

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization**Bountiful Children's Foundation**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO Box 1415

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Spanish Fork, UT 84660**F** Name and address of principal officer: **Tim Heaton****same as C above****D** Employer identification number**95-3576538****E** Telephone number**801-796-3836****G** Gross receipts \$ **1,167,505.****H(a)** Is this a group returnfor subordinates? Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J** Website: **www.bountifulchildrensfoundation.org****K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: **1980** **M** State of legal domicile: **UT****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Bringing life-altering nutritional supplements to children throughout the world.		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11		
	5	Total number of individuals employed in calendar year 2023 (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.		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,408,353.	Current Year	1,166,490.
	9	Program service revenue (Part VIII, line 2g) 0.		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,160.		1,015.
	11	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) 1,409,513.		1,167,505.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,257,491.	Prior Year
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.		0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 92,351.		69,510.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.		0.
b		Total fundraising expenses (Part IX, column (D), line 25) 13,902.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 56,309.		36,333.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,406,151.		1,261,287.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 3,362.		-93,782.
	20	Total assets (Part X, line 16) 762,977.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 2,851.		4,645.
	22	Net assets or fund balances. Subtract line 21 from line 20 760,126.		696,029.

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		Date		
	Tim Heaton, President/CEO				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	M. Paul Winward	M. Paul Winward	04/19/24		P00290039
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	Squire & Company, PC	87-0343246		8012256900	
Firm's address					
1329 S 800 E					
Orem, UT 84097					

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)