Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2023 calendar year, or tax year beginning and	ending	_	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	Affirmation LGBTQ Mormons Families & F	'ri		
	Name change			95-42987	74
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 299 S Main St Ste 1300 PMB 94106	Room/suite	E Telephone number	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	78,592.
	Ameno return	Sait Lake City, Oi 84111	H(a) Is this a group re	turn	
	Applic tion		for subordinates	? Yes X No	
	pendir	same as C above		H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1977 N	State of legal domicile: UT
Pa	rt I	Summary			.1.1.2.1.
ø		Briefly describe the organization's mission or most significant activities: Affi			
& Governance	l	communities of safety, love, and hope and			
ērn	l	Check this box if the organization discontinued its operations or dispos		1 1	ets. 16
õ	l	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	16
જ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		·····	10
ties		Total number of volunteers (estimate if necessary)		·····	200
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		111,197.	73,152.
	l	Program service revenue (Part VIII, line 2g)		20,225.	5,440.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		131,422.	78,592.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,690.	34,354.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×be	b	Total fundraising expenses (Part IX, column (D), line 25) 5,7		110 616	110.050
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		112,616.	119,952.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		184,306.	154,306.
	19	Revenue less expenses. Subtract line 18 from line 12		-52,884.	-75,714.
Net Assets or Fund Balances		T. I. (D. IV.): 40)	Ве	ginning of Current Year 86,699.	End of Year 10,056.
SSE	20	Total assets (Part X, line 16)		929.	0.
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		85,770.	10,056.
Pa	rt II	Signature Block		05,170	10,030.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			oougo ama sonon, mo
				<u> </u>	
Sigi	า	Signature of officer		Date	
Her		Frederick Bowers, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		M. Paul Winward M. Paul Winward	1	1/11/24 self-employe	
	arer	Firm's name Squire & Company, PC		Firm's EIN 8	7-0343246
Use	Only	Firm's address 1329 S 800 E			400=6666
		Orem, UT 84097		Phone no. 80	12256900
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2023) Affirmation LGBTQ Mormons Families & Fri 95-4298774 Page	<u>_</u> 2
	III Statement of Program Service Accomplishments	<u> </u>
	·	X
1	Briefly describe the organization's mission:	_
	Affirmation creates worldwide communities of safety, love, and hope	
	and promotes understanding, acceptance, and self-determination of	_
	individuals of diverse sexual orientations, gender identities and	
	expressions. We affirm the inherent self-worth of LGBTQIA+ individuals	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X I	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$127,096. including grants of \$) (Revenue \$)	•)
	Conferences - Affirmation holds international, national, and regional	
	conferences to provide opportunities for members to engage and be	
	supported.	
	Chapter Support - Affirmation works to support, establish, and maintain	
	chapters throughout the world. These chapters provide a closer	
	geographic unit to support members worldwide.	
	Suicide Prevention - Affirmation works to train members to be certified	
	as QPR (Question, Persuade, Refer) gatekeepers.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		—
4c	(Code:) (Expenses \$	_)
		—
		—
		—
		—
		—
		—

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses 127,096.

,

) (Revenue \$

4e

332002 12-21-23

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
_	••			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
	Part VI	11a		Α.
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	. د د ا		l 🕶
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		, v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b				
	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			ا
	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			<u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Par	rt IV Checklist of Required Schedules $_{(continued)}$) / / 4	Р	age -
I a	Officerist of nequired Scriedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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%		37	
	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	0.7		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┢
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):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	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	0		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37		37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		 ^
50	Notes All Form 200 Class are remained to a consider the Colored to Co	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			Г
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

O23) Affirmation LGBTQ Mormons Families & Fri Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

				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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Advanced in the Financi	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
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				٦,
_	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		x
	to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution received a contribution received a contribution received a contrib		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate and a second control of the second control of		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	المدا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the explanation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	IIICOITIC!	10		-23
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

Form 990 (2023) Affirmation LGBTQ Mormons Families & Fri 95-4298774 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	16		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	. 6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Ye	s No
10a	Did the organization have local chapters, branches, or affiliates?	. 10	a X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	113	а	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	. 12	z X	
13	Did the organization have a written whistleblower policy?	. 13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	. 15) X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	. 16	a	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16	ו	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR, AZ, CA, CO, CT, DC, FL, GA, F			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only	/) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Paul Winward - 801-225-6900			
	299 S Main St Suite 1300 PMB 94106, Salt Lake City, UT 84111			

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			nne	Reportable	Reportable	Estimated
	hours per	box, unle		ot check more than one unless person is both an er and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	a a a	irecto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	utiona	_	Key employee	st co	ər	10001120,		organizations
	line)	Individual t	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) Joel McDonald	25.00									
Director of Oper					Х			25,000.	0.	1,458.
(2) Melissa-Malcom King	2.00									
President		Х		Х				0.	0.	0.
(3) Francisco Ruiz	2.00									
Senior Vice Pres		Х		Х				0.	0.	0.
(4) Kate Mower	2.00									
Vice President		Х		Х				0.	0.	0.
(5) Angel Arrocha	1.00									
Member		Х						0.	0.	0.
(6) Chelsea Gibbs	1.00									
Member		Х						0.	0.	0.
(7) Shauna Jones	1.00									
Member		Х						0.	0.	0.
(8) Dario Lopez	1.00									
Member		Х						0.	0.	0.
(9) Juan Carlos	1.00									
Member		Х						0.	0.	0.
(10) Heidi Ramirez	1.00									
Member		Х						0.	0.	0.
(11) Samuel Tew	1.00									
Secretary				Х				0.	0.	0.
(12) Celia Vazquez	1.00									
Member				Х				0.	0.	0.
(13) Paul Winward	1.00									
Treasurer				Х				0.	0.	0.
(14) Frederick Bowers	2.00									
Senior Vice Pres		Х						0.	0.	0.
(15) Ron Raynes	2.00									
Vice President		Х						0.	0.	0.
(16) Lacey Bagley	1.00									
Member		Х						0.	0.	0.
(17) Jaime Caro	1.00									
Member		Х						0.	0.	0.

- 101								milies & Fri		298	774	Page 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,			
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(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-MIS 1099-NEC)	3	comper from organi and re organiz	nsation the zation elated
(18) David Doyle	1.00				_							
Member		Х						0.		0.		0.
1b Subtotal								25,000.		0.	1,	458.
c Total from continuation sheets to Part V	I, Section A							0.		0.	- 1	0.
d Total (add lines 1b and 1c)								25,000.	000 of	0.	Ι,	458.
Total number of individuals (including but r compensation from the organization	lot limited to th	ose	liste	o ab	oove	y wn	o re	eceived more than \$100,	uou of reportable		1	0
3 Did the organization list any former officer	director truct	00 1	.0.4.0	mal	0.404	0 0r	hio	shoot componented amp	0,400 00	1	Ye	es No
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_	•	•		3	х
4 For any individual listed on line 1a, is the si	um of reportab	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			v
and related organizations greater than \$15Did any person listed on line 1a receive or	,		•								4	X
rendered to the organization? If "Yes," con	plete Schedul	e <i>J f</i> o	or su	ıch r	oers	on .					5	Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mnensated inc	lene	nder	nt cc	ntrs	actor	e th	nat received more than \$	100 000 of comp	ensat	tion from	
the organization. Report compensation for	-	-										
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	С	(C) compensa	ation
2 Total number of independent contractors (ncluding but p	ot lin	nitec	to t	thos	e lie	ted	above) who received me	ore than			
\$100,000 of compensation from the organi	•	J. 1111	mice	ا ن، م	(.ou	asovo, who received file	, o triall			

Affirmation LGBTQ Mormons Families & Fri 95-4298774 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 4,965. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 68,187. 1f 1g \$ g Noncash contributions included in lines 1a-1f 73,152. h Total. Add lines 1a-1f **Business Code** 5,440 5,440. 2 a Conference Registratio Program Service Revenue f All other program service revenue 5,440. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 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 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

78,592.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5,000. 25,000. 12,500. 7,500. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 5,983. 5,983. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,458. 729. 438. Other employee benefits 9 1,913. 957. 574. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 8,231. 8,231. column (A), amount, list line 11g expenses on Sch O.) 8,938. 8,938. Advertising and promotion 12 2,857. 2,813. 44 Office expenses 13 1,163. 1,163. Information technology 14 15 Royalties 16 Occupancy 3,432. 3,432. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 74,117. 74,117. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 774. 774. 23 Other expenses. Itemize expenses not covered 24 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 O.) 20,440. 20,440. Chapter support All other expenses 154,306. 127,096. 21,493. 5,717. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		86,689.	1	6,959.
	2	Savings and temporary cash investments			2	-
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	10.	4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the		5	3,097.	
	6	Loans and other receivables from other disquali			,	
		under section 4958(f)(1)), and persons described	· ` ` `		6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9				9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		86,699.	16	10,056.
	17	Accounts payable and accrued expenses		929.	17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ý	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
abil		controlled entity or family member of any of the	se persons		22	
=	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		929.	26	0.
		Organizations that follow FASB ASC 958, che	eck here X			
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		82,705.	27	6,991.
Ва	28	Net assets with donor restrictions	<u></u>	3,065.	28	3,065.
рц		Organizations that do not follow FASB ASC 9	58, check here			
ŗ		and complete lines 29 through 33.				
S.	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		0	31	40.0
Ret	32	Total net assets or fund balances		85,770.	32	10,056.
	33	Total liabilities and net assets/fund balances .		86,699.	33	10,056.

Both consolidated and separate basis

Form **990** (2023)

Х

2c

За

consolidated basis, or both:

Separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization Affirmation LGBTQ Mormons Families & Fri 95-4298774 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(Form 990) 2023 Affirmation LGBTQ Mormons Families & Fri 95-4298774 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		_	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
800	organization, check this box and stor						
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the contract of the contra			n line 10 and line			<u>%</u>
IOa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		~			or more, check thi	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test					and line 14 is 10% (
., a	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	-	•	now the organiz	
h	10% -facts-and-circumstances test	_		*	-	 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization						
	ato toanaution it the organizatio	did not officer a	~3/ 3/1 mile 10, 10	a, 100, 174, 01 171	e, check this box a		· ·····

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

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

Se	ction A. Public Support	siow, picase comp	1010 1 411 11.)					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	, ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	216,555.	101,043.	184,513.	111,197.	73,152.	686,460.	
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	995.	·	,	,	,	995.	
2	Gross receipts from activities that	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u></u>	
3	are not an unrelated trade or bus- iness under section 513		6,722.		20,225.	5,440.	32,387.	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	217,550.	107,765.	184,513.	131,422.	78,592.	719,842.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						719,842.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6	217,550.	107,765.	184,513.	131,422.	78,592.	719,842.	
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	118.	25.				143.	
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
,	Add lines 10a and 10b	118.	25.				143.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		-				-	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	217,668.	107,790.	184,513.	131,422.	78,592.	719,985.	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
Se	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2023 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	99.98 %	
	16 Public support percentage from 2022 Schedule A, Part III, line 15 99.99 %							
Se	ction D. Computation of Inves	tment Income	Percentage					
	Investment income percentage for 20					17	.02 %	
	Investment income percentage from 2					18	%	
19a	a 33 1/3% support tests - 2023. If the							
Ł	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-	-	•	•			
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2-		
3a		
3b		
3c		
4a		
- 		
4b		
4c		
Fo		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		
lule A (Fo	rm 990)	2023

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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.

За

_	dule A (Form 990) 2023 ALLITMATION LGBTQ MOTING			5-4298//4 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	
Secti	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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

instructions).

Sche				<u>i 9</u>	5-4298774 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which tl	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Section E - Distribution Allocations (see instructions) Excess D			(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
4	Distributable amount for 2023 from Section C. line 6				

Section 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	s		
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e 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:			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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 great	er		
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	ר		
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE L

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

(5) (6) (7) (8) (9) (10)

Total

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number

Affirmation LGBTQ Mormons Families & Fri 95-4298774 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No (1) (2)(3) (4) (5) (6) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved (a) Name of (i) Written (b) Relationship (c) Purpose (e) Original **(g)** In (f) Balance due by board or from the interested person with organization of loan principal amount default? agreement? organization? cómmittee? To From Yes No Yes No Yes No (1)Melissa-MalcoPresidenPersonal Х 0. 3,097 Х Х Х (2) (3) (4)

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

3,097.

See Part V for Continuations

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Affirmation LGBTQ Mormons Families & Fri

Employer identification number 95-4298774

Form 990, Part I, Line 1, Description of Organization Mission:
acceptance, and self-determination of individuals of diverse sexual
orientations, gender identities and expressions. We affirm the
inherent self-worth of LGBTQIA+ individuals as complete, equal, and
valuable persons and support them as they define their individual
spirituality and intersection with The Church of Jesus Christ of
Latter-Day Saints.
Form 990, Part III, Line 1, Description of Organization Mission:
as complete, equal, and valuable persons and support them as they
define their individual spirituality and intersection with The Church
of Jesus Christ of Latter-day Saints.
Form 990, Part VI, Section A, line 6:
Members pay annual dues. Benefits for these dues are largely intangible
and all dues payments are reported as contributions in Part VIII.
Form 990, Part VI, Section A, line 7a:
Members elect the President bi-annually.
Form 990, Part VI, Section A, line 7b:
Members must approve any changes to Affirmation's charter or bylaws.
Form 990, Part VI, Section B, line 11b:
Treasurer and President review prior to filing.

Schedule O (Form 990) 2023 Page **2**

Name of the organization Affirmation LGBTQ Mormons Families & Fri	Employer identification number 95-4298774
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy requires immediate disclos	ure of
anypossible conflicts along with procedures for violations	of the policy.
Form 990, Part VI, Section B, Line 15:	
A hiring committee consisting of board members determines	compensation based
on internet research for similar positions. Hiring	
committee's recommendations have been accepted by the boar	d. All other
employees' compensation is recommended by top management of	fficial and
approved by board.	
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MD, ME, MI, MN, MO, ND, NH, N	J,NM,NY,OH,OK,OR
PA,RI,SC,TN,VA,WA,WI,WV	
Form 990, Part VI, Section C, Line 19:	
Such documents are available upon request just as Forms 99	0.

ELECTRONIC FILING STATUS REPORT

	TAXING	AUTHORITY	RETURN STATUS	ELECTRONIC FILING	STATUS	DATE EXPORTED
Federal For Federal For	cm 990 cm 8868	(Form 990)	Qualified Qualified	Accepted		05/14/2024

Form

990 Page 10

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Input Override Report

Worksheet: Form 990 Return of Organization Exempt from Income Tax		
Section: Statement of Functional Expenses		
Officer comp - program service	.12,	500
Officer comp - fundraising	5,	000
Officer comp - momt & general	7	