Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending

В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
F	chang			82-20303	66
H	chang Initial return		Room/suite	E Telephone number	
F	Final	P O BOX 173	1100III/Suito	(970) 29	
_	⊥return. termin ated			G Gross receipts \$	704,702.
Г	Amen			H(a) Is this a group re	
Ē	Applic		ARDT		? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
Ι.	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	list. See instructions
J	Websi	te: WWW.LEGADOINITIATIVE.ORG		H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 2017 $_{ m N}$	Natate of legal domicile: NH
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: LEGAL			<u> IRIVING</u>
Governance		FUTURES FOR BOTH PEOPLE AND THE PLACES TH			
ern	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	_
Š	3				<u>8</u> 7
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			<u></u>
Activities &	6	Total number of volunteers (estimate if necessary)			0.
ĄĊ	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	B	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		804,860.	696,169.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		739.	38.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,625.	8,247.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		807,224.	704,454.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		370,804.	584,394.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 90,74	<u> 13.</u>		
Ú	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		380,901. 751,705.	374,811.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		751,705.	959,205.
	19	Revenue less expenses. Subtract line 18 from line 12		55,519.	-254,751.
SOF	20 21 22		Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		555,888.	340,341.
etA	21	Total liabilities (Part X, line 26)		32,400. 523,488.	71,604. 268,737.
Z _i	art II	Net assets or fund balances. Subtract line 21 from line 20		323,400.	200,131.
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ints, and to the hest of my	knowledge and helief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	knowledge and beller, it is
	, 0000	(since the second secon	non proparor		
Sig	n	Signature of officer		Date	
Hei		MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTO	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		JESSICA WOODS	0	5/08/23 self-employ	
Pre	parer	Firm's name HALEY & WOODS, LLP		Firm's EIN 8	4-4049075
Use	Only	Firm's address 4220 CAHABA HEIGHTS COURT SUITE 2	01		05) 055 156
		BIRMINGHAM, AL 35243		Phone no. (2	05) 277-1529
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1 990 (2022) LEGADO, INC	82-2030366 Page
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	LEGADO HELPS SECURE THRIVING FUTURES FOR BOTH PEOPLE AND	THE PLACES
	THEY CALL HOME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	▼, ,
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$168,543. including grants of \$) (Reve	
	LEGADO NAMULI PROGRAM: LEGADO: NAMULI IS LEGADO'S FLAGSH	
	WORKING WITH THE LOMWE COMMUNITIES ENCIRCLING MOUNT NAME	
	A KEY BIODIVERSITY AREA. LEGADO CONTINUED WORKING WITH (
	AROUND MOUNT NAMULI MOZAMBIQUE TO HELP SECURE A THRIVING	FUTURE FOR
	BOTH THE PEOPLE WHO LIVE ON NAMULI AND FOR ITS BIODIVERS	
	LEGADO: NAMULI WORKS ACROSS AN ARRAY OF INTERDEPENDENT I	PROGRAMMING TO
	ACHIEVE THAT GOAL.	
4b	(Code:) (Expenses \$ 522,993. including grants of \$) (Reve	enue \$
		TO "LEGACY FOR
	NGILAI, " IS A PROJECT CREATED IN COLLABORATION BETWEEN ?	THE NGILAI
	COMMUNITY IN NORTHERN KENYA AND LEGADO. THE NGILAI COMMU	
	CONSERVANCY, HOME TO OVER 11,000 SAMBURU PEOPLE WHO ARE	
	SEMI-NOMADIC TRIBE, AS WELL AS TO THE MATHEWS RANGE, A I	
	ISLAND AND ONE OF THE REGION'S LAST REMAINING TRACTS OF	
	PROGRAM WAS FORMERLY KNOWN AS NAMUNYAK PROGRAM.	
4c	(Code:) (Expenses \$ 85 , 198 including grants of \$) (Reve	enue \$
	FUTUROS VIVOS: MACHIGUENGA IS A COLLABORATION IN PERU BI	TWEEN THE ECA
	MAENI (THE INDIGENOUS CO-MANAGEMENT ENTITY OF THE MACHIC	GUENGA COMMUNAL
	RESERVE), THE MACHIGUENGA COMMUNAL RESERVE TEAM OF THE 1	NATIONAL SERVICE
	OF NATURAL PROTECTED AREAS (SERNANP), AND LEGADO. TOGETH	
		JS PEOPLES
	STEWARDING THE MACHIGUENGA COMMUNAL RESERVE.	201111
	DIDMINDING THE INICHIGODAGH COMMONIE REPERVE.	
	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 9, 230 • including grants of \$) (Revenue \$	`
40	(Expenses \$ 9,230 • including grants of \$) (Revenue \$ Total program service expenses 785,964 •	
70	rotal program doi vido expended	

Form 990 (2022) LEGADO, INC Part IV Checklist of Required Schedules

	·		Yes	No
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III	8		Α.
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?	9		x
10	If "Yes," complete Schedule D, Part IV	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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,	10		
••	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		x
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		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		, .
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
J	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		x
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		x
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		Х
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		X
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		X
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		X
20a	1 1 100, 000, 000, 000, 000, 000, 000,	20a		X
	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			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

Form 990 (2022) LEGADO, INC
Part IV 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		X
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	Х	
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		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		x
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	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	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		
-	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia O Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
b	Enter the flumber of Forms W 24 monded of line 1a. Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	(gambling) winnings to prize winners?	1c	000	<u> </u>

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 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 person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Schedule 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 c Enter the amount of reserves on hand Х **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 remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Form 990 (2022) LEGADO , INC 82-2030366 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	3		
	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	, l		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on 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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARIA "MAJKA" BURHARDT - (970) 290-7822			
	P.O. BOX 173, JACKSON, NH 03846			

Form 990 (2022) LEGADO, INC 82-2030366 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 the instructions for the order in which to list the persons above.

Name and title Average hours per week (list any hours for related organizations below line) In Maria "Majka" Burhardt Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours et an one box, unless person is both an officer and a director/trustee) Average hours et an one box, unless person is both an officer and a director/trustee) Average hours et an one compensation from related organization (W-2/1099-MISC/ 1099-NEC) Average hours et an one box, unless person is both an officer and a director/trustee) Average hours et an one box, unless person is both an officer and a director/trustee) Average hours et an one box, unless person is both an officer and a director/trustee) Average hours et an one domestic compensation from related organization (W-2/1099-MISC/ 1099-NEC) Average hours et an one domestic compensation (W-2/1099-MISC/ 1099-NEC) Average hours et an one domestic compensation (W-2/1099-NEC) Average hours et an one domestic compensation (W-2/1099-NEC) Average hours et al. (Average hours) Average hour	(A)	(B)	l		((C)	isatt	(D)	(E)	(F)
Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations below line) Week (list any hours for related organizations) Week (list any hours for related organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organizations Week (list any hours for list and relate organ		Average	box	Position do not check more than one lox, unless person is both an		Reportable	Reportable	Estimated amount of		
X		(list any hours for related organizations below line)						from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/	other compensation from the organization and related organizations
Columbde		40.00	.							
X			Х		X			110,312.	0.	54,032.
(3) ERIC LUNDGREN 2.00 TREASURER X X 0. 0. (4) PETE VORBRICH 2.00 X X 0. 0. PRESIDENT X X 0. 0. (5) DAN SARLES 2.00 0. 0. 0. MEMBER X X 0. 0. (6) SEID AMAN 2.00 X X 0. 0. (7) AILIS TWEED KENT 2.00 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (8) ALAKA WALI 2.00 0. 0. 0. 0.		2.00	x		x			0.	0.	0.
X		2.00						•	•	•
(4) PETE VORBRICH 2.00 PRESIDENT X X 0. 0. (5) DAN SARLES 2.00 0. 0. 0. MEMBER X X 0. 0. (6) SEID AMAN 2.00 X X 0. 0. (7) AILIS TWEED KENT 2.00 X 0. 0. (8) ALAKA WALI 2.00 0. 0. 0.			х		х			0.	0.	0.
X	(4) PETE VORBRICH	2.00								
(5) DAN SARLES 2.00 MEMBER X (6) SEID AMAN 2.00 MEMBER X (7) AILIS TWEED KENT 2.00 MEMBER X (8) ALAKA WALI 2.00	PRESIDENT		Х		х			0.	0.	0.
(6) SEID AMAN 2.00 MEMBER X (7) AILIS TWEED KENT 2.00 MEMBER X (8) ALAKA WALI 2.00	(5) DAN SARLES	2.00								
MEMBER X X 0. 0.	MEMBER		Х					0.	0.	0.
(7) AILIS TWEED KENT MEMBER (8) ALAKA WALI 2.00 X 0. 0.	(6) SEID AMAN	2.00								
MEMBER X 0. 0. (8) ALAKA WALI 2.00	MEMBER		Х		Х			0.	0.	0.
(8) ALAKA WALI 2.00	(7) AILIS TWEED KENT	2.00								
	MEMBER		Х					0.	0.	0.
X	(8) ALAKA WALI	2.00							_	_
	MEMBER		X					0.	0.	0.
			-							
			1							
			-							
	_									
200										

	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss pe	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	zations compensatio 99-MISC/ from the			e ion ed	
											_				
											\perp				
											\perp				
1b	Subtotal Total from continuation sheets to Part VI	I. Section A							110,312.		0. 54,032. 0. 0.		32. 0.		
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but n								110,312.		0.	5	4,0	32.	
	compensation from the organization	of illilited to th	ose	iiste	u at	oove	e) WI	o re	eceived more than \$100,	000 of reportable				1	
3	Did the organization list any former officer,			-	-	-		_	•	•	ſ		Yes	No	
4	line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		Х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fr	ete S rom	Sche any	edule unre	e <i>J f</i> elate	for such individual ed organization or individ	dual for services		4	X		
Sec	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	pers	on				<u> </u>	5		Х	
1	Complete this table for your five highest co	•	-							•	nsati	ion fro	om		
	(A)	e organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation						n							
	TIONE Secretary Compensation														
2	Total number of independent contractors (in	•	ot lin	nited	d to	thos	_	ted	above) who received me	ore than					
	\$100,000 of compensation from the organization	zation					<i>y</i>					Eorm	990 (2022)	

Form 990 (2022) LEGADO , INC
Part VIII Statement of Revenue

			Check if Schedule O	onta	ins a re	sponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
ស្ន	1	l a	Federated campaigns			la					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
ي ق			Fundraising events			lc					
ifts			Related organizations			ld					
nia,			Government grants (contri			le					
Sir			All other contributions, gifts,								
uti		•	similar amounts not included			lf	696,169.				
o it		g	Noncash contributions included in			 Ig \$	136.				
Sugar		-	-		_			696,169.			
<u> </u>			Totall / Ida III loo Ta Ti				Business Code				
o o	2	2 a									
ķ	-	b									
Ser		c									
im (d									
gra		e									
Program Service Revenue			All other program service	ever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
	_							286.			286.
	4	ı	Income from investment of								
	5		Royalties		•	•					
			····			Real	(ii) Personal				
	6	a a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē			and sales expenses	7b		248.					
her Revenue		С	Gain or (loss)	7c		248.					
Rev			Net gain or (loss)					-248.	-248.		
ē	8		Gross income from fundraising								
₽			including \$	-							
			contributions reported on	line [·]	 1c). See	,					
			Part IV, line 18			8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fundı	raising e	events					
	9) a	Gross income from gamin	g act	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng activ	/ities					
	10) a	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a	1				
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inve	ntory					
ဖွ							Business Code	2 2 :=	2 2 1 =		
e e	11	l a	MISCELLANEOUS				900099	8,247.	8,247.		
lan		b									
Miscellaneous Revenue		С									
Mis			All other revenue					0 0 4 17			
			Total. Add lines 11a-11d					8,247.	7 000		206
	12	2	Total revenue. See instruction	ns				704,454.	7,999.	0.	286.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gr	rants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21				
2 G	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22				
3 G	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
	ompensation of current officers, directors,	440.040	25 22-	4.4	
trı	ustees, and key employees	110,312.	86,297.	14,572.	9,443.
6 Co	ompensation not included above to disqualified				
pe	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)				
7 O	ther salaries and wages	474,082.	370,856.	62,628.	40,598.
8 Pe	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
9 O	ther employee benefits				
10 Pa	ayroll taxes				
	ees for services (nonemployees):				
a M	anagement				
b Le	egal				
	ccounting	28,490.	24,593.	1,978.	1,919.
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)	176,005.	174,280.	876.	849.
	dvertising and promotion	33,851.			849. 33,851. 1,191.
	ffice expenses	24,881.	22,567.	1,123.	1,191.
	formation technology	-			-
	oyalties				
	ccupancy				
	ravel	65,832.	63,110.	362.	2,360.
	ayments of travel or entertainment expenses	,	,		,
	r any federal, state, or local public officials				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization				
		8,837.	7,603.	790.	444.
	ther expenses. Itemize expenses not covered	5,057.	,,005.	,,,,,,	3336
ab	ove. (List miscellaneous expenses on line 24e. If				
lin	te 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule 0.) ROGRAM EXPENSES	24,664.	24,664.		
_	ONTRACT LABOR	7,089.	7,089.		
_	ISCELLANEOUS EXPENSE	5,016.	4,759.	169.	88.
	OSTAGE	146.	146.	109.	00.
		140.	140.		
	l other expenses Add lines 1 through 24s	959,205.	785,964.	82,498.	90,743.
	otal functional expenses. Add lines 1 through 24e	333,403.	103,304.	04,430.	JU, 143
	vint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
U	neck here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (2022)
Part X Balance Sheet

Pal	rt X	Balance Sheet			
		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	135,149.	1	169,020.
	2	Savings and temporary cash investments		2	453.
	3	Pledges and grants receivable, net		3	166,944.
	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 3	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	6022	9	3,924.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	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)	555,888.	16	340,341.
	17	Accounts payable and accrued expenses		17	66,062.
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	35%		
jab				22	
_	23			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 Par			Г Г4О
		of Schedule D		25	5,542.
	26	Total liabilities. Add lines 17 through 25	32,400.	26	71,604.
s		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	E22 400	0=	260 727
<u>a</u>	27	Net assets without donor restrictions		27	268,737.
e B	28	Net assets with donor restrictions		28	
ڃَ		Organizations that do not follow FASB ASC 958, check here			
è		and complete lines 29 through 33.		00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥.	31	Retained earnings, endowment, accumulated income, or other funds	523,488.	31	268,737.
ž	32	Total lich littee and not seed for ad belence		32	340,341.
	33	Total liabilities and net assets/fund balances		33	34U,34I.

Form 990 (2022) LEGADO, INC 82-2030366 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.
3	Revenue less expenses. Subtract line 2 from line 1	3	-25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	<u>3,4</u>	88.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	26	8,7	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 82-2030366 LEGADO INC 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 LEGADO, INC 82-2030366 Page 2
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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	376,299.	654,804.	465,858.	724,860.	696,169.	2917990.		
2	Tax revenues levied for the organ-								
	ization'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								
4	Total. Add lines 1 through 3	376,299.	654,804.	465,858.	724,860.	696,169.	2917990.		
	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)						119,599.		
6	Public support. Subtract line 5 from line 4.						2798391.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	376,299.	654,804.	465,858.	724,860.	696,169.	2917990.		
	Gross income from interest,		•						
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources			1,948.	739.	286.	2,973.		
9	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.)				1,625.	8,247.	9,872.		
11	Total support. Add lines 7 through 10				-	-	2930835.		
	Gross receipts from related activities,	etc. (see instructio	ns)			12			
	First 5 years. If the Form 990 is for the					D1(c)(3)			
	organization, check this box and stop	-		•					
Sec	tion C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	95.48 %		
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	98.48 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box			
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2021. 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 thi	s box		
	and stop here. The organization qual	•							
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact			=	•	VI how the organiz	ation		
	meets the facts-and-circumstances te	-	•	*	-		Ш		
b	10% -facts-and-circumstances test	_					10% or		
	more, and if the organization meets the				•				
	organization meets the facts-and-circu		-						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>		

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 filing 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ju		
	5b		
	5c		
	6		
	7		
	o		
	8		
	9a		
	9b		
	9с		
	10a		
	105		
ulo	10b A (Forn	n 990)	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities. he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	\$	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Part IV, Section A, ling 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, 4d on D, lines 2 and 3; Pa	de the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; c., 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection E, lines 2, 5, and 6. Also complete this part for any additional information.									
SCHED	CHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:											
DESCR	IPTION: CASH	[
DATE:	12/31/21	AMOUNT:	80000.									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

LEGADO, INC

Employer identification number 82-2030366

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

		INC					82-	-2030	366	Page 2
Pai	t III Organizations Maintaining Co								ontinued	d)
3	Using the organization's acquisition, accession	, and other record	ls, check	any of the	following that	make signi	ficant use c	of its		
	collection items (check all that apply):									
а	Public exhibition				change progra					
b	Scholarly research	•	• 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle							Part XIII.		
5	During the year, did the organization solicit or r				•				_	_
Dai	to be sold to raise funds rather than to be main								es	No
Pai	t IV Escrow and Custodial Arrange		ete if the	organizatio	on answered '	"Yes" on Fo	m 990, Pai	rt IV, line	9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodian		•					,	Г	– 1
	on Form 990, Part X?							Y	es L	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing t	able:				۸۰۰	t	
								An	nount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Form					•		—	es L	No
Pai	If "Yes," explain the arrangement in Part XIII. C TO Endowment Funds. Complete if t								L	
. u		(a) Current year		rior year	(c) Two year		Three years	hack (e)	Four yea	rs hack
4.	5 , , ,	(a) Guirent year	(5)	noi yeai	(C) TWO you	13 back (a)	Tilloo yours	back (C)	i our you	13 buok
	Beginning of year balance Contributions									
Q C	Net investment earnings, gains, and losses Grants or scholarships									
	Other expenditures for facilities									
-	•									
f	and programs Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt vear end haland	e (line 1c	r column (a	I)) held as:			i		
	Board designated or quasi-endowment	•	% %	y, coluitiii (a	iji ricia as.					
	Permanent endowment	%	—′°							
	Term endowment %									
•	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess	•	ation tha	t are held a	nd administer	ed for the				
	organization by:					54 151 4.15			Ye	s No
	(i) Unrelated organizations							[3	Ba(i)	
	(ii) Related organizations								a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the o							······		
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	'Yes" on Form 99	0, Part IV	', line 11a. S	See Form 990	, Part X, line	10.			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Accu	mulated	(d)	Book va	lue
		basis (invest			(other)	depre				
1a	Land									
	Buildings									

Schedule D (Form 990) 2022

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.		<u> </u>	200000 rages
Complete if the organization answered "Yes" o		_	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- F 000 B-+ IV I'	11 - O Farm 000 Park V Pro- 10	
Complete if the organization answered "Yes" o		_	-f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part Y line 15	
-	Description	174. Occ 1 6111 336, 1 art X, iiile 16.	(b) Book value
	2000 I ptior I		(b) Book value
(1)			
(2)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE			5,542.
(3)			- , -
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		5,542.
2. Liability for uncertain tax positions. In Part XIII, provide t	,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total revenue, gains, and other support per audited financial statements			1	709,254.
					100,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a b			4,800.		
C	Donated services and use of facilities		±,000.		
d					
				2e	4,800.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	704,454.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, 0 1 , 10 1 0
а		4a			
b					
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.			5	704,454.
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per F		,01,101
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	964,005.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	4,800.		
b			,		
c	Other losses	_			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	4,800.
3	Subtract line 2e from line 1			3	959,205.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а		4a			
b					
С	Add lines 4a and 4b	<u></u>		4c	0.
5				5	959,205.
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa rov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8 <u>.)</u> 4; Part IV, lines 1b ar	nd 2b; Part V, line 4		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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 Name of the organization

LEGADO,

INC

Employer identification number 82-2030366

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	<u>6a</u>		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 LEGADO, INC 82-2030366 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	n		reported as deferred on prior Form 990
(1) MARIA "MAJKA" BURHARDT	110,312	0.	0.	20,500.	33,532.	164,344.	0.
EXECUTIVE DIRECTOR (i		0.	0.	0.	0.	0.	0.
)						
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(1))						
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(1))						
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Schedule J (Form 990) 2022 LEGADO, INC	82-2030366	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	ete this part for any additional informat	on.
PART I, LINE 3:		
THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE BOARD OF		
DIRECTORS. THE BOARD OF DIRECTORS USES COMPENSATION DATA FROM INDUSTRY		
SOURCES TO DETERMINE APPROPRIATE COMPENSATION.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEGADO, INC

Employer identification number 82-2030366

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FUTUROS VIVOS: MACHIGUENGA IS A COLLABORATION BETWEEN THE ECA MAENI

(THE INDIGENOUS CO-MANAGEMENT ENTITY OF THE MACHIGUENGA COMMUNAL

RESERVE), THE MACHIGUENGA COMMUNAL RESERVE TEAM OF THE NATIONAL SERVICE

OF NATURAL PROTECTED AREAS (SERNANP), AND LEGADO. TOGETHER THEY ARE

WORKING TO CO-CREATE THRIVING FUTURES WITH THE INDIGENOUS PEOPLES

STEWARDING THE MACHIGUENGA COMMUNAL RESERVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GLOBAL PROGRAM DEVELOPMENT: DEVELOPMENT: LEGADO'S PROGRAM CREATING NEW

GLOBAL PROGRAM DEVELOPMENT: DEVELOPMENT: LEGADO'S PROGRAM CREATING NEW

PARTNERSHIPS WITH INDIGENOUS PEOPLES, LOCAL COMMUNITIES, AND LOCAL

ORGANIZATIONS TO USE THE LEGADO MODEL IN COUNTRIES AROUND THE WORLD. WE

WORK ALONGSIDE INDIGENOUS PEOPLES AND LOCAL COMMUNITIES IN PLACES

IMPORTANT FOR BIODIVERSITY TO ENSURE THEY HAVE THE TOOLS, RESOURCES,

AND PARTNERSHIPS THEY NEED TO CREATE AND LEAD SOLUTIONS THAT BENEFIT

BOTH THEIR COMMUNITIES AND LANDSCAPES, AN OUTCOME WE CALL THRIVING

FUTURES. THE ULTIMATE GOAL IS TO BUILD A SUSTAINABLE, LOCALLY-LED

SYSTEM FOR COLLABORATIVE PROBLEM SOLVING THAT FOSTERS ADAPTABILITY AND

RESILIENCE IN COMMUNITIES FOR MEETING CURRENT AND FUTURE CHALLENGES,

SUCH AS THOSE BROUGHT ON BY CLIMATE CHANGE.

EXPENSES \$ 9,230. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR REVIEWED A DRAFT OF THE FORM 990 WITH THE PRESIDENT

OF THE BOARD AND THE TREASURER, AND SUBSEQUENTLY PROVIDED EDITS TO THE TAX

PREPARER. THEREAFTER, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization LEGADO , INC Employer identification number 82-2030366

PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PURPOSE OF LEGADO'S CONFLICT OF INTEREST POLICY IS TO PROTECT THE

INTEREST OF LEGADO WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR

ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR MEMBER

OF THE BOARD OF DIRECTORS OF THE CORPORATION OR MIGHT RESULT IN A POSSIBLE

EXCESS BENEFIT TRANSACTION, AND TO ENSURE THAT THE CORPORATION OPERATES IN

A MANNER CONSISTANT WITH ITS CHARITABLE PURPOSE. THE CONFLICT OF INTEREST

POLICY IS PROVIDED TO AND APPLIES TO ALL DIRECTORS, OFFICERS, AND

EMPLOYEES. THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE BOARD, AND

EACH MEMBER OF THE BOARD AFFIRMS COMPLIANCE THEREWITHIN, ON AN ANNUAL

BASIS.

FORM 990, PART VI, SECTION B, LINE 15A:

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF THE EXECUTIVE

DIRECTOR ANNUALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS.

COMPENSATION DATA FROM THE INDUSTRY SOURCES FOR OTHER ORGANIZATIONS IN THE

INTERNATIONAL DEVELOPMENT SECTOR IS SECURED IN ORDER TO DETERMINE

COMPETITIVENESS AND APPROPRIATENESS OF THE EXECUTIVE DIRECTOR'S SALARY.

ADDITIONAL CONSIDERATIONS WEIGHED BY THE BOARD INCLUDE BENEFITS PROVIDED BY

COMPARABLE ORGANIZATIONS, THE EXECUTIVE DIRECTOR'S PERFORMANCE, AND THE

COST OF REPLACING THE EXECUTIVE DIRECTOR. EVERY EFFORT IS MADE TO ENSURE

THAT THE PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS

GUIDELINES AND THE ORGANIZATION'S POLICIES.

FORM 990, PART VI, SECTION C, LINE 19:

NO OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

Schedule O (Form 990) 2022 Page **2**

Name of the organization LEGADO , INC	Employer identification number 82-2030366
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	163,396.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	163,396.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	10,884.
MANAGEMENT AND GENERAL EXPENSES	876.
FUNDRAISING EXPENSES	849.
TOTAL EXPENSES	12,609.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	176,005.
FORM 990 PART XII LINE 2C	
THE ORGANIZATION HAS A COMMITTEE WHO OVERSEES THE AUDIT.	