			* Doturn o	* PUBLI	C DI	SCLOSUR	E COPY '	** • •		Tay		OMB No. 15	45-0047
-	m 9	an	Return o	•			-					ח חר	
⊦or	mJ	JU	Under section 501(c),	•				•			ns)	<u> </u>	<u>'3</u>
		f the Treasury	Do not enter social security numbers on this form as it may be Go to www.irs.gov/Form990 for instructions and the latest in						-			Open to F Inspect	
		a 2023 calend	ar year, or tax year be	-		2023	and ending			, 2024		mspeci	
_	Check if		f organization	ginning U	<u>, 10 – 1</u>	2025				yer identifi	cation	number	
	applicabl	e:	rorganization							yer laentin	cation	maniber	
	Addre		RSAND FAMILI	ES									
	Name chang		usiness as						14	-20044	38		
	Initial	Number	and street (or P.O. box it	f mail is not del	ivered to s	treet address)	Room/s	suite	E Teleph	none numbe	r		
	Final return/		WEST COUNTY	ROAD H	3		300		61	2-605-			
	termin ated	City or t	own, state or province,		ZIP or for	eign postal co	de		G Gross re	ceipts \$		3,038,	<u>.593.</u>
	Ameno	ROSE	-	5113			_		H(a) Is th	is a group r	eturn		
	Applic tion pendir		nd address of principal	officer: CHR	ISTIN	A ZEISE	6			ubordinates			XNo
		SAME	AS C ABOVE					507		I subordinates ir			No No
		empt status:	$\frac{\mathbf{\Delta} 501(0)(3)}{\mathbf{AMPERSANDFAM}}$	(C)()	(insert	[no.) 494	47(a)(1) or 🛄	527		lo," attach a			ons
	Websit				sociation	Other		Voor o		up exemption: 2007			ninilo . MN
	art I	Summarv			3001411011		L	rear c		. 2007 1	VI State	e ut tegat uutt	IICHE, MIL
		Briefly describ	be the organization's mis	sion or most	significan	t activities:	THE MISS	IOI	NOFZ	AMPERS	AND		
S	1.	FAMILIE	S IS TO PROV	IDE PEF	RMANE	NCY AND	ADOPTIC	DN	SERVI	CES TO	OL	DER	
Governance	2	Check this bo					r disposed of n						
ver	3	Number of vot	ting members of the gov	verning body ((Part VI, li	ne 1a)	•			3			8
		Number of ind	dependent voting memb	ers of the gov	erning bo								8
Activities &	5	Total number	of individuals employed	in calendar y	ear 2023	(Part V, line 2	a)			5			35
viti	6	Total number	of volunteers (estimate i	f necessary)						6			20
Acti	7 a	Total unrelated	al unrelated business revenue from Part VIII, column (C), line 12										0.
_	b	Net unrelated	business taxable incom	e from Form	990-T, Pa	rt I, line 11		<u></u>					0.
									Prior \			Current Ye	
ē	8	Contributions	and grants (Part VIII, lin	e 1h)						6,270.		<u>2,985,</u>	
Revenue	9	•	ice revenue (Part VIII, lin	•					1.	<u>1,125.</u>		16,	400.
Sev	10		come (Part VIII, column							738.		1 1	377.
	11		e (Part VIII, column (A), li						2 66	0.			846.
			- add lines 8 through 11			0)			2,00	<u>8,133.</u> 0.		3,014,	0.
			milar amounts paid (Parl) I' 4)	,				0.			0.
	45		to or for members (Part r compensation, employ				5 10)		2,06	4,196.		2,173,	
Expenses	160		undraising fees (Part IX,						2,00	<u>. 0.</u>		2,1,5,	0.
oen o	h		ing expenses (Part IX, c			16	52,160.						
Ĕ	17		es (Part IX, column (A), I	(),	,				72	8,873.		692.	132.
			es. Add lines 13-17 (mus						2,79	3,069.		2,865,	
			expenses. Subtract line							4,936.			445.
or	ci i							Beg		urrent Year		End of Ye	ar
Assets	20	Total assets (F	Part X, line 16)						1,49	6,661.		1,534,	666.
ASS	21	Total liabilities	s (Part X, line 26)							2,078.			638.
-BRe-			fund balances. Subtract	line 21 from	line 20				69	4,583.		843,	,028.
	art II	Signature											
			I declare that I have examin		-					-	/ knowl	edge and bel	ief, it is
true	, correc		. Declaration of preparer (o	ther than office		on all informat	ion of which prep	oarer h	has any kno	wledge.			
Sign		Signature of of	ALIC DISC	LUS	URE		- Y			ate			
		ů.			יחדת נ				D	ale			
He	re	Type or print n	NA ZEISE, EX	ECUTIVE	S DIR	ECTOR							
					Dranara	oignoturo			ate	Check		PTIN	
Pai	h	Print/Type prep MATT PT	parer's name LLSBURY			s signature PILLSB U	IRV			24		015656	509
	u parer	Firm's name				OCIATES						534805	
	Only	Firm's address					,				<u> </u>	554005	,
030	only	auuress	BLOOMINGTON		-	10 710			D	hone no. (9	52)	831-0	085
Ma	v the IF	r RS discuss this	s return with the prepare	-		structions						X Yes	<u>No</u>
_			eduction Act Notice, s				332001 12-21-23				L	_	0 (2023)
		• • • • • •	· · · · · · · · · · · · · · · · · · ·			-	= - = 2						、)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	990 (2023) AMPERSAND FAMILIES	14-2004438	Page 2
_	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 PERMANE ADOPTION SERVICES TO OLDER YOUTH AND FAMILIES WHO FACE		
	EQUITY IN CHILD WELFARE, AND TO CHAMPION SYSTEMIC CHANG		ר <u>ה</u>
	BELONGING, DIGNITY AND HOPE.	ES INAL ADVAN	-6
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	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	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, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported.	1.0	4.0.0
4a			400.
	DURING FY24, WE SUPPORTED 53 YOUTH THROUGH CHILD SPECIF		m O
	RECRUITMENT; RECEIVED CONSULTATION AND SUPPORT REGARDING PROVIDE PERMANENCY TO A RELATIVE CHILD. WE EXPANDED OUR		10
	PROVIDE PERMANENCI TO A RELATIVE CHILD: WE EXPANDED OUR PROGRAMMING TO SEARCH FOR, IDENTIFY, AND ENGAGE RELATIV		
	INITIAL POINT OF CHILDREN ENTERING FOSTER CARE, SERVING		<u>ר</u>
	PILOTED NEW EFFORTS TO RE-ENGAGE RELATIVES AFTER PARENT		
	BEEN TERMINATED. WE PILOTED NEW EFFORTS TO RE-ENGAGE RE		
	PARENTAL RIGHTS HAVE BEEN TERMINATED FOR 39 YOUTH. WE C	ONTINUED TO	
	DEEPEN OUR POST-PLACEMENT SUPPORTS BY ENGAGING 6 BUDDY	FAMILY	
	VOLUNTEERS TO PROVIDE SUPPORT FOR OUR FAMILIES WITH YOU	TH IN THEIR	
	CARE.		
	SEE SCHEDULE O FOR ADDITIONAL PROGRAM LANGUAGE.		
4b	(Code:) (Expenses \$) (Re	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
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4c	(Code:) (Expenses \$ including grants of \$) (Re	/enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
4c		/enue \$	
4c 4d	Other program services (Describe on Schedule O.)	/enue \$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	venue \$	
	Other program services (Describe on Schedule O.)		
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,233,611.) 	90 (2023
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 	90 (2023)

Form	990	(2023)

 Form 990 (2023)
 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_
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	_		77
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts part listed in Part X; or provide credit courseling, debt management, credit repair, or debt pagetiation services?			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes," complete Schedule D, Part IV	3		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 23
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
^D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	Х	
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
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	0000	Х
332003	12-21-23	Form	990	(2023)

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 AMPERSAND
 FAMILIES

 Part IV
 Checklist of Required Schedules (continued)

Pai	rt 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See 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>			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 20		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X 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
	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		<u> </u>
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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
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	1		
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) AMPERSAND FAMILIES 14-2004	138	Pa	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 35				
h		0h	X		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	-	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f			
f					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8					
0	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a			
a b		9b			
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37	
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			37	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.	Earm	990	(2022)	
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Form 990	(2023)
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AMPERSAND FAMILIES

Section A. Governing Body and Management

X

3_1

Yes No

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 F	Dart \/I
Check if Schedule O contains a response of hote to any line in this r	- al vi

			8		100	110
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	0	-		
	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.		0			
-	Enter the number of voting members included on line 1a, above, who are independent		8	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	•				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one o	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders	, 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	ear by the follo	owing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the	,			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Cod	e.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filir	ng the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," descri	be			
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by indepe	ndent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its partici	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (se	ection 501(c)(3)s	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (expla	in on Schedu	ule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of inte	erest policy, and	l finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and rec	ords			
	CHRISTINA ZEISE - 612-605-1904					
	1751 COUNTY ROAD B WEST, SUITE 300, ROSEVILLE, MN	55113				
32006	5 12-21-23			Forn	n 990	(2023
	6					
11	.18 310390 001333 2023.05000 AMPERSAN	ND FAMI	LIES		00	133

(15) JENNY PRINGLE 2.00	DIRECTOR			х			(C
	(15) JENNY PRI	NGLE	2.00					_

AMPERSAND FAMILIES Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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

(A)	(B)	l		(0	;)			(D)	(E)	(F)
Name and title	Average	(do		Posi	tion		one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per d a di	son is	s both	ı an	compensation	compensation	amount of
	week			u a u	recto	1/1/1/1/1/1)	from the	from related	other
	(list any hours for	ndividual trustee or director				Б		organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) CHRISTINA ZEISE	40.00									
EXECUTIVE DIRECTOR				Х				132,077.	0.	11,281.
(2) AL WILLIG	40.00									
FINANCE DIRECTOR				Х				85,779.	0.	13,793.
(3) TAMMY BLOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(4) TAMARA PIESCHKE	2.00									
DIRECTOR		Х						0.	0.	0.
(5) STEVE KENNEY	2.00									
CHAIR		Х		Х				0.	0.	0.
(6) SARA UMBREIT	2.00									
DIRECTOR		Х						0.	0.	0.
(7) LUCIUS LUTHER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) KATEE WUTT	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) JOHN KUNELIUS	2.00									
DIRECTOR		Х						0.	0.	0.
(10) BROOKE HEIN	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) ANGELA GILCHRIST	2.00									
DIRECTOR		Х						0.	0.	0.
(12) NILA GOULDIN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) ANGELA KING-JONES	2.00									
DIRECTOR		Х						0.	0.	0.
(14) RACHEL MARTINEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(15) JENNY PRINGLE	2.00									
DIRECTOR		Х						0.	0.	0.
(16) ALIYA WHITE	2.00									
DIRECTOR		Х						0.	Ο.	0.
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Form 990 (2023)

	990 (2023) AMPERSANI	FAMILI	ES	5						14-2004	4438 Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	than of than of is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal Total from continuation sheets to Part VI								217,856.	0	
	Total (add lines 1b and 1c) Total number of individuals (including but n								217,856.	0	
3	compensation from the organization Did the organization list any former officer,	director. truste	e. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on	Yes No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3 X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	iccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	dual for services	4 X 5 X
Sec ⁻	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										ation from
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	(C) Compensation
								_			
2	Total number of independent contractors (ii \$100,000 of compensation from the organia	•	ot lin	niteo	d to	thos (-	ted	above) who received me	ore than	
										I	Form 990 (2023)

Sectore Innetion revenue Statistics revenue Tom Bix offs Sectore 1	Pa	rt V	<u>/</u>	Statement of Rev	ven	ue						
Total revenue Related or exempt function revenue Universe business revenue workses VPC 1 a b Federated campaign 1 b 1 b Federated campaign 1 b 1 b Federated campaign 1 b 1 b 1 b Federated campaign 1 b 1 b <t< th=""><th></th><th></th><th></th><th>Check if Schedule O o</th><th>conta</th><th>ains a res</th><th>sponse</th><th>or note to any lir</th><th>ne in this Part VIII</th><th></th><th>(0)</th><th></th></t<>				Check if Schedule O o	conta	ains a res	sponse	or note to any lir	ne in this Part VIII		(0)	
In Product ampaging In End Product ampaging Image of the Product and provides Image of the Pr										Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
g Total. Add lines 2a.21 16 , 400 . 3 g Total. Add lines 2a.21 16 , 400 . 3 g Investment income (including dividends, interest, and one similar amounts) 377. 377. g Income from investment of tax-exempt bond proceeds 377. 377. g Income from investment of tax-exempt bond proceeds 5 70. g Gross rents 6a 00. Personal 00. g Gross rents 6a 00. Personal 00. g Gross amount from sales of assets other than inventory than inventory assets other than inventory assets other than than than than than than than than			b c d e f <u>g</u>	Membership dues Fundraising events Related organizations Government grants (contri- All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibutio grant abov lines 1	1 1 1 0 ns) 1 is, and re 1 a-1f 1	b c d e 2, f g \$	286,076.	2,985,725.			sections 512 - 514
g Total. Add lines 2a.2f 16 , 400 . g Total. Add lines 2a.2f 16 , 400 . g Investment income (including dividends, interest, and other similar amounts) 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from investment of tax-exempt bond proceeds 377. g Income from (loss) Income from funditasing events 10.000 g Gross income from fundraising events front including \$ 16 , 529 . 16 , 375 . g Gross income from gaming activities. See [32 / 375 . 38 / 24 , 245 . g Gross income from gaming activities. See [38 / 24 , 245 . 2 , 130 . g Gross income from gaming activities. See [39 / 30 / 4 , 348 . 36 / 30 / 31 / 3	gram Servi Revenue		c d	c								
3 Investment income (including dividends, interest, and other similar amounts) 377. 377. 4 Income from investment of tax-exempt bond proceeds 377. 377. 6 Gross rents 6 0 0 6 Gross rents 6 0 0 7 Gross rents 6 0 0 6 C 0 0 0 0 7 Gross rents 6 0 0 0 0 8 Gross rents 6 0 0 0 0 0 0 7 Gross amount from sales of assets other there thasis and sales expenses 7 7 7 0	Pro			All other program service	rever	nue						
other similar amounts) 377. 377. 4 Income from investment of tax-exempt bond proceeds 77. 377. 5 Royatties. 0									16,400.			
Base Gross rents Ga (i) Real (ii) Personal b Less: rental expenses 6b		4		other similar amounts)	of tax	-exempt	bond p	proceeds	377.			377.
b Less: rental expenses 6b		5		Royalties								
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other hasis and sales expenses (iii) Securities (ii) Other b Less: cost or other hasis and sales expenses 7a 7a 7a c Gain or (loss) 7b 7c 7a c Gain or (loss) 7c 7c 7c d Net gain or (loss) 7b 7c 7c d Net gain or (loss) 7b 7c 7c d Net gain or (loss) 7c 7c 7c d Net gain or (loss) from fundraising events 2,130. 2,130. g Gross income from gaming activities 7c 7c 7c d Net income or (loss) f			b	Less: rental expenses \dots	6b							
7 a Gross amount from sales of assets other than inventory 7a 7a 7a 7 a Gross amount from sales of assets other than inventory 7a 7a 7a 9 George Cost of the basis and sales expenses 7b 7c 7c 7c 6 Gain or (loss) 7c 7c 7c 7c 7c 8 a Gross income from fundraising events (not including \$ <u>16,529.</u> of contributions reported on line 1c). See Part IV, line 18 8a 26,375. 8b 24,245. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 2,130. 2,131 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a Gross income or (loss) from sales of inventory 10a 10 a Gross alse of inventory, less returns and allowances 10a 10a 10a 10b 10a 11 a MISCELLANEOUS INCOME 9, 716. 9, 716. 9, 716. 10a 10a 10a 12 Total revenue 6 instructions 3, 014, 348. 26, 116. 0. 2, 50												
c Gain or (loss) 7c	0	7	a	Gross amount from sales of assets other than inventory Less: cost or other basis	7a		urities	(ii) Other	-			
8 a Gross income from fundraising events (not including \$ 16,529. of contributions reported on line 1c). See Part IV, line 18 8 a 26,375. b Less: direct expenses 8b 24,245. c Net income or (loss) from fundraising events 2,130. 9 a Gross income from gaming activities. 2,130. b Less: direct expenses 9b c Net income or (loss) from gaming activities. 9a 9 a Gross sales of inventory, less returns and allowances 9b b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory. 9a 9 a Gross income from gaming activities 0a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 9a 9 a dilowances 0a b Less: cost of goods sold 10b c All other revenue 0a c All other revenue 0a c Total Add lines 11a-11d 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0.	/enue		с						-			
8 a Gross income from fundraising events (not including \$ 16,529. of contributions reported on line 1c). See Part IV, line 18 8 a 26,375. b Less: direct expenses 8b 24,245. c Net income or (loss) from fundraising events 2,130. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0a c Net income or (loss) from gaming activities 0a b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory 0a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 9a generation 9a,716. d All other revenue 0a c Total Add lines 11a-11d 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0.	Rev		d	Net gain or (loss)			<u></u>	. <u>.</u>				
c Net income or (loss) from fundraising events 2,130. 2,131 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 0a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a MISCELLANEOUS INCOME 9,716. b	Other			Gross income from fundraisin including \$16 contributions reported on	ng eve 5 , 5 line	ents (not 29 . o 1c). See	f	26,375.				
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9a 9b 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10b 10b c Net income or (loss) from sales of inventory 10b 10b generative 9,716. 9,716. 11 a MISCELLANEOUS INCOME 9,716. 10b b c 10b 10b 10b c d All other revenue 9,716. 10c e Total. Add lines 11a-11d 9,716. 10c 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,500			b	Less: direct expenses			8b	24,245.				
Part IV, line 19 9a 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a MISCELLANEOUS INCOME 9,716. b c 0 0 c d 9,716. 0 d All other revenue 9,716. 0 e Total revenue. See instructions 3,014,348. 26,116. 0. 2,500						-			2,130.			2,130.
c Net income or (loss) from gaming activities Image: construction of the second o				Part IV, line 19			9a		-			
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 8usiness Code 10a 11 a MISCELLANEOUS INCOME 9,716. 9,716. b c d All other revenue 9,716. 10a e Total. Add lines 11a-11d 9,716. 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,501								<u>'</u>				
b Less: cost of goods sold 10b 10b 10b 10b 11 a MISCELLANEOUS INCOME Business Code 11 a MISCELLANEOUS INCOME 9,716. 9,716 12 Total revenue 9,716 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,50					-	-	Ē					
c Net income or (loss) from sales of inventory Business Code 11 a MISCELLANEOUS INCOME 9,716. b 9,716. 9 c 9,716. 9 d All other revenue 9 e Total revenue. See instructions 3,014,348. 26,116. 0. 2,50				and allowances			10	a				
Business Code Business Code Image: Control of the second							···					
11 a MISCELLANEOUS INCOME 9,716. 9,716. b			С	Net income or (loss) from	sales	s of inver	ntory .					
e Total. Add lines 11a-11d 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,50'	neous nue	11						Business Code	9,716.	9,716.		
e Total. Add lines 11a-11d 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,50'	ella evei											
e Total. Add lines 11a-11d 9,716. 12 Total revenue. See instructions 3,014,348. 26,116. 0. 2,50'	Misc								0.516			
	_		е								0	2 507
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AMPERSAND FAMILIES

Form 990 (2023)

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	Check if Schedule O contains a respor	nse or note to any line in	this Part IX
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service 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	242,929.	185,457
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	1,602,740.	1,223,560
8	Pension plan accruals and contributions (include		

Part IX Statement of Functional Expenses

Form 990 (2023)

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

(D) Fundraising expenses

(C) Management and general expenses

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	242,929.	185,457.	42,616.	14,856.
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	1,602,740.	1,223,560.	281,162.	98,018.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	195,462.	149,219.	34,289.	11,954.
10	Payroll taxes	132,640.	101,260.	23,268.	8,112.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	204,150.	1/0 007	27 505	10 170
	column (A), amount, list line 11g expenses on Sch 0.)	204,150.	148,087.	37,585.	18,478.
12	Advertising and promotion	06 570		14 700	F 702
13	Office expenses	86,578.	66,015.	14,780.	5,783.
14	Information technology	19,760.	17,191.	1,976.	593.
15	Royalties	110 500	00.045	15 200	2 226
16	Occupancy	117,589.	98,945.	15,308.	3,336.
17	Travel	26,901.	24,466.	2,402.	33.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,422.	4,717.	542.	163.
23	Insurance	30,587.	27,528.	3,059.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PERMANENCY SERVICES	168,858.	168,858.		
b	STAFF & VOLUNTEER DEVEL	21,539.	15,054.	5,761.	724.
- -	MISCELLANEOUS	7,751.	1,052.	6,699.	
d	MEMBERSHIP DUES	2,997.	2,202.	685.	110.
	All other expenses	_,			
25	Total functional expenses. Add lines 1 through 24e	2,865,903.	2,233,611.	470,132.	162,160.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,	_,,	1.0/101.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Chook hore II following SOP 98-2 (ASC 958-720)				000

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10 2023.05000 AMPERSAND FAMILIES Form 990 (2023)

11 2023.05000 AMPERSAND FAMILIES

AMPERSAND FAMILIES

		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,038.	1	45,447.
	2	Savings and temporary cash investments			8,107.	2	128,984.
	3	Pledges and grants receivable, net			760,034.	3	773,552.
	4	Accounts receivable, net			207.	4	150.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ntributor, or 35%			
		controlled entity or family member of any of thes	e perso	าร		5	
	6	Loans and other receivables from other disqualif	fied per	ons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	on 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9				34,425.	9	19,288.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60,910. 13,670.			
	b	Less: accumulated depreciation	13,670.	52,662.	10c	47,240.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			629,188.	15	520,005.
	16	Total assets. Add lines 1 through 15 (must equa		1,496,661.	16	1,534,666.	
	17	Accounts payable and accrued expenses			163,174.	17	156,034.
	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 offic	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
abi		controlled entity or family member of any of thes	se perso	าร		22	
	23	Secured mortgages and notes payable to unrela	ted thir	I parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables [.]	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D			638,904.	25	535,604.
	26	Total liabilities. Add lines 17 through 25			802,078.	26	691,638.
		Organizations that follow FASB ASC 958, che	ck her	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			628,813.	27	575,408.
Ba	28	Net assets with donor restrictions	65,770.	28	267,620.		
pur		Organizations that do not follow FASB ASC 9	k here				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or eq	luipmer	fund		30	
t As	31	Retained earnings, endowment, accumulated inc				31	
Rei	32	Total net assets or fund balances			694,583.	32	843,028.
	33	Total liabilities and net assets/fund balances			1,496,661.	33	1,534,666. Form 990 (2023)

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Form 990 (2023) Part X Balance Sheet

Form	1990 (2023) AMPERSAND FAMILIES	14	-2004438	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,014		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,865		
3	Revenue less expenses. Subtract line 2 from line 1	3	148	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	694	, 5	83.
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	843	,0:	<u>28.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ш
				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	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2023)

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.

OMB No. 1545-0047
2023
Open to Public Inspection

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Nar	ne of t	he organization	DOAND FAMT	TRO					r identification number		
D	art I		RSAND FAMI			in mont \ C			4-2004438		
		Reason for Public (see instruction	S			
	organ	ization is not a private found	· ·	•		,	4 \/ A \/~\				
1	\square	A church, convention of ch	,			n 170(b)('	1)(A)(I).				
2	\square	A school described in sect					::)				
3		A hospital or a cooperative					•	(iii) Entor	the bespital's name		
4		A medical research organiz city, and state:	ation operated in col	ijunction with a nospital	uescribeu	in sectio	A)(1)(d)011 nd	(III). Enter	the hospital's hame,		
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ad in		
5		section 170(b)(1)(A)(iv). (C		lege of university owned	i or operat	eu by a go					
6		A federal, state, or local gov	• •	antal unit described in	contion 1	70/6//4//4	()				
7	H		-					o gonoral i	public described in		
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	H	An agricultural research org				ed in coniu	inction with a	land-grant	college		
5		or university or a non-land-									
		university:	grant concese or agric			name, eny	, and state of	the conege			
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, an	d aross receipts from		
		activities related to its exer									
		income and unrelated busir									
		See section 509(a)(2). (Con		,		•	, .		,		
11		An organization organized a	and operated exclusion	vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a						rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
a	a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
k		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C		Type III functionally inte						ly integrate	ed with,		
		its supported organization		-							
c		Type III non-functionally						-			
		that is not functionally int	0 0	8 ,	,		•	an attentiv	veness		
		requirement (see instructi	,	•							
e		Check this box if the orga					Type I, Type	II, Type III			
		functionally integrated, or		nally integrated supporti	ng organiz	ation.					
1		er the number of supported or vide the following informatior	•	d organization(s)							
`		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document?	support (see ir	structions)	support (see instructions)		
					100						
Tot	al										

Schedule A	(Form	990	202
		000	

AMPERSAND FAMILIES

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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. ction B. Total Support						
	••	(-) 0010	(1-) 0000	(-) 0001	(-1) 0000	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
						12	
12	First 5 years. If the Form 990 is for th		,	fourth or fifth tax		· · ·	
10	organization, check this box and stop	0		,	,	()()	
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies					,	
k	33 1/3% support test - 2022. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	argonization		
k	0 10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th					-	
	organization meets the facts-and-circl						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s
							(Form 990) 2023

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AMPERSAND FAMILIES

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1300354 922,966. 1349168. 2656270. 2987855. 9216613. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 1349168. 2656270. 2987855. 1300354 922,966. 9216613. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 9216613. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 2987855 9216613. 9 Amounts from line 6 1300354. 922,966. 1349168. 2656270. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,799. 738. 377. 5,790. 1,124. 1,752. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,124 1,752. 1,799. 738. 377. 5,790. c Add lines 10a and 10b 11 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 18,401. -24,104. -5,703. assets (Explain in Part VI.) 1319879. 900,614. 1350967. 2657008. 2988232. 9216700. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 100.00 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 99.80 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .06 17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f)) % 17 .09 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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2023.05000 AMPERSAND FAMILIES

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1

2

Yes No

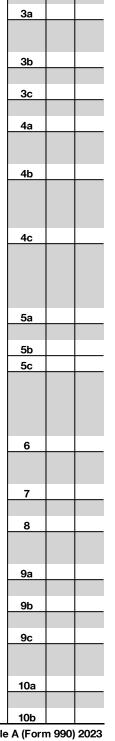
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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.)

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Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 AM	Pl
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Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

			100	
1	1 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

SL	ipervis	ed. or c	ontrolle	d the su	oportina	organizati	on.
Sectio	n C.		II Sup	porting	d Orga	nization	IS

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Sec	ction D. All Type III Supporting Organizations
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?
0	Ware any of the organization's officers, directors, or trustees either (i) encented or elected by the supported

- 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a З 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.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 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 2b 3a 3b Schedule A (Form 990) 2023

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	Schedule A (Form 990) 2023 AMPERSAND FAMILIES 14-2004438 Page 6			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	1
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

AMPERSAND FAMILIES

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

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332026 12-21-23

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			
			Sc	hedule A (Form 990) 2023

Current Year

1

2

3 4

5 6

7

8 9

10

AMPERSAND FAMILIES

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2023 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

Schedule A		2020	AMPERSAND			
Part V	Type II	Non-Functio	onally Integrate	d 509(a)(3) Supporting	Organizations	(continued)

Section D - Distributions

2

3

4

6

7

8

9

10

Schedule A	(Form 990) 2023	AMPERSAND	FAMILIES	14-2004438 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	ne explanations required by Part II, line 10; Part II, line 17a or a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 , Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V n E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	· · ·			
332028 12-21-2	23		20	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

14-2004438

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

AMPERSAND FAMILIES

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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 1 X Person Payroll 130,000. 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 2,285,575. 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 344,250. 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.) (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.) 323452 12-26-23

Schedule B (Form 990) (2023)

22 2023.05000 AMPERSAND FAMILIES

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Page 2

Schedule B	(Form	990)	(2023)
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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

12441118 310390 001333

2023.05000 AMPERSAND FAMILIES

23

Name of o	organization		Employer identification number						
AMPER	SAND FAMILIES		14-2004438						
	Exclusively religious, charitable, etc., contribu		tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	y. For organizations ss for the year. (Enter this info. once.)						
(a) No	Use duplicate copies of Part III if additiona	l space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
·	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee						
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address,	and ZI P + 4	Relationship of transferor to transferee						
(-) N									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee						
	-								
323454 12-26	6-23	24	Schedule B (Form 990) (202						

12441118 310390 001333

2023.05000 AMPERSAND FAMILIES

00		Supplementa	al Financial	Statements		OMB No. 1545-0047
	HEDULE D	Complete if the orga				2023
	1 330)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d	l, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions a			Open to Public Inspection
Nam	e of the organizati	on AMPERSAND FAMILIES				r identification number 4 - 2004438
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds or Ac		
1 41		n answered "Yes" on Form 990, Part IV, lin			, o o u ntor	
				dvised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				Yes No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor o			•	
Par	impermissible priv	ate benefit? ation Easements. Complete if the org	nanization answered		lino 7	Yes No
1		servation easements held by the organization				
•		n of land for public use (for example, recrea		Preservation of a histor	orically impo	rtant land area
		of natural habitat	,	Preservation of a certi	<i>.</i>	
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation co	ntribution in the form of a co	nservation e	easement on the last
	day of the tax yea	r.			Held	at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	•				2b	
c		vation easements on a certified historic stru			2c	
d		vation easements included on line 2c acqu			2d	
3		ture listed in the National Register				a the tax
U	year			, or terminated by the organi	zation dunn	g the tax
4		where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	spection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violatior	is, and enforcing conservation	on easement	s during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	ling of violations, ar	d enforcing conservation ea	sements dui	ring the year
•					N N	
8	and section 170(h	vation easement reported on line 2d above				Yes No
9	•)(4)(B)(II)? be how the organization reports conservation				
•		d include, if applicable, the text of the footr				the
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Other S	imilar As	sets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement and bala	ance sheet v	vorks
		easures, or other similar assets held for pub			nce of public	;
-		Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95	· ·			
		sures, or other similar assets held for public	exhibition, education	on, or research in furtherance	e of public se	ervice,
	-	ing amounts relating to these items. Ided on Form 990, Part VIII, line 1			¢	
					•	
2		received or held works of art, historical tre				
		unts required to be reported under FASB A				

	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
33205	1 09-28-23	

25 2023.05000 AMPERSAND FAMILIES

Sche		ND FAMILIES				14-2	04438	3 ра	age 2
Par	t III Organizations Maintaining C	collections of Art	, Historical Tr	easures, or (Other S	imilar Asse	t s _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	e following that m	nake signi	ficant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or e	change program	ı				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organization'	s exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	f art, historical tre	asures, or other s	similar ass	sets _			_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		e if the organization	on answered "Ye	s" on For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	•				_	_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:				-		
							Amoun		
c	Beginning balance								
d	Additions during the year					1d			
e	Distributions during the year					1e			
T Or	Ending balance					1f			1
	Did the organization include an amount on F						Yes	-	No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if						<u></u>		
		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four	vears	back
1a	Beginning of year balance	(u) ourrorit your	(b) Horycar			Three years such		youro	buon
h	Contributions								
c c	Net investment earnings, gains, and losses								
J d	Grants or scholarships								
e	Other expenditures for facilities								
č	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		(line 1a. column ((a)) held as:	I		-		
a	Board designated or quasi-endowment	•	%	(-))					
b	Permanent endowment	%	_						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organizat	ion that are held	and administered	for the		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						. 3a(i)		
	(ii) Related organizations?						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	d on Schedule R	?			3b		
4	Describe in Part XIII the intended uses of the		/ment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990, F	Part X, line	e 10.			
	Description of property	(a) Cost or ot basis (investm	• •	st or other s (other)	.,	imulated ciation	(d) Boo	k valu	e
1a	Land								
b	Buildings								
с	Leasehold improvements			40,404.		5,422.	34	4,9	82.
d	Equipment			20,506.		8,248.	1:	2,2	58.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X	<u>, line 10c, colum</u>	<u>п (В))</u>			4	7,24	40.

Schedule D (Form 990) 2023

12441118 310390 001333

		- Other Securities	
Schedule [D (Form 990) 2023	AMPERSAND	FAMILIES

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RIGHT OF USE ASSET			520,005
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(B)</i>)		520,005
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) LEASE LIABILITY			535,604
			555,004
(3)			
(4)			
(5)			
(6)			
(0)			
(7)			
(7)			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the z. X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 AMPERSAND FAMILIES			14-	2004438 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,063,947.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		49,599.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	49,599.
3	Subtract line 2e from line 1			3	3,014,348.
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. (<i>This must equal Form 990. Part I. line 12.</i>)			5	3,014,348.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,915,502.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	49,599.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	49,599.
3	Subtract line 2e from line 1			3	2,865,903.
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	2,865,903.
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) 2023 332054 09-28-23 28 12441118 310390 001333 2023.05000 AMPERSAND FAMILIES 001333_1

Schedule D (Form 990) 2023	AMPERSAND FAMILIES						
Part XIII Supplemental Information (continued)							
CONTRIBUTIONS BY DO	NORS ARE TAX DEDUCTIBLE.						

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities					OMB No. 1545-0047			
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2023
Department of the Treasury	-	Attach to Form 990 c	-		-			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	n.		Inspection
Name of the organization		ND FAMILIES					$\frac{14-2004}{14-2004}$	entification number 1438
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat Mail solicitat Internet and Phone solicitat In-person so Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising d ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees,	Ye	
(i) Name and addres or entity (func		(ii) Activity	have c or cor	aiser ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o			or has been notified	it is e	exempt from re	egistration
MN								
For Paperwork Reducti	on Act Notice, se	e the Instructions for Form 990 or	990-E	Z.			Schedul	e G (Form 990) 2023

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
е		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	42,904.			42,904.
	2 Less: Contributions	16,529.			16,529.
	3 Gross income (line 1 minus line 2)	26,375.			26,375.
	4 Cash prizes				
6	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	5,500.			5,500.
rect Ex	7 Food and beverages				
Ō	8 Entertainment	1,750.			1,750.
	9 Other direct expenses	16,995.			16,995.
	10 Direct expense summary. Add lines 4 through		· · · · · ·		24,245.
	11 Net income summary. Subtract line 10 from lin				2,130.
Pa	art III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				

6 Volu	unteer labor	☐ Yes ☐ No	% Yes No	%Yes No	. %
7 Dire	ect expense summary. Add I	nes 2 through 5 in column (d)			
8 Net	t gaming income summary. S	Subtract line 7 from line 1, colu	ımn (d)		
9 Enter th	ne state(s) in which the orgar	ization conducts gaming activ	vities:		
a is the o	organization licensed to cond	uct gaming activities in each o	of these states?		Yes 🗌 N
b If "No,"	explain:				

b If "Yes," explain:

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Direct Expenses

4

3 Noncash prizes

Rent/facility costs

Schedule G (Form 990) 2023

2 Cash prizes

Sch	edule G (Form 990) 2023	AMPERSAND	FAMILIES	14-2004438 Page 3
11	Does the organization conduct ga	ming activities with r	onmembers?	Yes No
			a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming	g activity conducted i	n:	
а	The organization's facility			
			es the organization's gaming/special events books and record	
	Name			
	Address			
15a	Does the organization have a con	tract with a third part	y from whom the organization receives gaming revenue?	Yes No
			,	
b	If "Yes," enter the amount of gam	ing revenue received	by the organization \$ and the arr	nount
	of gaming revenue retained by the	e third party \$		
с	If "Yes," enter name and address			
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		state law to make c	naritable distributions from the gaming proceeds to	
u	retain the state gaming license?			Yes No
b			law to be distributed to other exempt organizations or spent i	
	organization's own exempt activit	•		
Pa			e explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
			vide any additional information. See instructions.	
33208	33 09-13-23			Schedule G (Form 990) 2023
			32	. , ,

Part IV S	upplemental Informa	ation (continued)			
				Sche	edule G (Form 990)

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.



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:

WE EXPANDED IN-PERSON FAMILY RETREATS AND ROUNDTABLES, HOSTING 8 PARENT

ROUNDTABLES, AND 4 FAMILY RETREATS SERVING 41 FAMILIES. WE DOUBLED OUR

CLINICAL SUPPORTS TO FAMILIES, COMPLETING 31 ASSESSMENTS. MINNESOTA

HEART GALLERY PROVIDED 67 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 133 YOUTH, WHO ENGAGED IN 1065 PARTICIPATIONS; THESE ARE

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

GROUP HOMES OR RESIDENTIAL TREATMENT.

WE COMPLETED 18 HOMESTUDIES FOR ADULTS WHO WANT TO ADOPT AND PLACED 13

YOUTH IN ADOPTIVE FAMILIES.

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 APPROV	AL OF ED SALARY
AMONG BOARD OF DIRECTORS.		
FORM 990, PART VI, SECTION C,	LINE 19:	
UPON REQUEST		