how the organization determined	277	20.7	-
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		16.70
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7.	\$9/19 <sup>78</sup>	أرفينية أ
	reasons for the organization's position that its supported organization(s) would have engaged in these	استعثاد	<u>:::28</u>	المنائد ا
	activities but for the organization's involvement	2b		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	* S * 3	3,7	33.7
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4	آ أَنَّ مَا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	A 2 4 14	10.4 Apr	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2017 SUSAN'S LEGACY			5-0462276 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	<u></u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 (explain in Pa	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	<del></del>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		,	. ',
	instructions for short tax year or assets held for part of year)			ر من الم
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			m + 2 + + 1
	factors (explain in detail in Part VI)		, ,	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount		4 - 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		_
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	•	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	· -		
8	Distributions to attentive supported organizations to which th	e organization is responsive	-	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			4
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a	-			,
b_	From 2013			* ;
С	From 2014			
d	From 2015			
е	From 2016			, ,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			* , ;
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
_1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$	1 m m m = 1	4	ا پ جا جو ۱۱
а	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			1
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c.			
8	Breakdown of line 7			
	Excess from 2013			1 4
	Excess from 2014		,	
	Excess from 2015		utm 1	* * * * * * * * * * * * * * * * * * * *
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 SUSAN'S LEGACY	85-0462276 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Pa Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, rt V, Section B, line 1e; Part V,
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#### **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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SUSAN'S LEGACY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

Employer identification number 85-0462276

Schedule O (Form 990 or 990-EZ) (2017)

SUSAN'S LEGACY	85	<u>5-0462276</u>
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
RESIDENT BUS PASSES		400.
COMPUTER		128.
SUPPLIES		324.
INSURANCE EXPENSE		4,434.
BANK/CREDIT CARD SERVICE FEES		285.
INTEREST EXPENSE		2,050.
LICENSE, FEES AND PERMITS		70.
TELEPHONE		1,935.
TRAVEL		6.
TOTAL TO FORM 990-EZ, LINE 16		9,632.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  GRANTS RECEIVABLE	BEG. OF YEAR 3,808.	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE		
DESCRIPTION	BEG. OF YEAR	
ACCOUNTS PAYABLE	<del>"</del>	4,751.
SHORT TERM BORROWINGS		4,215.
PAYROLL LIABILITIES	548.	
TOTAL TO FORM 990-EZ, LINE 26	15,529.	8,966.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -		
LUA For Department Deduction Act Notice and the Instructions for Form Con at Con Fr	Calcadul - O	(Earm 000 as 000 ET) (004)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization SUSAN'S LEGACY	Employer identification number 85-0462276
SERVICES INCLUDE INTENSIVE CASE MANAGEMENT, PSYCHO-EDUCATION GROUPS,	
INCLUDING 12-STEP EMPOWERMENT RECOVERY GROUPS, LIFE SKILLS EDUCATION	
AND SUBSTANCE ABUSE ASSESSMENT AND COUSELING. THE GOAL OF THIS PROGRAM	
IS TO GROW PARTICIPANT'S SKILLS AS THEY BECOME INDEPENDENT,	
SELF-SUPPORTING, CONTRIBUTING MEMBERS OF THE COMMUNITY.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:	
SUSAN'S LEGACY SERVES WOMEN WITH CO-OCCURING MENTAL AND	
ADDICTIVE DISORDERS (COD). THE SERVICES INCLUDE INTENSIVE	
CASE MANAGEMENT, PSYCHO-EDUCATION GROUPS, INCLUDING	
12-STEP EMPOWERMENT RECOVERY GROUPS, LIFE SKILLS EDUCATION AND	
SUBSTANCE ABUSE ASSESSMENT AND COUSELING. THE GOAL OF THIS PROGRAM IS	
TO GROW PARTICIPANT'S SKILLS AS THEY BECOME INDEPENDENT,	
SELF-SUPPORTING, CONTRIBUTING MEMBERS OF THE COMMUNITY. DURING	
2016/2017 SUSAN'S LEGACY SERVED SEVERAL CLIENTS WITH THESE SERVICES.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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