

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

2019
Open to Public Inspection

▶ 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 2019 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 style="text-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 style="text-align: center;">274 North 500 East</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Lindon UT 84042</p>	D Employer identification number <p style="text-align: center;">95-3576538</p> E Telephone number <p style="text-align: center;">801-796-3836</p> G Gross receipts\$ 909,056
F Name and address of principal officer: <p style="text-align: center;">Tim Heaton 274 North 500 East Lindon 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">Bringing life-altering nutritional supplements to children throughout the world.</p>																									
	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)	12																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12																								
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	0																								
	6 Total number of volunteers (estimate if necessary)	300																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	b Net unrelated business taxable income from Form 990-T, line 39	0																								
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,018,508</td> <td style="text-align: right;">909,051</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">6</td> <td style="text-align: right;">5</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,018,514</td> <td style="text-align: right;">909,056</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,018,508	909,051	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6	5	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)	1,018,514	909,056							
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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 <p style="text-align: center;">Tim Heaton</p> Type or print name and title	Date <p style="text-align: center;">President</p>
Paid Preparer Use Only	Print/Type preparer's name <p>M. Paul Winward, CPA</p> Preparer's signature <p>M. Paul Winward, CPA</p> Date <p>07/10/20</p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <p>P00290039</p> Firm's name ▶ Squire & Company, PC Firm's EIN ▶ 87-0343246 Firm's address ▶ 1329 South 800 East Orem, UT 84097-7737 Phone no. 801-225-6900	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No