Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Common or programmer	A F	or the	2018 calendar year, or tax year beginning and	ending						
DENCADUD, TNC Stanger Company Dencade Section	B (Check if applicable	C Name of organization		D Employer identific	ation number				
Comparison Com		Addres	LEGADO, INC							
Number and street (of 1/J.) box it mail is not delivered to street address) Normisulte E Telephone number (970) 290 -7822 City or town, state or province, country, and ZIP or foreign postal code JACKSON, NH 0 384 6 Final President SAME AS C ABOVE Final President Samman Final President Samman Final President F		Name		82-20	30366					
P.O. BOX 173 P.O			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
City or town, state or province, country, and 2 P or foreign postal code ACKSON, N. N. 0.3846 F Name and address of principal officer: MARTA. "MAJKA" BURHARDT F Name and address of principal officer: MARTA. "MAJKA" BURHARDT Tax-exempt status. Solicy(3) Solicy(1) 4 (insert no.) 4947(a)(1) or			· · · · · · · · · · · · · · · · · · ·		(970)	290-7822				
Farmer and address of principal officer. MARIA "MAJKA" BURHARDT for subordinates?		termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	376,299.				
SAME AS C ABOVE Https://documents.com/parts/status: St. 501(c)(3)	X	Amend return	del JACKSON, NH 03846		H(a) Is this a group ret	turn				
Tax-excempts tabulars X 50 (16)(3) 501(c) ◀ (Insert no.) 4947(a)(1) or 527 Tax-excempts tabulars X 50 (16)(3) 501(c) ◀ (Insert no.) 4947(a)(1) or 527 Tax-excempts tabulars X 50 (16)(3) 501(c) ◀ (Insert no.) 4947(a)(1) or 527 Tax-excempts tabulars X 50 (16)(3) 501(c) ▼		Ition	F Name and address of principal officer: MARIA "MAJKA" BURHA	ARDT	for subordinates? Yes X No					
J Webstle: ► WWW . LBGADOINITIATIVE . ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 2017 M State of legal domicile: NH Part Summary 8			SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No				
R				or 527	If "No," attach a l	ist. (see instructions)				
Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WORKS TO										
Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WORKS TO PROTECT THE WORLD'S MOST THREATENED MOUNTAIN (CON'T ON SCHEDULE O) 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 1 4 5 4 4 5 4 6 6 10 7 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 7 a 10 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1	K F	orm of		L Year	of formation: 2017 м	State of legal domicile; NH				
PROTECT THE WORLD'S MOST THREATENED MOUNTAIN (CON'T ON SCHEDULE O) 2	Pa	_	-							
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total unrelated business taxable income from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 38 7 b Total unrelated business taxable income from Form 990-T, line 38 7 b Total unrelated business taxable income from Form 990-T, line 38 7 b Total unrelated business taxable income from Form 990-T, line 38 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 4, 4, and 7d) 13 Grants and similar amounts paid (Part IX, column (A), line 13) 14 Benefits paid to or for members (Part IX, column (A), line 11) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 13) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f24e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f24e) 19 Revenue less expenses (Part IX, column (B), line 25) 17 Other expenses (Part IX, column (B), line 11a, 11f24e) 19 Revenue less expenses (Part IX, column (B), line 25) 10 Total laibilities (Part X, line 16) 17 Add 2. 111, 046. 18 Total expenses (Part X, line 16) 19 Total expenses (Part X, line 16) 10 Total assets (Part X, line 26) 10 Total assets (Part X, line 26) 10 Total assets (ø	1								
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8 Contributions and grants (Part VIII, line 1h) 33,546. 376,299.		В	Net differated business taxable income from Form 990-1, life 56							
9 Program service revenue (Part VIII, line 2g) 0		l a	Contributions and grants (Part VIII line 1h)							
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 .										
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 5 5 5 5 5 5 5 5 5										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3, 437. 147,686. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 25) 4,565. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17, 008. 287,513. 19 Revenue less expenses. Subtract line 18 from line 12 16,538. 88,786. 20 Total assets (Part X, line 16) 17, 462. 111,046. 21 Total liabilities (Part X, line 26) 924. 5,722. 22 Net assets or fund balances. Subtract line 21 from line 20 16,538. 105,324. Part II Signature Block Signature of officer Date MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTOR Print/Type preparer's name HALEY & WOODS, LLP Firm's address 4220 CAHABA HEIGHTS COURT Firm's address 4220 CAHABA HEIGHTS COURT Phone no. (205) 277-1529 Phone no. (205) 277-1529					0.					
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Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JESSICA WOODS Firm's name HALEY & WOODS, LLP Firm's name HALEY & WOODS, LLP Firm's address 4220 CAHABA HEIGHTS COURT BIRMINGHAM, AL 35243 Phone no. (205) 277-1529			Revenue less expenses. Subtract line 18 from line 12		16,538.	88,786.				
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Sign Here MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date O5/24/21 O5/24						knowledge and belief, it is				
Here MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.					
Here MARIA "MAJKA" BURHARDT, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN	.	_	Signature of officer		l Date					
Type or print name and title Print/Type preparer's name JESSICA WOODS Preparer Use Only Type or print name and title Preparer's signature Preparer's signature Date O5/24/21 Self-employed PO2351080 Firm's name HALEY & WOODS, LLP Firm's ellN 84-4049075 Phone no. (205) 277-1529			,	СШОБ	Dato					
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	550	Jy			Phone no (20)5) 277-1529				
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Pai	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:
	THE ORGANIZATION WORKS TO PROTECT THE WORLD'S MOST THREATENED MOUNTAIN
	ECOSYSTEMS BY WORKING HAND IN HAND WITH THE PEOPLE WHO CALL THEM 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?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 263,139 • including grants of \$) (Revenue \$)
	THE LEGADO NAMULI PROGRAM WORKS WITH LOCAL COMMUNITIES SURROUNDING
	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, AND SUPPORT
	AND INCREASE THE PARTICIPATION OF THE NAMULI COMMUNITY MEMBERS IN THEIR
	ROLE PROTECTING THEIR VITAL ECOSYSTEM.
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 263,139.

Form 990 (2018) 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?	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 Revenue Procedure 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			,,
	Schedule D, Part III	8		X
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or 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,	١		₹.
	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			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 21	
•	the organization's separate of consolidated infancial 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			
124	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) 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			₩.
04 -	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	04-		x
	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
لہ	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
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		-25
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			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		-25
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		-25
21				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? 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	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
0.	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	<u> </u>		T
	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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	
Par				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a 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)? Х 4a **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 Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 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? 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 b 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 d 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? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х 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.

Form 990 (2018) 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 lines 2 through 7b below to lines 2 t to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					
		1.1	- [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 in Schedule O.		ا،			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?]	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	[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 approximation of the power to elect or	opoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		···			
	The governing body?	-	ı	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		···			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wonue Code)	1			
	(This Section B requests information about policies not required by the internal ris	evenue Code.j			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			iou		
		• •		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v before filing the form		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before ming the form		11a		
				12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		- 1	12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		···· }	IZD	21	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		40-	Х	
40	in Schedule O how this was done		- [12c	Λ	Х
13	Did the organization have a written whistleblower policy?		- [13		X
14	•		····	14		Λ
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				X	
	The organization's CEO, Executive Director, or top management official			15a	Λ	v
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 arranger					v
	taxable entity during the year?		∤	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u>C</u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NH	1000 7 (0) (a)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	na 990-1 (Section 501(d)(3)s	only) a	avaılab	ие
	for public inspection. Indicate how you made these available. Check all that apply.					
	, ,	n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and f	inanc	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 bo	oks and records 🕨 _				
	MARIA "MAJKA" BURHARDT - (970)290-7822					
	P.O. BOX 173, JACKSON, NH 03846					

Form 990 (2018) 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 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Position check more than one			one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week (list any	_				T	,	from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)		organization
	organizations	al trus	nal tri		loyee	ompic e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) MARIA "MAJKA" BURHARDT	line) 40.00	Ĕ	Ë	₩ 10	- S	훈	요			
EXECUTIVE DIRECTOR	40.00	X		х				120,151.	0.	0.
(2) MARGUERITE GARDINER	2.00							120,131.	0.	
PRESIDENT	2.00	x		х				0.	0.	0.
(3) ERIC LUNDGREN	2.00							•		•
TREASURER		х		Х				0.	0.	0.
(4) CHRISTOPHER NEHER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) ANNETTE REXROAD	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
		1								
		1								
		<u> </u>				_				
		1								

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	J Hig	ghes	st C	ompensated Employee	es (continued)				
	(A) (B)					C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Es	stimate	ed
		hours per week	box	, unle	ss per	rson i	is both	n an	compensation	compensation		ar	nount	of
		(list any		T			Π	,	from the	from related organization		com	other pensa	tion
		hours for	direct				-		organization	(W-2/1099-MI			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/	,		anizati	
		organizations	Itrust	nal tru		oyee	om pe					an	d relate	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	Pul	lus	#0	Key	Hig	For						
							\vdash							
			1											
							-							
			1											
	Sub-total	1	<u> </u>	<u> </u>			1	<u> </u>	120,151.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							•	120,151.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	e			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	•			•	•	•		•					Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
4	and related organizations greater than \$150	•		•					•	•		4		Х
5	Did any person listed on line 1a receive or a	,		,										
	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	-								pensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.	I		•	
	(A) Name and business	address	NO	ONE	₹.				(B) Description of s	services	c)) ompe	رّ ر) nsatioı	า
									·			•		
2	Total number of independent contractors (in		ot lir	nited	d to			ted	above) who received me	ore than				
	\$100,000 of compensation from the organize	zation >				(J							

Form 990 (2018) LEGADO , INC
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1	а	Federated campaigns	1a					
ant	-		Membership dues						
2,5			Fundraising events						
ifts			Related organizations						
nila nila			Government grants (contribution						
Sir			All other contributions, gifts, grant						
oti Per			similar amounts not included above		376,299.				
g i		g	Noncash contributions included in lines 1		,				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f			376,299.			
<u> </u>					Business Code	,			
ø)	2	а							
, <u>vi</u>		b							
Ser		c							
an S		d							
Program Service Revenue		e							
Pro			All other program service rever	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of tax						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
Φ	8	а	Gross income from fundraising	g events (not					
			including \$	of					
Other Revenu			contributions reported on line	1c). See					
¥			Part IV, line 18	a					
Ę		b	Less: direct expenses	b					
١		С	Net income or (loss) from fund	raising events	>				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gami	ing activities					
	10	а	Gross sales of inventory, less r						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
	11								
		b							
		С							
			All other revenue						
			Total. Add lines 11a-11d			276 200		^	^
	12		Total revenue. See instructions	<u></u>		376,299.	0.	0.	0.

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). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 120,151. 107,560. 12,591. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 16,591. 14,852. 1,739. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10,944. 9,810. 1,134. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 3,874. 2,344. 1,530. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 507. 482. 25. Office expenses 13 6,296. 6,021. 275. Information technology 14 15 Royalties 736. 736. 16 Occupancy 37,233. 37,233. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,858. 3,858. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 5,751. 3,318. 2,433. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 46,845. 46,845. CONTRACT LABOR MEALS AND ENTERTAINMENT 15,701. 15,701. <u>6,133.</u> 6,133. TRAINING 5,926. 5,926. d HIVES AND BEEKEEPING 6,967. 2,320. 82. 4,565 e All other expenses _ 287,513. 263,139. 19,809. 4,565. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note	e to any line in this Part X			
		CHOOK II CONTOURS C CONTAINS & TOSPONOC OF HOLE	ste dry into in the tare A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		17,462.	1	111,046.
	2	Savings and temporary cash investments		-	2	-
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensa	, ,			
					5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section	' '			
		employers and sponsoring organizations of secti	* * * * * * * * * * * * * * * * * * * *			
S		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	F		7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		17,462.	16	111,046.
	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 F			21	
(0	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees				
ig		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	T T		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		Schedule D		924.	25	5,722.
	26	Total liabilities. Add lines 17 through 25		924.	26	5,722.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and			
Ś		complete lines 27 through 29, and lines 33 and	d 34.			
nce	27	Unrestricted net assets		16,538.	27	105,324.
<u>a</u>	28	Temporarily restricted net assets			28	
d B	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🗌			
or F		and complete lines 30 through 34.				
)ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or eq			31	
et A	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
Š	33	Total net assets or fund balances		16,538.	33	105,324.
	34	Total liabilities and net assets/fund balances		17,462.	34	111,046.

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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		<u>6,2</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	6,5	<u>38.</u>
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	10	5,3	<u>24.</u>
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	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	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	audit,			
	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 in Sche	dule O.			
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

LEGADO, INC

Beason for Public Charity Status (All propriestions must complete this part) See instructions

Pa	ırt I	Reason for Public 0	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.						
The	organ	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2	\Box	A school described in sect	•										
3	一	A hospital or a cooperative					i).						
4	H	A medical research organiz					•	the hospital's name.					
•	ш	city, and state:	anon operated in eer	,,a		000110		and mospital o maine,					
5		An organization operated for	or the benefit of a col	llege or university owned	d or operate	ed by a go	vernmental unit describe	ed in					
٠	ш	section 170(b)(1)(A)(iv). (C		nogo or armorency owner	or operati	ou by a go	Volumental and accomb	5 4 III					
6		A federal, state, or local gov		aontal unit described in	coction 17	70/6V/1V/AV	(v)						
	X	An organization that norma						aublia dagaribad in					
'	21			intial part of its support if	om a gove	en in i c nitai	unit of from the general [Jublic described in					
		section 170(b)(1)(A)(vi). (C		(1)(A)(vi) (Complete Der	+ II \								
8	H	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											
9	Ш	-	-			=	_	-					
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or					
40		university:	II	11 00 4 /00/ - f it		4							
10	Ш	An organization that norma											
		activities related to its exen	•	•	` '		• • • • • • • • • • • • • • • • • • • •	•					
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	mer June 30, 1975.					
		See section 509(a)(2). (Con	•										
11	\mathbb{H}	An organization organized a	•	*	•								
12		An organization organized a	•	•	•		•						
		more publicly supported or	~					check the box in					
		lines 12a through 12d that	* *										
а			•	•	•	_							
		the supported organization			majority o	of the direc	tors or trustees of the su	pporting					
		organization. You must o	- ·										
b) <u> </u>												
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus											
С	: L		-				• •	ed with,					
	_	its supported organization											
C								* *					
		that is not functionally int	-		-		•	/eness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е	· L	Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or		nally integrated supporti	ng organiz	ation.							
f		er the number of supported of											
		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)					
				above (see instructions))	Yes	No		Годран (сос топасного)					
_													

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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")				33,546.	376,299.	409,845.				
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.	409,845.				
	The portion of total contributions				3373231	3.072330	200,0201				
Ŭ	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,										
	actumn (f)										
•							409,845.				
<u>6</u>	Public support. Subtract line 5 from line 4. etion B. Total Support						409,045.				
		(-) 004 4	(1-) 0045	(-) 0010	(4) 0047	(-) 0040	(f) T-1-1				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 33,546.	(e) 2018 376, 299.	(f) Total 409,845.				
	Amounts from line 4				33,340.	310,233.	409,043.				
8	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						409,845.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)					
	organization, check this box and stop	here					X				
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2018 (li	ne 6, column (f) di	vided by line 11, o	column (f))		14	%				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%				
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly supp	orted organization	١							
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation							
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not								
	and if the organization meets the "fac-										
	meets the "facts-and-circumstances"						▶ □				
b	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the										
	organization meets the "facts-and-circ						ightharpoons				
18	Private foundation. If the organization		-	•							
		ala not oncon a	20.000000000000000000000000000000000000	<u>_, .00, .70, 01 170</u>	, chook and box at	50050 400010113	········ /				

Schedule A (Form 990 or 990-EZ) 2018 LEGADO, INC 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.)

Section A. Public Support	ociow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business 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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0 4 1 6 11 0	(a) 2014	(6) 2013	(6) 2010	(a) 2017	(e) 2010	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 fo	or the organization'	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						_
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2018 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	.018 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	e organization did r				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	· ·			•	ore than 33 1/3%, a	and
20 Private foundation. If the organization		•	· ·		-	

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.
- 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
1		
•		
_		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
10b		
n 990 or 99	0-EZ)	2018

Par	t IV Supporting Organizations _(continued)			
			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		
	ion 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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	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			
Sect	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<u> </u>		
a	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 ins	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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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		
	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		

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
		other Type III non-functionally integrated supporting organizations must cor	nplete Sec	tions A through E.	
Sect	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net	short-term capital gain	1		
2		overies of prior-year distributions	2		
3		er gross income (see instructions)	3		
4		lines 1 through 3	4		
5	Depi	reciation and depletion	5		
6	Porti	ion of operating expenses paid or incurred for production or			
		ction of gross income or for management, conservation, or			
		stenance of property held for production of income (see instructions)	6		
7		er expenses (see instructions)	7		
8		isted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect		- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggı	regate fair market value of all non-exempt-use assets (see			
	instr	uctions for short tax year or assets held for part of year):			
<u></u> а		age monthly value of securities	1a		
		age monthly cash balances	1b		
		market value of other non-exempt-use assets	1c		
		I (add lines 1a, 1b, and 1c)	1d		
		count claimed for blockage or other			
	facto	ors (explain in detail in Part VI):			
2		uisition indebtedness applicable to non-exempt-use assets	2		
3		tract line 2 from line 1d	3		
4		n deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
		nstructions)	4		
5		value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		iply line 5 by .035	6		
7		overies of prior-year distributions	7		
8		mum Asset Amount (add line 7 to line 6)	8		
		- Distributable Amount			Current Year
1	Adiu	sted net income for prior year (from Section A, line 8, Column A)	1		
2		r 85% of line 1	2		
		mum asset amount for prior year (from Section B, line 8, Column A)	3		
4		r greater of line 2 or line 3	4		
<u>.</u> 5		me tax imposed in prior year	5		
6		ributable Amount. Subtract line 5 from line 4, unless subject to			
•		rgency temporary reduction (see instructions)	6		
7	<u> </u>	Check here if the current year is the organization's first as a non-functionally		d Type III supporting orga	nization (see
•		instructions).	,grato	, po in oapporting orga	

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 LEGADO, INC		8	32-2030366 Page 7
Pai		(a)(3) Supporting Orga		-
Sect	ion D - Distributions	(4)(6) 64(6)	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Our ent real
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	
4	Amounts paid to acquire exempt-use assets	cs of supported organizations	3	
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	he organization is responsive		
Ü	(provide details in Part VI). See instructions.	ne organization is responsive		
9	Distributable amount for 2018 from Section C, line 6			
	•			
<u>10</u>	Line 8 amount divided by line 9 amount	(;)	/::\	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u> </u>	Excess from 2017 Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEGADO, INC **Employer identification number** 82-2030366

Pai	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advis	sed 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 ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
b			
С.	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annout in Innated N	
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ü	Land volunteer riburs devoted to morntoning, inspecting, in	marianing of violations, and emoraling con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
•	\$	ing or violations, and emorning conserve	ation casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	include, if applicable, the text of the footnote to the organizati	•	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		g
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:	·	-
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assats included in Form 900 Part V		<u> </u>

(ii) related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Complete if the experimetion analysis of IVan on Form 000 Part IV line 11a Con Form 000 Part V line 10

Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

	Complete in the organization answered Tes on Form 990, Part IV, line Tra. See Form 990, Part X, line To.					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					

Schedule D (Form 990) 2018

	Investments - Other Securities.	E 000 5 : ""		10 D 1 V II 15	
	Complete if the organization answered "Yes" on of security or category (including name of security)	on Form 990, Part IV (b) Book value		0, Part X, line 12. of valuation: Cost or en	d-of-year market value
		(b) Book value	(C) Method (or valuation. Oost of en	a or year market value
	derivativeseld equity interests				
(2) Closely-II (3) Other	ela equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.		•		
	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 99	0, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method o	of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
	Complete if the organization answered "Yes"		, line 11d. See Form 99	0, Part X, line 15.	I a
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>		.=.			
Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>9 75.)</u>			
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Fo	orm 990 Part X line 25	
1.	(a) Description of liability	0111 01111 000, 1 art 10	(b) Book value	Jill 550, Fart X, line 20	·•
	ral income taxes		(2) 20011 10.00		
	EDIT CARD PAYABLE		318	3.	
	ROLL TAXES PAYABLE		5,404		
(4)			5,203		
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line	25)	5,722	2.4	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LEGADO, INC **Employer identification number** 82-2030366

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 99 WITH THE PRESIDENT OF THE BOARD AND THE TREASURER, AND SUBSEQUENTLY PROVIDED EDITS TO THE TAX THEREAFTER, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PREPARER. PRIOR TO BEING FILED WITH THE IRS.

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

THE PURPOSE OF THE POLICY IS TO ENSURE THAT THE COMPANY'S HONESTY AND INTEGRITY ARE NOT COMPROMISED. THE FUNDAMENTAL PRINCIPLE GUIDING THIS POLICY IS THAT NO DIRECTOR OR EMPLOYEE SHOULD HAVE, OR APPEAR TO HAVE, PERSONAL INTERESTS OR RELATIONSHIPS THAT ACTUALLY OR POTENTIALLY CONFLICT WITH THE INTERESTS OF THE COMPANY. THE CONFLICT OF INTEREST POLICY IS PROVIDED TO AND APPLIES TO ALL DIRECTORS, OFFICERS AND EMPLOYEES, AND IS REVIEWED WITH THE BOARD BIENNIALLY.

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 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

LEGADO, INC	82-2030366
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 AVAILABLE TO THE PUBLIC.	
FORM 990 PART IX	
THE 2018 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 THE	Y ACCOMPLISH.