

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">Bountiful Children's Foundation</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>PO Box 1415</p> City or town, state or province, country, and ZIP or foreign postal code <p>Spanish Fork UT 84660</p>	D Employer identification number <p align="center">95-3576538</p> E Telephone number <p align="center">385-235-3332</p> G Gross receipts\$ 1,409,513
F Name and address of principal officer: <p>Tim Heaton 305 East 1230 North Springville UT 84663</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.bountifulchildrensfoundation.org		L Year of formation: 1980
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: UT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <p align="center">Bringing life-altering nutritional supplements to children throughout the world.</p>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	400
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,090,237	Current Year 1,408,353
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	1,160
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,090,238	1,409,513
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	886,496	1,257,491
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	36,035	92,351
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	18,470	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	94,593	56,309
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,017,124	1,406,151
	19 Revenue less expenses. Subtract line 18 from line 12	73,114	3,362
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 809,292	End of Year 762,977
	21 Total liabilities (Part X, line 26)	3,206	2,851
	22 Net assets or fund balances. Subtract line 21 from line 20	806,086	760,126

Part II Signature Block

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

Sign Here	Signature of officer Tim Heaton	Date President/CEO
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name M. Paul Winward, CPA	Preparer's signature M. Paul Winward, CPA
	Firm's name Squire & Company, PC	Date 07/07/23
	Firm's address 1329 South 800 East Orem, UT 84097-7737	Check <input type="checkbox"/> if self-employed PTIN P00290039
	Firm's EIN 87-0343246	Phone no. 801-225-6900

May the IRS discuss this return with the preparer shown above? See instructions Yes No