			**			JOSURE CO			_	
	0	90	Return of							OMB No. 1545-0047
Forn	J	J U	Under section 501(c), 5							^{s)} ZUZ1
Department of the Treasury Internal Revenue Service		of the Treasury			-	ers on this form instructions an	-	-		Open to Public Inspection
			ar year, or tax year begi					JUN 30,		inspection
_	heck if		f organization		/ _			· · ·		ation number
	oplicabl	e:	5							
	Addre] Chang	e AMPE	RSAND FAMILIE	ES						
	Name] chang Initial	e Doing bi	usiness as						200443	88
]return]Final		and street (or P.O. box if		red to street	address)	Room/suit			0.0.4
	Ireturn termir		WEST COUNTY				300		-605-1	2,115,221.
	ated Amen		own, state or province, co VILLE , MN 55	5113	or foreign	postal code		G Gross rece H(a) Is this		
	Ireturn Applic tion		nd address of principal o		E KENN	EY			bordinates?	
	pendi		AS C ABOVE					H(b) Are all s		
		empt status:			(insert no.)	4947(a)(1)	or 📃 52	27 If "No,	" attach a l	ist. See instructions
			AMPERSANDFAM		.G	_				number 🕨
			X Corporation Tru	ust 🔄 Assoc	ciation	Other 🕨	L Yea	ar of formation:	2007 <mark>м</mark>	State of legal domicile: MN
Pa	rt I	Summary					MTCCT			
e	1		e the organization's miss SISTOPROVI							
nan	2		$x \rightarrow \square$ if the organiz							
Governance			ting members of the gove		-	-				13
			lependent voting membe							13
Activities &	5	Total number	of individuals employed i	n calendar yea	r 2021 (Part	V, line 2a)			5	29
iti			of volunteers (estimate if							20
Act			d business revenue from							0.
_	b	Net unrelated	business taxable income	from Form 990	D-1, Part I, II	ne 11	<u> </u>	Prior Ye		Current Year
	8	Contributions	and grants (Part VIII, line	1h)					,966.	1,349,167.
nue	9		ce revenue (Part VIII, line						,470.	764,255.
Revenue	10	•	come (Part VIII, column (A	•					,752.	1,799.
۳	11	Other revenue	e (Part VIII, column (A), lin	es 5, 6d, 8c, 9d	c, 10c, and	11e)			,104.	0.
_			- add lines 8 through 11 (nn (A), line 12)		1,751		2,115,221.
			nilar amounts paid (Part I		,				0.	0.
		.	to or for members (Part I) r compensation, employe			(A) lines E 10)		1,165		1,643,453.
Expenses	15 16a	Professional fr	r compensation, employe undraising fees (Part IX, c ing expenses (Part IX, col	column (Δ) line		r (A), imes 5-10)		1,105	0.	0.
ben	b	Total fundraisi	ing expenses (Part IX, col	lumn (D). line 2	5)	81,6	79.			
ŭ	17	Other expense	es (Part IX, column (A), lin	nes 11a-11d, 11	f-24e)			385	,745.	424,033.
	18	Total expense	s. Add lines 13-17 (must	equal Part IX, c	olumn (A),	line 25)		1,550		2,067,486.
	19	Revenue less	expenses. Subtract line 1	18 from line 12					<u>,138.</u>	47,735.
ts or nces								Beginning of Cur		<u>End of Year</u> 939,190.
Assets (Balanc		Total assets (F							<u>,563.</u> ,779.	119,671.
Net /			(Part X, line 26) fund balances. Subtract l						,784.	819,519.
	rt II								// • • • • •	
Unde	er pena	alties of perjury,	I declare that I have examine	ed this return, inc	luding accon	npanying schedule	es and stater	ments, and to the	e best of my	knowledge and belief, it is
true,	corred	ct, and complete.	. Declaration of preparer (oth	ner than officer) i	s based on a	ll information of w	hich prepar	er has any knowl	edge.	
			JBLIC DIS	CLOS	URF	<u>: COP</u>	Y	Det		
Sigr		, -		EVECTIME				Dat	е	
Here	9		STINA ZEISE,	EXECUTI	VE DI	RECTOR				
		Print/Type pre		Pr	eparer's sigr	ature		Date	Check	PTIN
Paid			LLSBURY			LLSBURY		10/05/2	_ · / _	
Prep	arer	Firm's name	► CARPENTER,	EVERT &	ASSO	CIATES, 1	LTD.			11-1534805
Use	Only	Firm's address	▶ 7760 FRANC			E 940				
			BLOOMINGTO					Pho	one no. (95	
			s return with the preparer							
13200	11 12-0 S		For Paperwork Reduction DULE O FOR OF					ENT CONT	INUATI	Form 990 (2021)

		4-200	4438	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			Х
1	Briefly describe the organization's mission:			
	THE MISSION OF AMPERSAND FAMILIES IS TO PROVIDE PERMANENCY			
	ADOPTION SERVICES TO OLDER YOUTH AND FAMILIES WHO FACE BAR	RIERS	то	
	EQUITY IN CHILD WELFARE, AND TO CHAMPION SYSTEMIC CHANGES	THAT	ADVAN	CE
	BELONGING, DIGNITY AND HOPE.			
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 mea	eurod by	ovpopsos	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	-	-	nd
	revenue, if any, for each program service reported.		ipenses, ai	
4.0	(Code:) (Expenses \$1,669,074. including grants of \$) (Revenue \$		764	255.
4a	DURING FY22, WE SUPPORTED 54 YOUTH THROUGH CHILD SPECIFIC		-	
				1;
	26 YOUTH WERE PLACED FOR ADOPTION OR FINALIZATIONS. SIXTY			
	RECEIVED CONSULTATION AND SUPPORT REGARDING THEIR DESIRE T			~
	PERMANENCY TO A RELATIVE CHILD. WE STARTED NEW INNOVATIVE			
	TO SEARCH FOR, IDENTITY, AND ENGAGE RELATIVES AT THE INITI			ť'
	CHILDREN ENTERING FOSTER CARE, SERVING 17 YOUTH, AND PILOT		W	
	EFFORTS TO RE-ENGAGE RELATIVES AFTER PARENTAL RIGHTS HAVE			
	TERMINATED. WE CONTINUED TO DEEPEN OUR POST-PLACEMENT SUP			
	TRAINING IN 13 NEW BUDDY FAMILY VOLUNTEERS TO PROVIDE SUPP	ORT F	OR OU	R
	PLACEMENT FAMILIES. WE RETURNED TO IN-PERSON FAMILY RETREA	TS AN	D	
	ROUNDTABLES, HOSTING 10 PARENT ROUNDTABLES, SERVING 43 FAM			
	THREE RETREATS SERVING 36 FAMILIES. WE INCREASED OUR CLINI	CAL S	UPPOR	ГS
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 ► 1,669,074.		-	
			Form 9	90 (2021
132002	SEE SCHEDULE O FOR CONTINUATION(S)			
	2			
21 A	05 310390 001333 2021.04030 AMPERSAND FAMILI	ES		00133

Form	990	(2021)

 Form 990 (2021)
 AMPERSAND
 FAMILIES

 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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 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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
•	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	•		v
•	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?	•		v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114	- 23	<u> </u>
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X 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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	<u>X</u> (2021)
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 Form 990 (2021)
 AMPERSAND
 FAMILIES

 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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
20	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,	20		
21	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		21		- 23
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
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 X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X 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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included on 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	Х	
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	Λ			-

Pa	990 (2021) AMPERSAND FAMILIES	1	4 - 2004	<u>438</u>	P	_{age} 5
	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		1			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	29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions					37
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					x
Ŀ.	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?		<u>4a</u>		
D	If "Yes," enter the name of the foreign country	aguinta (EDAE	2)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	-		5a		х
	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 transact	tion?		5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
ua				6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution					
U				6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service and the section of the	vices provided to	o the navor?	7a		х
	· · · · · · · · · · · · · · · · · · ·			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			- 15		
J	to file Form 8282?	•		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
-	Section 501(c)(29) qualified nonprofit health insurance issuers.					
3	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
3				13a		
3 a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
3 a b	Is the organization licensed to issue qualified health plans in more than one state? 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	13b		<u>13a</u>		
3 a b	Is the organization licensed to issue qualified health plans in more than one state?	1		13a		
3 b c 4a	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year?	13b 13c		13a 14a		X
3 a b c 4a	Is the organization licensed to issue qualified health plans in more than one state? 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	13b 13c				x
3 a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13b 13c e O ation or		14a		
3 a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i>	13b 13c e O ation or		14a		x
3 a b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	13b 13c e O ation or		14a 14b		x
3 a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> 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?	13b 13c = 0 ation or		14a 14b		
a b c	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> 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? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c = 0 ation or		14a 14b 15		x
3 a b c 4a b 5 6	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> 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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	13b 13c ation or income?		14a 14b 15		x
3 a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? 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 Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> 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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	13b 13c ation or income?		14a 14b 15		x

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Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Part Vi	

X	

<u>Sec</u>	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	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		Х
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 ap	ppoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	iched a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ly befoi	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	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 "	Yes," a	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		2014 - L			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10		v
Ŀ	taxable entity during the year?			16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is is in the second test works and the second test se	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			104		
Sec	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed MN					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 000	T (section 501(c)(3)s	only	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.		- (SCOROTI SUTIC)(S)S	Siny)	availat	
		n or C	abadula O			
19	LX Own website LX Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, compared to the second documents.		,	financ	ial	
13	statements available to the public during the tax year.	Simot	and a second policy, and	man	101	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records			
20	CHRISTINA ZEISE - 612-605-1904					
	1751 COUNTY ROAD B WEST, SUITE 300, ROSEVILLE, MN	551	.13			
132004			-	Form	990	(2021)
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Form 990	(2021) AMPERSAND FAMILIES	14-2004438	Page 7
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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 Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 indication of the rest of station track. Interview at station rest. (if carry related organization below be	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below issue week provint is being any (list any hours for related organizations below compensation for metato organizations (W2/1099-NISC/ 1099-NEC) compensation of the organizations (W2/1099-NISC/ 1099-NEC) amount of other compensation from the organizations and related organizations (1) MICHELLE CHALMERS 40.00 x 103,895. 0. 13,296. (2) AL WILLIG 40.00 x 0. 0. 13,357. (3) CHRISTINZ ZEISE 40.00 x 0. 0. 2,983. (4) ANGELA GILCHEIST 2.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. (4) ANGELA GILCHEIST 2.000 x 0. 0. 0. 0. 0. DIRECTOR 2.000 x 0. 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0.	Name and title	Average	(do					one	Reportable	Reportable	Estimated
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	DIRECTOR		Х						0.	0.	0.
			1								

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	990 (2021) AMPERSANI									14-20)044	438	P	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		· /				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle:	ss per	ition more rson i	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	on J	ar	(F) stimate nount other	of
		(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/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
	Subtotal								180,954.		0.	2	9,6	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 180,954.		0.	2	9,6	0. 36.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer,	director, truste	e. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on	1		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual	, 				, 					3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	bensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	ndir	ng wi	ith c	or wit	thin 	the organization's tax y (B)	ear.		(0	<u>.)</u>	
	Name and business	address	NC	ONE	2				Description of s	ervices	C		nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				
	X											Form	990 ()	2021)

132008 12-09-21

Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O c	contains a re	esponse o	or note to any lin			(
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c f g	Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I	ibutions) grants, and above	1f 1g \$	669,242. 679,925.	1,349,167.			
0 0	h	Total. Add lines 1a-1f			Business Code				
Program Service Revenue	2a b c d e					764,255.	764,255.		
ā	f	1 5							
	g					764,255.			
	3 4	Investment income (includ other similar amounts) Income from investment o	of tax-exemp	t bond pi	roceeds	1,799.			1,799.
	5	Royalties							
	6 a b c	Less: rental expenses	(i) 6a 6b 6c	Real	(ii) Personal				
	d	Net rental income or (loss))		🕨				
	7 a	Gross amount from sales of assets other than inventory	(i) Sec 7a	curities	(ii) Other				
Revenue		Less: cost or other basis and sales expenses	7b 7c						
eve		Gain or (loss)							
Other R		Net gain or (loss) Gross income from fundraisir including \$ contributions reported on Part IV, line 18	ng events (no line 1c). See	t of e	F				
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross income from gamin Part IV, line 19		9a					
		Less: direct expenses							
		Net income or (loss) from g Gross sales of inventory, le	ess returns		····· •				
	F	and allowances							
		Less: cost of goods sold Net income or (loss) from s		····					
			Sales of ITIVE		Business Code				
sno	11 a								
Miscellaneous Revenue	b								
eve:	с								
Alisc B	d	All other revenue							
2	е	Total. Add lines 11a-11d			►				
	12	Total revenue. See instructio	ons		►	2,115,221.	764,255.	0.	1,799.
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Form 990 (2021)

AMPERSAND FAMILIES

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	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	210,590.	171,417.	30,349.	8,82
6	Compensation not included above to disqualified	-	-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,175,440.	956,793.	169,394.	49,25
8	Pension plan accruals and contributions (include			,	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	159,605.	129,917.	23,001.	6,68
0	Payroll taxes	97,818.	79,622.	14,097.	4,09
1	Fees for services (nonemployees):	.,			_,
	Management				
b	Legal				
	Accounting				
d	Lobbying				
e e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	112,348.	52,787.	53,584.	5,97
<u>^</u>	Advertising and promotion	112,540.	52,707.	55,5040	5,57
2	-	39,828.	28,863.	7,408.	3,55
3	Office expenses	13,995.	12,615.	953.	42
4	Information technology	13,555.	12,013.	555.	74
5	Royalties	87,605.	78,845.	6,132.	2,62
6		18,358.	18,358.	0,152.	2,02
7	Travel	то, эро.			
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	2,742.	2,468.	192.	8
2	Depreciation, depletion, and amortization	17,281.	15,553.	1,728.	0
3		11,201.	13,333.	1,/20.	
1	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	PERMANENCY SERVICES	106,248.	106,248.		
b	STAFF & VOLUNTEER DEVEL	11,856.	9,303.	2,553.	
с	MISCELLANEOUS	10,096.	4,693.	5,258.	14
d	MEMBERSHIP DUES	3,676.	1,592.	2,084.	
	All other expenses	-	-	-	
-		2 067 496	1 660 074	216 722	01 67

2,067,486.

AMPERSAND FAMILIES

Form 990 (2021) 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

132010 12-09-21

25 26

Check here

Total functional expenses. Add lines 1 through 24e

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)

1,669,074.

316,733

Form 990 (2021)

81,679.

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Form 990 (2021) AMPERSAND FAMILIES Part X Balance Sheet Image: Control of the second se

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

			<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			37,384.	1	28,682.
	2	Savings and temporary cash investments			574,570.	2	430,369.
	3	Pledges and grants receivable, net			184,931.	3	238,187.
	4	Accounts receivable, net			54,829.	4	172,985.
	5	Loans and other receivables from any current or			. ,		,
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi					
	-	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				24,783.	9	29,963.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	41,829.			
	b	Less: accumulated depreciation		2,825.	17,066.	10c	39,004.
	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	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			893,563.	16	939,190.
	17	Accounts payable and accrued expenses			121,779.	17	119,671.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ŝ	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			101 770	25	110 671
	26	Total liabilities. Add lines 17 through 25			121,779.	26	119,671.
ŝ		Organizations that follow FASB ASC 958, check	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			770,784.	27	736,249.
ala	27	Net assets without donor restrictions			1,000.	21	83,270.
ар	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95			1,000.	20	05,270.
'n		and complete lines 29 through 33.	56, Che				
P	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
let /	32	Total net assets or fund balances			771,784.	32	819,519.
z	33	Total liabilities and net assets/fund balances			893,563.	33	939,190.
					,		

Form 990 (2021)

Form	1990 (2021) AMPERSAND FAMILIES	14	-2004438	Pag	_{ge} 12
Par	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	2,115		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,067		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	771	.,78	84.
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	819	,51	<u>19.</u>
Par	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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?			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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	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 Au			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

Nan	ne of t	the organization							dentification number				
_			RSAND FAMI						4-2004438				
Pa	irt I	Reason for Public C	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz						(iii). Enter	the hospital's name,				
		city, and state:											
5	\square	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in				
-		section 170(b)(1)(A)(iv). (C		o ,		, 0							
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)						
7	H	An organization that norma	-					o gonoral r	oublic described in				
'		section 170(b)(1)(A)(vi). (C	•		on a gove	Innentar		ie general j					
8				1)(A)(vi) (Complete Par	+ 11 \								
9	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
40	X	university:	II	then 00 1/00/ of its summ									
10		An organization that norma											
		activities related to its exem											
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	aπer June 30, 1975.				
		See section 509(a)(2). (Cor											
11	\mathbb{H}	An organization organized a		•	-								
12		An organization organized a	•	•	•			•					
		more publicly supported or							Sheck the box on				
	_	lines 12a through 12d that	• •					-					
а		Type I. A supporting orga		-	• • • •	-							
		the supported organization			i majority o	of the direc	tors or trustee	es of the su	ipporting				
	_	organization. You must c											
b		Type II. A supporting org	-				•		•				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus											
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,				
	_	its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.						
C		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness				
		requirement (see instructi	,	• •									
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III					
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
<u> </u>		vide the following information			(iv) is the oras	inization listed							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)				
Tota	al												

Schedule A	(Form	990	202
		000	1 202

14-2004438 _P	Page	2
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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	L			_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				-		
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	
		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4 Gross income from interest,						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	-		12	
	First 5 years. If the Form 990 is for th	i i	,			· · · ·	
	organization, check this box and stop	U U					
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatior	۱			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported of	organization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu						>
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1140255.	1160340.	1300354.	922,966.	1349168.	5873083.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1140255.	1160340.	1300354.	922,966.	1349168.	5873083.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						5873083.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1140255.	1160340.	1300354.	922,966.	1349168.	5873083.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	520.	1,191.	1,124.	1,752.	1,799.	6,386.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	520.	1,191.	1,124.	1,752.	1,799.	6,386.
	Net income from unrelated business activities not included on 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.)	8,294.	13,611.	18,401.			16,202.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1149069.	1175142.	1319879.	900,614.	1350967.	5895671.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	n,
Sec	ction C. Computation of Publi	c Support Per	centage			r - 1	
15	Public support percentage for 2021 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	<u>99.62 %</u>
	Public support percentage from 2020					16	99.28 %
	ction D. Computation of Inves					I I	
	Investment income percentage for 20 Investment income percentage from a			ne 13, column (f))		17 18	<u>.11 %</u> .08 %
	33 1/3% support tests - 2021. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organizat	tion	► X
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st e	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
13202	23 01-04-22		15			Schedule A	(Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A	(Form 990) 202	1 AMPERSAND	FAMILIES
Part IV	Supporting	J Organizations (continued	d)

Yes No

11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons? Image: Control of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the following persons described on lines 11b and 11c below, the governing body of a person described on line 11a above? Image: Control of the following persons described on line 11a, 11b, or 11c, provide Image: Control of the following person described on line 11a or 11b above? b A family member of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11a or 11b above? Image: Control of the following person described on line 11

more supported organizations have	the power to regularly appoint or elect at least a majority of the organization's officers,			
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			
	onditions or restrictions, if any, applied to such powers during the tax year.	1		
	benefit of any supported organization other than the supported			
organization(s) that operated, super	vised, 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 suppo Section C. Type II Supporting C	rting organization.	2		

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)

Section D). All Typ	e III Sup	porting	Organizations

			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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	fv the Integral Part Test during the year	(see instructions).
-	Onech the box next to the method that the organization used to satis	ing the integral i art rest during the year	(

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent	of each of its	s supported	organizations.	Complete line 3 below	
---	--	------------------	---------------	----------------	-------------	----------------	-----------------------	--

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
-----	--	-------------------------	------------------------------------	-------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2021

132025 01-04-22

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instruction
•	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	inization (see

Schedule A (Form 990) 2021 AMPERSAND FAMILIES Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Form 990) 2021

AMPERSAND FAMILIES

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	•			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	Section E - Distribution Allocations (see instructions) (i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2021			IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	a From 2016				
b	b From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	AMPERSAND		<u>1</u> 4-	2004438	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV	e explanations required by Part II, line 10; Part II, line 17a c , 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines , Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part n E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Pa 1 and 2; V, Sectio	art III, line 12; Part IV, Section on B, line 1e; Pa	C.
132028 01-04-2	2			Sch	edule A (Form 9	90) 2021
102020 01-04-2	-		20	00110		20, 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal neveriue Service

Name of the organization

Organization type (check one):

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Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

14-2004438

AMPERSAND	FAMILIES

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

AMPERSAND FAMILIES

Name of organization

Employer identification number

Page 2

14 - 2004438

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 30,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 669,242. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 35,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

22

2021.04030 AMPERSAND FAMILIES

123452 11-11-21

Schedule B (Form 990) (2021)

AMPERSAND FAMILIES

Name of organization

Employer identification number

14 - 2004438

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 77,616. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990)) (2021))
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Name of organization

Page 3 Employer identification number

14 - 2004438

AMPERSAND FAMILIES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

15221005 310390 001333

2021.04030 AMPERSAND FAMILIES

24

Name of o	rganization				Employer identification number
AMPER	SAND FAMILIES				14-2004438
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the followi charitable, etc., contributions of	na line entry For c	organizations	nat total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
		(e) Transf	er of gift		
-	Transferee's name, address, a 	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
-		(e) Transf	er of gift	I	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-					
	Transferee's name, address, a	(e) Transf		elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	ription of how gift is held
-					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

15221005 310390 001333

Schedule B (Form 990) (2021)	
Name of organization	

SC	SCHEDULE D Supplemental Financial Stateme					OMB No. 1545-0047
	n 990)	Complete if the org				2021
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d Attach to Form 990			Open to Public
	I Revenue Service	Go to www.irs.gov/Form9			ı	Inspection
Nam	e of the organization	on AMPERSAND FAMILIES			Emp	ployer identification number $14 - 2004438$
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Othe	er Similar Funds or A	\ccour	
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor ac	lvised funds	(b) Fun	ids and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in			nds	
	are the organizatio	on's property, subject to the organization's	exclusive legal contr	ol?		Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be used	only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or fo	or any other purpose confe	rring	
	impermissible priva					Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered	"Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	oly).		
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a his	storically	important land area
	Protection o	f natural habitat		Preservation of a ce	rtified his	storic structure
	Preservation	n of open space				
2		through 2d if the organization held a qualit	fied conservation cor	tribution in the form of a c	onserva	
	day of the tax year					Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	•				2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c	
d		vation easements included in (c) acquired a				
		nal Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished,	or terminated by the orga	nization	during the tax
	year 🕨					
4		where property subject to conservation eas	-			
5		tion have a written policy regarding the per				
_		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations	s, and enforcing conservat	ion ease	ements during the year
_		<u> </u>				
7		es incurred in monitoring, inspecting, hanc	aling of violations, and	d enforcing conservation e	asemen	ts during the year
~	►\$					
8		vation easement reported on line 2(d) abov	• •			
•)(4)(B)(ii)? be how the organization reports conservation				L Yes . No
9		•		•		
		d include, if applicable, the text of the footr	lote to the organizati	on s inancial statements t	nat desc	mbes the
Pa	t III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art. Historical	Freasures, or Other	Simila	r Assets.
		f the organization answered "Yes" on Form		,		
19		elected, as permitted under FASB ASC 95		revenue statement and br	alance el	neet works
Id	•	elected, as permitted under FASB ASC 93 easures, or other similar assets held for put	· ·			
		Part XIII the text of the footnote to its finar	,		00 00	
b	· •	elected, as permitted under FASB ASC 95			ce sheet	works of
5	-	sures, or other similar assets held for public				
		ing amounts relating to these items:			ee er pui	
	-	ded on Form 990, Part VIII, line 1			►	\$

b	Assets included in Form 990, Part X			🕨	· \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Sch
13205	10-28-21				
		26			
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the following amounts required to be reported under FASB ASC 958 relating to these items:

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

Schedule D (Form 990) 2021

▶ \$

▶ \$

LHA

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contraued) 3 Using the organization's accussion, and other records, check any of the following that make significant use of its contrained of the control of the following that make significant use of its control of the control of	Sche		ND FAMILIES				14-2	200443	8 Pa	age 2
collection lemis (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or (Other S	imilar Ass	ets _{(contil}	nued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that n	nake sign	ificant use of i	ts		
b Scholary research e Other c Prevention for future generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization assets to be solid the organization assets to be solid the organization of art, historical treasures, or other similar assets to asset on an assets to asset on an assets to asset on an asset on form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Itele Amount to an other on form 990, Part X, line 21. b If Yes''s explain the arrangement in Part XIII and complete the tollowing table: Amount to table organization include an amount on Form 990, Part X, line 21. (or secret or custodial account liability? Yes No b If Yes''s explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Part Yes''s on Form 980, Part X, line 21. Pare Yes''s to table organization answered 'Yes' on Form		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization is collections and explain how they thrhan the organization's exempt purpose in Part XIII. 5 During the year, did the organization solic or receive donations of art, historical treasures, or other similar assets 1 be sold to raise funder rather than to be mantaned as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Both organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 2 Both organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 3 Data reganization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 4 Provide organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? 4 Provide informed Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1 Beginning of year balance 6 Othere organization include an amount on Form 990, Part X, line 10. </th <th>а</th> <th>Public exhibition</th> <th>d</th> <th>Loan or ex</th> <th>change program</th> <th>า</th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	d	Loan or ex	change program	า				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization include an amount on Form 990, Part X1, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization in norm 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes, 'explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization include in the organization include	b	Scholarly research	е	Other						
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tops rold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id c Beginning balance 1d Id Id d Additions during the year 1d Id Id f Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Im Ves No b If "esc." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im	4	Provide a description of the organization's co	ollections and explain	how they further	the organization	's exempt	purpose in P	art XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount a dations during the year a Ending balance a Beginning of year balance a Beginning of year balance a Current year b Prior year b Prior year c Ontributions c Ontributions c Ontributions d Grants or scholarships a Current year mode balance (line 1g, column (a)) held as:	5	During the year, did the organization solicit of	or receive donations of	art, historical trea	asures, or other	similar as	sets			-
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on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back if (d) Three years back if (e) Four years back if a dramts or scholarships c Net investment earnings, gains, and losses 1 1 d Administrative expenses 1 1 g End of year balance % 1 1 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment \										
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year end balance (line 1g, column (a)) held as: (a) Contributions (b) Premanent endowment >	t						·			1
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1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs interpretation f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g End of year balance i g f Administrative expenses g Ford of year balance g % b Permanent endowment ▶ % t The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Inrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? d Describe in Part XIII the intende							Three years ha	ick (e) Fou	r vears	hack
b Contributions	10	Reginning of year balance	(u) ourrent your						youro	buok
c Net investment earnings, gains, and losses	la b									
d Grants or scholarships	0									
e Other expenditures for facilities and programs	с А									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thuds not in the possession of the organization that are held and administered for the organization by: (i) (ii) Related organizations (iii) Beard deginations (iii) Related organizations (iii) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements 21,323. 1,150. 20,506. 1,675. 18,831. e Other	u o									
f Administrative expenses	C									
g End of year balance	f									
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) depreciation 1a Land b Suidings c Leasehold improvements 21,323. 1,150. 20,173. d Equipment 20,506. 1,675. 18,831.										
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b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Interlated organizations listed as required on Schedule R? (i) Land, Buildings, and Equipment. Yes 'no. A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Description of property (a) Cost or other b Buildings	- a									
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 21,323. 1,150. 20,173. d Equipment e Other	с									
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 0, 1, 675. (c) Leasehold improvements (c) Leasehold improvements (c	3a			on that are held a	and administered	d for the c	organization			
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(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		(i) Unrelated organizations						3a(i)		
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990, F	Part X, line	e 10.			
b Buildings 21,323. 1,150. 20,173. c Leasehold improvements 20,506. 1,675. 18,831. e Other 0 0 0 0		Description of property		• •		.,		(d) Boo	k valu	e
b Buildings 21,323. 1,150. 20,173. c Leasehold improvements 20,506. 1,675. 18,831. e Other 0 0 0 0	1a	Land								
d Equipment 20,506. 1,675. 18,831. e Other										
e Other	с	Leasehold improvements					1,150.	2	0,1	73.
	d	Equipment		:	20,506.		1,675.	1	8,8	31.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	column (B), line	10c.)	<u></u>	►	3	9,0	04.

Schedule D (Form 990) 2021

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Schedule D (Form 990)		FAMILIES
Part VII Investm	ents - Other Securities	

14-2004438 Page 3

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets. Complete if the organization answered "Yes" of (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) 1 (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of the organization answer	Description		
Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		
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art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description		
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description		
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) (2) (3)	Description		
art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description		
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art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		
Art IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 AMPERSAND FAMILIES			14-2	2004438	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,133,	493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b			18,272.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	18,	,272.
3	Subtract line 2e from line 1			3	2,115	,221.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,115	,221.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	2,085,	,758.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	18,272.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,272.
3	Subtract line 2e from line 1			3	2,067	486.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,)		5	2,067	486.
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.

PART X, LINE 2:

INCOME TAX

AMPERSAND FAMILIES HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE Schedule D (Form 990) 2021 132054 10-28-21 29 15221005 310390 001333 2021.04030 AMPERSAND FAMILIES 001333_1

Schedule D (Form 990) 2021	AMPERSAND FAMILIES	
Part XIII Supplemental Information (continued)		

CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

AMPERSAND FAMILIES

Employer identification number 14 - 2004438

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

YOUTH AND FAMILIES WHO FACE BARRIERS TO EQUITY IN CHILD WELFARE, AND TO

CHAMPION SYSTEMIC CHANGES THAT ADVANCE BELONGING, DIGNITY AND HOPE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO FAMILIES FROM .5 FTE TO TWO; COMPLETING SEVEN ASSESSMENTS. MINNESOTA

HEART GALLERY PROVIDED 55 YOUTH WITH PROFESSIONAL PHOTO SESSIONS; THESE

PHOTOS HELP WITH FAMILY RECRUITMENT. WE STRENGTHENED THE MYVOICE

PROGRAM AND PROVIDED OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT AND

ENGAGEMENT FOR 58 YOUTH, AVERAGING 27 YOUTH PER QUARTER; THESE ARE

YOUTH LIVING IN ADOPTIVE OR RELATIVE GUARDIANSHIP HOMES, FOSTER CARE,

GROUP HOMES OR RESIDENTIAL TREATMENT.

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

LINE 11B EXPLANATION - FORM 990 WILL FIRST BE REVIEWED BY THE FINANCE

COMMITTEE, THEN PASSED ONTO THE FULL BOARD FOR REVIEW AND APPROVAL.

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

EVERY YEAR THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY & FILLS OUT &

TURNS IN A WRITTEN CONFLICT OF INTEREST FORM.

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

MN COUNCIL OF NONPROFITS DATA BOOK; DISCUSSION AND APPROVAL OF ED SALARY

AMONG BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2021 Name of the organization	Page : Employer identification number 14-2004438
AMPERSAND FAMILIES	14-2004438
UPON REQUEST	
132212 11-11-21 32	Schedule O (Form 990) 202