Form **990**		**Return of Organization Exempt From Income Tax**	OMB No. 1545-0047
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	**2020**
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.	**Open to Public Inspection**

A For the 2020 calendar year, or tax year beginning _____ , and ending _____

B Check if applicable:		**C** Name of organization			**D** Employer identification number
X	Address change	Bountiful Children's Foundation			
	Name change				**95-3576538**
		Doing business as			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		**E** Telephone number
	Final return/ terminated	PO Box 1415			**385-235-3332**
		City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	Spanish Fork UT 84660			**G** Gross receipts$ **966,232**

F Name and address of principal officer:
Tim Heaton
274 North 500 East
Lindon   UT 84663

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.bountifulchildrensfoundation.org**

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶   **L** Year of formation: **1980** **M** State of legal domicile: **UT**

Part I Summary

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**	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 2020 (Part V, line 2a)		**5**	3
6 Total number of volunteers (estimate if necessary)		**6**	230
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

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		909,051	966,231
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5	1
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)		909,056	966,232
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		673,439	614,923
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)		9,357	36,430
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,286			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		50,859	36,505
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		733,655	687,858
19 Revenue less expenses. Subtract line 18 from line 12		175,401	278,374

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		458,231	733,071
21 Total liabilities (Part X, line 26)		3,633	99
22 Net assets or fund balances. Subtract line 21 from line 20		454,598	732,972

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		

	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if	PTIN
Paid	M. Paul Winward, CPA	M. Paul Winward, CPA	09/28/21	self-employed	P00290039
Preparer	Firm's name ▶ **Squire & Company, PC**			Firm's EIN ▶	**87-0343246**
Use Only	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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

DAA