

В

Activities & Governance

Revenue

Expenses

P

El det

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

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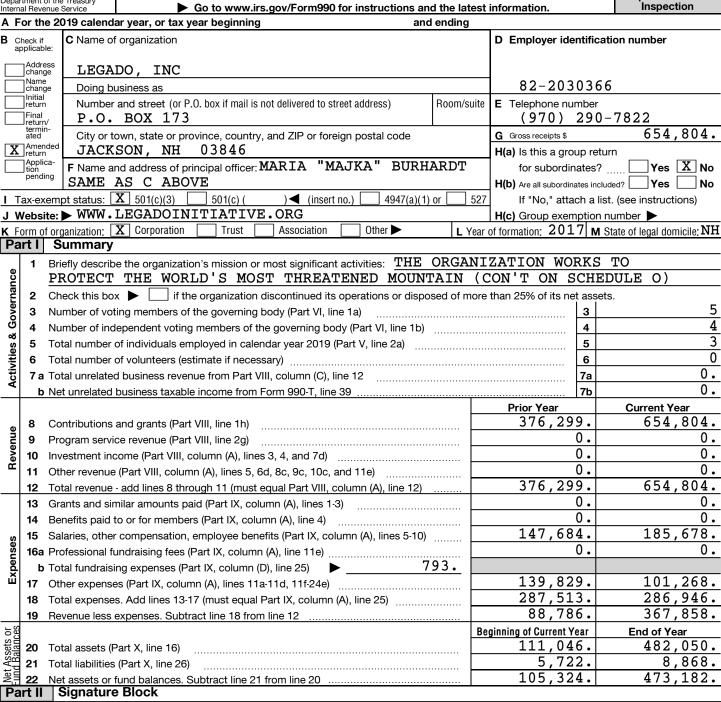
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Do not enter social security numbers on this form as it may be made public.

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



Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Da	te						
Here	MARIA "MAJKA" BURHARDI	C, EXECUTIVE	DIRECTOR								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Paid	JESSICA WOODS			05/17/2	1 self-employed	P02351080					
Preparer	Firm's name 🕨 HALEY & WOODS, I	LP		Firi	n's EIN ▶ 84	-4049075					
Use Only	Firm's address 💊 4220 CAHABA HEIC	GHTS COURT									
	BIRMINGHAM, AL 3	35243		Ph	one no. (205) 277-1529	1				
May the IRS discuss this return with the preparer shown above? (see instructions)											
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										
~	ADD AQUIDDING O DOD ODANITENTIAL NICATON ADMENDIA AOMETICAN										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2019) LEGADO, INC 82-203	0366	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	LEGADO WORKS TO PROTECT THE WORLD'S MOST THREATENED MOUNTAIN		
	ECOSYSTEMS BY WORKING HAND IN HAND WITH THE PEOPLE WHO CALL THE	M HOM	Ξ.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, ar	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$266,218. including grants of \$) (Revenue \$))
	THE LEGADO NAMULI PROGRAM WORKS WITH LOCAL COMMUNITIES SURROUND	ING	
	MOUNT NAMULI, MOZAMBIQUE, A KEY BIODIVERSITY AREA. THE PROGRAM	WORKS	
	ACROSS MULTIPLE PLATFORMS TO SUPPORT LOCAL GOVERNANCE, INCREASE		
	LIVELIHOODS THROUGH AGRICULTURAL AND VALUE CHAIN SUPPORT, TITLE		
	COMMUNAL LANDS, AND SUPPORT AND INCREASE THE PARTICIPATION OF T	HE	
	NAMULI COMMUNITY MEMBERS IN THEIR ROLE PROTECTING THEIR VITAL		
	ECOSYSTEM.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
			,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 266,218.	/	
10		- 0	00 /00 /00

Form	990 (2019) LEGADO, INC 82-2030	366	P	age 3
Pa	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Revenue Proceedure 98 192. (# 1925 # arms/state Orbert/14, Or Bart III	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete	-		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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			
	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		<u> </u>
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		X
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		X
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u></u>
IZa		12a		х
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		X
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	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

Form **990** (2019)

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Form	990	(2019)

Form 990 (2019) 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		x
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2019) LEGADO, INC		82-2030	366	Р	_{age} 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
					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	2a	3		x						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution										
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s requ	uired								
	to file Form 8282?										
d	d If "Yes," indicate the number of Forms 8282 filed during the year										
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	8 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.										
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:		I								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-							
11	Section 501(c)(12) organizations. Enter:		I								
a L	Gross income from members or shareholders	11a		-							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446									
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	12a							
		12b		120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1							
	Is the organization licensed to issue qualified health plans in more than one state?			13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.			100							
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
~	organization is licensed to issue qualified health plans	13b									
с	Enter the amount of reserves on hand	13c		1							
14a				14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.										

Form	990 (2019) LEGADO, INC			-2030			age 6		
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7	b below, a	nd for a "	No" re	spons	e		
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O								
	Check if Schedule O contains a response or note to any line in this Part VI						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	1a		5					
	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 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4					
2	,, _,, _								
	officer, director, trustee, or key employee?				2		х		
3	Did the organization delegate control over management duties customarily performed by or under the			n					
_			•		3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			1	5		X		
6	Did the survey institute have an each one of a state state state of a				6		x		
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap								
74					7a		x		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				10		- 23		
U					7b		x		
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				70				
8			-		0-	Х			
	The governing body?				8a	X			
-	Each committee with authority to act on behalf of the governing body?				8b				
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
800	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 Re	venue (Code.)			~			
				I	10	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?				10a		~		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch				104				
					10b 11a	Х			
	Ha Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				37			
	in Schedule O how this was done				12c	X	37		
13	Did the organization have a written whistleblower policy?				13		X		
14	Did the organization have a written document retention and destruction policy?				14		Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official			1	15a	X			
b	Other officers or key employees of the organization				15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen								
	taxable entity during the year?				16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	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 $\blacktriangleright \mathrm{NH}$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T	(Section	501(c)(3)s	only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest p	olicy, and	financ	ial			
	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 boo	ks and	records	▶					
	<u>MARIA "MAJKA" BURHARDT - (970) 290-7822</u>								
	P.O. BOX 173, JACKSON, NH 03846								

Form 990 (2019) LEGADO, INC	82-2030366 Page 7							
Part VII Compensation of Officers, Directors, Trustees, I	(ey Employees, Highest Compensated							
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in	his 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 (whet 	her individuals or organizations), regardless of amount of compensation.							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per weak (list ary, box strep related organization below line) Description and a weak box method organization (W-2/1099-MISC) Reportable compension from organization (W-2/1099-MISC) Estimated auount of compension from the organization (W-2/1099-MISC) (1) MARIA * BURHARD7 40.00 X X 121,335. 0. 0. (2) MARUA* BURHARD7 2.00 X X 0. 0. 0. (3) EREL LUNDOREN 2.00 X X 0. 0. 0. (3) EREL LUNDOREN 2.00 X X 0. 0. 0. (3) EREL SUNDOREN 2.00 X X 0. 0. 0. SERESTENT X X 0. 0. 0. 0. MARUBER 2.00 X X 0. 0. 0. SERESTENT X X 0. 0. 0. MARUBER 2.00	(A)	(B)	(C)		(D)	(E)	(F)				
hours per week (list any hours for related organization below line)box, unesperson is both an officer and a director/trustee)compensation from the organizations (W-2/1099-MISC)amount of other compensation from related organizations (W-2/1099-MISC)amount of other compensation from related organization (W-2/1099-MISC)amount of other compensation from related organizations (W-2/1099-MISC)amount of other compensation from the organization and related organizations(1) MARIA "MAJKA" BURHARDT40.000 XXX121,335.0.0.(2) MARGUERITE GARDINER2.000 XXX0.0.0.PRESIDENTXX0.0.0.0.(3) ERIC LUNDGREN2.000 XXX0.0.0.TREASURER2.000 XXX0.0.0.(4) CHRISTOPHER NEHER SECRETARY2.000XX0.0.0.(5) DAN SARLES2.000000.0.0.	Name and title		(do	Position		Reportable					
Week (list any hours for related organizations below line)week import impor		1 .	box, unless p		ss person is both an			n an		•	
(1) MARIA "MAJKA" BURHARDT40.00XX121,335.0.0.EXECUTIVE DIRECTORXXX121,335.0.0.0.(2) MARGUERITE GARDINER2.00XX0.0.0.0.PRESIDENTXXX0.0.0.0.(3) ERIC LUNDGREN2.00XX0.0.0.TREASURER2.00XX0.0.0.(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) DAN SARLES2.00 </td <td></td> <td></td> <td></td> <td>cer ar</td> <td></td> <td>recio</td> <td>r/trus</td> <td>lee)</td> <td></td> <td></td> <td></td>				cer ar		recio	r/trus	lee)			
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(1) MARIA "MAJKA" BURHARDT40.00XX121,335.0.0.EXECUTIVE DIRECTORXXX121,335.0.0.0.(2) MARGUERITE GARDINER2.00XX0.0.0.0.PRESIDENTXXX0.0.0.0.(3) ERIC LUNDGREN2.00XX0.0.0.TREASURER2.00XX0.0.0.(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) DAN SARLES2.00 </td <td></td> <td></td> <td>truste</td> <td>al tru:</td> <td></td> <td>yee</td> <td>mper</td> <td></td> <td></td> <td></td> <td></td>			truste	al tru:		yee	mper				
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(1) MARIA "MAJKA" BURHARDT 40.00 X X 121,335. 0. 0. EXECUTIVE DIRECTOR X X 121,335. 0. 0. 0. (2) MARGUERITE GARDINER 2.00 X X 0. 0. 0. PRESIDENT X X X 0. 0. 0. (3) ERIC LUNDGREN 2.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (4) CHRISTOPHER NEHER 2.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (5) DAN SARLES 2.00		line)	Indiv	Instit	Offic	Key (High empl	Form			
(2) MARGUERITE GARDINER2.00XX0.0.0.PRESIDENTXXX0.0.0.0.(3) ERIC LUNDGREN2.00XX0.0.0.TREASURERXXX0.0.0.(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) DAN SARLES2.00 </td <td>(1) MARIA "MAJKA" BURHARDT</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) MARIA "MAJKA" BURHARDT	40.00									
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(3) ERIC LUNDGREN2.00XX0.0.0.TREASURERXXX0.0.0.0.(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) DAN SARLES2.00 </td <td>(2) MARGUERITE GARDINER</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) MARGUERITE GARDINER	2.00									
TREASURERXX0.0.0.(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXX0.0.0.0.(5) DAN SARLES2.00 </td <td>PRESIDENT</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	PRESIDENT		Х		Х				0.	0.	0.
(4) CHRISTOPHER NEHER2.00XX0.0.0.SECRETARYXXX0.0.0.0.(5) DAN SARLES2.000.0.	(3) ERIC LUNDGREN	2.00									
SECRETARY X X 0. <t< td=""><td>TREASURER</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	TREASURER		Х		Х				0.	0.	0.
(5) DAN SARLES 2.00	(4) CHRISTOPHER NEHER	2.00									
	SECRETARY		Х		Х				0.	0.	0.
DIRECTOR X X 0. 0. 0.	(5) DAN SARLES	2.00									
	DIRECTOR		Х		X				0.	0.	0.
						<u> </u>					
				-	-		-				

	990 (2019) LEGADO ,	INC								82-20	303	866	Pa	ige 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	(do not check m box, unless pers		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		comp fro orga	ensat m the nizati relate	e on ed
											+			
											_			
											+			
											\square			
											+			
с	Subtotal Total from continuation sheets to Part VI	I, Section A							121,335. 0. 121,335.		0.0.0			0.0.0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re			0.			1
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•				, , ,	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	um of reportabl D,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth 9 <i>J 1</i>	ner compensation from t	he organization		4		X
	rendered to the organization? <i>If "Yes," con</i> ion B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for										ensati	on fror	n	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Cc	(C) ompens		ı
	Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lin	niteo	d to t	thos (ted	above) who received me	ore than				

	n 990 (ADO, INC	2			82-2030	366 Page 9
Pa	rt VII							
		Check if Schedule O c	contains a respo	onse or note to any line	e in this Part VIII (A)	(B)	(C)	[] (D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated compaigns	1a					360110113 3 12 - 3 14
ants Ints	та	Federated campaigns Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	с С	Fundraising events						
ífts, r Ai	J h	Related organizations						
, Gi nila	e	• · · · · ·						
ons	f							
ber		similar amounts not included	-	654,804.				
d Of	g	Noncash contributions included in I						
Col	h	Total. Add lines 1a-1f			654,804.			
				Business Code				
e	2 a							
e e	b							
n Se enu	С							
ran Sev	d							
Program Service Revenue	е							
٩	•	All other program service r						
	g	Total. Add lines 2a-2f						
	3	Investment income (includ						
	4	other similar amounts) Income from investment o						
	5	Royalties						
	0		(i) Rea	l (ii) Personal				
	6 a	Gross rents	6a					
			6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securit	ties (ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
venue		and sales expenses	7b					
		Gain or (loss)	7c					
Other Re		Net gain or (loss)		······				
the	8 a	Gross income from fundraisin	•					
0		including \$						
		contributions reported on Part IV, line 18	,	8a				
	h	Less: direct expenses		8b				
		Net income or (loss) from f						
		Gross income from gaming						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from g		s ►				
	10 a	Gross sales of inventory, le	ess returns					
		and allowances						
	b	Less: cost of goods sold		10b				
	С	Net income or (loss) from s	sales of invento					
S				Business Code				
Miscellaneous Revenue	11 a							
llan.	b							
scel	C							
Mis	d	All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructio		····· P	654,804.	0.	0.	0.
	10	I VIAL LEVENUE, OFF INSUNCIO	0.03				. V.	. V.

	Check if Schedule O contains a respons		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,335.	114,055.	7,280.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		45 5 40		
7	Other salaries and wages	50,789.	47,742.	3,047.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 554	10 500		
10	Payroll taxes	13,554.	12,706.	848.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal		0.000	1 (0)	
С	Accounting	4,569.	2,886.	1,683.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4,551.	4,168.	383.	
13	Office expenses	8,457.	7,623.	834.	
14 15	Information technology	0,457.	7,025.	0511	
15 16	Royalties				
17	Occupancy	32,462.	32,462.		
18	Payments of travel or entertainment expenses	52,402.	52,102.		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,103.	500.	5,603.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	35,007.	35,007.		
b	MEALS AND ENTERTAINMENT	4,322.	4,322.		
с	FIELD SUPPLIES	3,591.	3,591.		
d	FUNDRAISING COSTS	793.			793.
е	All other expenses	1,413.	1,156.	257.	
25	Total functional expenses. Add lines 1 through 24e	286,946.	266,218.	19,935.	793.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

LEGADO INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(A) Beginning of yea 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		(B) End of year 482,050.
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	2 3	482,050.
 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 	3	
 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 		
 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 	4	
 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
controlled entity or family member of any of these persons		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	5	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
	6	
g 7 Notes and loans receivable, net	7	
Stand loans receivable, net Sale or use Sale or use Sale or use	8	
9 Prepaid expenses and deferred charges	9	
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) 111, 04		482,050.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Loans and other payables to any current or former officer, director,		
 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Controlled mentaneous and enter parallels to unrelated third parties 		
controlled entity or family member of any of these persons	22	
23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17-24). Complete Part X		
of Schedule D 5 , 7	22. 25	8,868.
26 Total liabilities. Add lines 17 through 25	22.26	8,868.
Organizations that follow FASB ASC 958, check here 🕨 🔀		
27 Net assets without donor restrictions 105, 32	24. 27	473,182.
28 Net assets with donor restrictions	28	
Corganizations that do not follow FASB ASC 958, check here		
and complete lines 29 through 33.		
م 29 Capital stock or trust principal, or current funds	29	
30 Paid-in or capital surplus, or land, building, or equipment fund	30	
31 Retained earnings, endowment, accumulated income, or other funds	31	
sector and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33. □ 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances		473,182.
33 Total liabilities and net assets/fund balances 111, 04		482,050.

Form **990** (2019)

LEGADO, INC Form 990 (2019) Part X Balance Sheet

10111 330 (201	Form	990 (201
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	1 990 (2019) LEGADO, INC	82-203	0366	Pag	_{ge} 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	654		
2	Total expenses (must equal Part IX, column (A), line 25)	2	286		
3	Revenue less expenses. Subtract line 2 from line 1	3	367		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105	, 32	24.
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,				
	column (B))	10	473	,18	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

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(Form	990	or	990-EZ)	
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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.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Nan	ne of t	the organizati		- do to www.n3.go			ie latest li		Employer	identification number	
				DO, INC						2-2030366	
Pa	rt I	Reason			All organizations must co	omplete th	is part) Se	e instruction		2 2050500	
					For lines 1 through 12, cl						
1					on of churches described			()(A \/;)			
2	\square							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2	H				Attach Schedule E (Form Anization described in se			::)			
	H	•	•		njunction with a hospital				Viii) Entor	the beenital's name	
4			-	ation operated in col	njunction with a nospital	uescribec	Sectio		Juni). Enter	the nospital s hame,	
F	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
5				Complete Part II.)	lege of university owned	i or operat	eu by a go	vennentaru			
6					aantal unit daaaribad in	oootion d'	70/6//4//4/	(.)			
6 7	X				nental unit described in a					aublic described in	
'	_ 23				ntial part of its support fr	on a you	ennnentai		le general p		
•				complete Part II.)	(1)(A)(ui) (Complete Der						
8 9	H	-			(1)(A)(vi). (Complete Part	-	ad in aanii	unction with a	land grant		
9					in section 170(b)(1)(A)(
		-	or a non-ianu-(grant college of agric	ulture (see instructions).	Enterthe	name, city	, and state of	the college	or	
10		university:	ion that norma	lly receives: (1) more	than 22 1/20/ of its sup	ort from	oontributio	na mambara	hin face on	d grace receipte from	
10		-		•	than 33 1/3% of its supp tt to certain exceptions,				-	-	
					(less section 511 tax) fro					-	
				mplete Part III.)	(less section of reak) no		sses acqui		janization a		
11					ively to test for public sat	fotu Soo	section 50)Q(a)(4)			
12	H	-	•	-	ively for the benefit of, to	•			urry out the	nurnoses of one or	
12		-	-	-	ed in section 509(a)(1) o	-			-		
					f supporting organization						
а		_			upervised, or controlled					aivina	
				-	gularly appoint or elect a	• •	-				
				complete Part IV, Se		indjointy t				pporting	
b				-	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hay	vina	
-				-	anization vested in the sa			-		-	
			-	st complete Part IV,					3		
с				-	g organization operated	in connec	tion with. a	and functiona	llv integrate	ed with.	
		••	-	• • • •). You must complete I				, ,		
d			-		porting organization oper				rted organiz	zation(s)	
			-		zation generally must sat				-		
			-		nplete Part IV, Sections	-		-			
е		_			written determination from				II, Type III		
		functionally	/ integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number									
g	Pro	vide the follow	ing informatio	n about the supporte							
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	2	(vi) Amount of other	
		organizatior	١		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

Schedule A (Form 990 or 990 EZ) 2019 LEGADO, INC

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			33,546.	376,299.	654,804.	1064649.		
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			33,546.	376,299.	654,804.	1064649.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						1064649.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4			33,546.	376,299.	654,804.	1064649.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
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.)								
11	Total support. Add lines 7 through 10						1064649.		
	Gross receipts from related activities,	etc. (see instruction	ons)			12			
	First five years. If the Form 990 is for	N	/			1 501(c)(3)			
	organization, check this box and stor	o here					X		
Sec	tion C. Computation of Publi	c Support Per	centage				, <u> </u>		
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%		
	Public support percentage from 2018					15	%		
	33 1/3% support test - 2019. If the o					ore, check this bo			
	stop here. The organization qualifies	-							
b	33 1/3% support test - 2018. If the o	organization did nc	ot check a box on I						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o						
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"					e e e ga			
b	10% -facts-and-circumstances test	-		• • • •	-				
~	more, and if the organization meets th	-							
	organization meets the "facts-and-circ				• •				
18	-		•	-					
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019								

Section A. Public Support

Part II

Schedule A (Form 990 or 990-EZ) 2019	LEGADO,	INC
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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (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						
U	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						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
Ł	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 (f) Total
	,	(a) 2015	(0) 2010	(0) 2017	(u) 2018	(e) 20	
	Amounts from line 6 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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•					• ·
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	-	•				1/3%, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
-							

Schedule A (Form 990 or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Vac	No
4	Ware a majority of the arganization's directors or tructure during the tay year clash a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			V.	N
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization'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	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check 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. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	(Form 990 or 990-EZ) 2019				
Part V	Type III Non-Function	nally Integra	ated 509(a)(3) Supporting	Organizations

		0 0		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•		Part VI). See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co		(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	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
_7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	1	r		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
_1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 LEGADO,	INC
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 |9 2 Open to Public Inspection

Nam	e of the organization LEGADO, INC	Employer identification number 82-2030366			
Pa					
1 4	organization answered "Yes" on Form 990, Part IV, line 6.	Complete li the			
(a) Donor advised funds (b) Funds and other account					
4					
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 writing that the assets held in donor advised fu				
•	are the organization's property, subject to the organization's exclusive legal control?				
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	ľ – –			
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part				
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
		storically important land area			
		ertified historic structure			
•	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a d				
-	day of the tax year.	Held at the End of the Tax Year			
a					
b	·····				
C		2c			
d					
~	listed in the National Register				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the tax			
year ▶					
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
~	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year			
-					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year			
8	\$				
0					
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state				
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements				
	organization's accounting for conservation easements.	that describes the			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sheet works			
Ĩ	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b		ice sheet works of			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1	► \$			
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair				
2	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а		▶ \$			
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019			

Sche	dule D (Form 990) 2019 LEGADO ,						82-20			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historica	l Treasu	res, or Othe	er Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any c	of the follow	ing that make	significant	use of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	d	l 🗌 Loan	or exchang	e program					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they fur	ther the org	anization's exe	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historica	l treasures,	or other simila	ar assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orgai	nization ans	wered "Yes" o	on Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:				1			
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							7		
	Did the organization include an amount on Fo					• • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	Tt V Endowment Funds. Complete if							() [
4.	Paulania a farana balana a	(a) Current year	(b) Prior ye	ear (C)	Two years back	(d) Inree	years back	(e) Four	years	раск
1a	Beginning of year balance									
D	Contributions									
ر ام	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance Provide the estimated percentage of the curre	ont year and balance			1.00:					
2	Board designated or quasi-endowment		%	mm (a)) neic	1 45.					
a b	Permanent endowment									
		⁷⁰								
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
39	Are there endowment funds not in the posses	•	ation that are h	eld and ad	ministered for t	the organiz	ation			
ou	by:					and organiz	ation	ſ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line	11a. See Fo	orm 990, Part >	K, line 10.				
	Description of property	(a) Cost or o) Cost or ot		Accumulat	ed	(d) Bool	< value	e
	······································	basis (investr	•	basis (othe		lepreciation		.,		
1 a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must ed	•	X. column (R)	line 10c.) .						0.

Schedule D (Form 990) 2019

_	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12.	
(;	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	Financial derivatives			
• •	Closely held equity interests			
	Other			
	(A)			
	(B)			
	(C)			
	(D)			
	(E)			
	(F)			
	(G)			
	(H)			
Tot	al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Ρ	art VIII Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
Tot	al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Ρ	art IX Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
	tal. (Column (b) must equal Form 990, Part X. col. (B) line	<u>e 15.)</u>		
Ρ	art X Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability			(b) Book value
	(1) Federal income taxes			
	(2) CREDIT CARD PAYABLE			5,636.
	(3) PAYROLL TAXES PAYABLE			3,232.
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
To	tal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		8,868.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Sche	edule D (Form 990) 2019 LEGADO , INC		82-2030366 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection Employer identification number 82-2030366

OMB No. 1545-0047

LEGADO, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECOSYSTEMS BY WORKING HAND IN HAND WITH THE PEOPLE WHO CALL THEM HOME.

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

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization LEGADO . INC	Employer identification number 82-2030366

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.

FORM 990 PART IX

THE 2019 RETURN IS BEING AMENDED TO PROPERLY ALLOCATE THE FUNCTIONAL

EXPENSES BETWEEN PROGRAM SERVICES EXPENSES AND MANAGEMENT AND GENERAL

EXPENSES. THE PROGRAM MISSION AND SERVICE ACCOMPLISHMENTS WERE ALSO

UPDATED TO MORE ACCURATELY PORTRAY LEGADO AND THE WORK THEY ACCOMPLISH.