

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.



A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number В Address change HAPPYBOTTOMS Name change 27-2423540 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 303 W. 79TH STREET (855)479 - 28672,404,278. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended 64114 KANSAS CITY, MO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SUSAN BELGER ANGULO for subordinates? ..... Yes X No 303 W. 79TH STREET, KANSAS CITY, 64114 MO Yes **H(b)** Are all subordinates included? No Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HAPPYBOTTOMS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2010 M State of legal domicile: MO ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: MISSION: 1 Activities & Governance ALLEVIATE DIAPER NEED IN THE COMMUNITY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 4 11 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 4872 Total number of volunteers (estimate if necessary) 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 2,292,682. 1,909,315. Contributions and grants (Part VIII, line 1h) 8 Revenue 70,700. 79,892. 9 Program service revenue (Part VIII, line 2g) -23,728. 1,630. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -52,633. -56,659. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,929,012. 292,187. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. 13 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 611,527. 688,633. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. 113,789. b Total fundraising expenses (Part IX, column (D), line 25) 1,128,932. 1,513,844. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,740,459. 2,202,477. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 188,553. 89,710. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 2,111,980. 2,277,446. 20 Total assets (Part X, line 16) 481,163. 456,304 21 Total liabilities (Part X, line 26) let 630,817. 821,142 1 Net assets or fund balances. Subtract line 21 from line 20 22 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	Signature of officer			Date	
Here	SUSAN BELGER ANGULO, EXECU	JTIVE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	JONATHAN P MCKINZIE		05/09/	/24 self-employed	P01326474
Preparer	Firm's name EMERICK AND COMPAI	NY PC		Firm's EIN 43-	1855764
Use Only	Firm's address 4520 MADISON AVE,	STE G			
	KANSAS CITY, MO 6	4111		Phone no. (816	) 531-2822
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
I HA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23			Form <b>990</b> (2023)

P~	n 990 (2023) HAPPYBOTTOMS 27-2423540 Page rt III Statement of Program Service Accomplishments
Ра	
-	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: HAPPYBOTTOMS' MISSION IS TO COLLABORATE WITH COMMUNITY PARTNERS TO
	EMPOWER, CONNECT AND IMPACT FAMILIES BY ALLEVIATING DIAPER NEED IN THE
	COMMUNITY. OUR VISION IS TO POSITIVELY IMPACT THE MENTAL, PHYSICAL AND
	FINANCIAL STABILITY OF A FAMILY IN CRISIS AND NEED THROUGH DIAPER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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	
	HAPPYBOTTOMS IS KANSAS CITY'S ONLY DIAPER BANK. IN 2023, HAPPYBOTTOMS
	DISTRIBUTED 3,449,890 DIAPERS TO 16,218 CHILDREN THROUGH ITS NETWORK OF
	MORE THAN 64 SOCIAL SERVICE AGENCIES AND 5 HOSPITAL PARTNERS. THE
	PARTNER DISTRIBUTION MODEL HAS A RIPPLE EFFECT ON FAMILIES BY PROVIDING
	ACCESS TO WRAP AROUND SERVICES THAT WILL HELP LIFT THEM OUT OF POVERTY.
	THROUGH HAPPYBOTTOMS CORE AGENCY DISTRIBUTION PROGRAM, FAMILIES ARE
	PROVIDED 50 DIAPERS OR 30 TRAINING PANTS PER CHILD PER MONTH.
	GOVERNMENT PROGRAMS (SNAP, WIC, MEDICAID) DO NOT COVER DIAPERS,
	HAPPYBOTTOMS STEPS IN TO ALLEVIATE DIAPER NEED FOR CHILDREN AND
	FAMILIES LIVING WITH HOUSEHOLD INCOMES LESS THAN 150% OF FEDERAL
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe on Schedule O.)
4d	
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     1,968,517.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses 1,968,517. Form 990 (202
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     1,968,517.

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 Part IV
 Checklist of Required Schedules

			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	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 23
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
5	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
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	Х	
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		L
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
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			v
04-	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	240		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
Ũ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
00	"Yes," complete Schedule L, Part IV	28c	X	X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		 	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 9</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 0</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-	x	
33000	(gambling) winnings to prize winners?	1c Form	<u> </u>	(2023)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		_	х	
					x
		~			- 23
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			<b>v</b>
	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 Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	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	e organization solicit			
	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	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	? 7a		х
b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s roquirod	10		
U		•	7c		x
	to file Form 8282?		10		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	10			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				
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 cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		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			
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
			120		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	<b>Note:</b> 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				
	organization is licensed to issue qualified health plans	13b	_		
	Enter the amount of reserves on hand	13c			
					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
			17		
	If "Yes," complete Form 6069.				

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Part VI       Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" to line 8a, 8b, or 10b below, describe the circumstances, processes, or charges on Schedule O. See instructions. Check If Schedule O contains a response or note to any line in this Part VI         Section A. Governing Body and Management       1a       15         If there are material differences in voling rights among members of the governing body, or if the governing body delgated broad authority to an executive committee or similar committee, explain on Schedule 0.       1b       15         2       Did the organization gemetors included on line 1. a above, who are independent       15       15         2       Did the organization delgate control over management duties customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management company or other person?       3         3       Did the organization become aware during the year of a significant diversion of the programization's assets?       6         6       Did the organization have members, stockholders?       7         7       Did the organization have members, stockholders?       7         8       Did the organization have members, or tockholders?       7         9       Did the organization have members, stockholders?       6         7       Did the organization have members, stockholders?       7         9       Did the organization have enving body?		X
Check if Schedule O contains a response or note to any line in this Part VI         Section A. Governing Body and Management         1a Enter the number of voting members of the governing body, at the end of the tax year intermediate interval i		N X
Section A. Governing Body and Management         1a       Enter the number of voting members of the governing body, at the end of the tax year       1a       15         If there are material differences in voting rights among members of the governing body, or if the governing body.       1b       15         2       Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       2         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         4       Did the organization have any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Did the organization have members or stockholders?       6         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?       8a         6       Each committee with authority to act on behalf of the governing body?       8a         7b       Bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b         7a       The governing body?       8a         8		5 N
1a       Enter the number of voting members of the governing body, at the end of the tax year       1a       15         11 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 0.       15         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 employees have a family relationship or other person?       2         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         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4         5       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         16       the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:       8a         9       ba ther organization have members, stockholders, or other persons who had the power be elect or appoint one or more members of the governing body?       7b         8       Did the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:       7b         9       D	Yes	2
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 0.       Ib       Ib       Ib       Ib       ID	Yes	2
If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, explain on Schedule 0.       Ib       Ib       Ib       Ib       ID		2
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.         1           b         Enter the number of voting members included on line 1a, above, who are independent         1           2         Did any officer, director, trustee, or key employee?         2           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           4         Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         4           5         Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?         4           5         Did the organization have members or stockholders?         6           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?         7           b         Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         8a           9         Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         8a           8         Did the organization's mailing address?         7b           9         Is there		2
b       Enter the number of voting members included on line 1a, above, who are independent       1b       15         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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       2         2       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         4       Did the organization bace meaware during the year of a significant diversion of the organization's assets?       6         7a       Did the organization have members or stockholders?       6         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         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a         b       Each committee with authority to act on behalf of the governing body?       8a         b       Each committee with authority to act on behalf of the governing body?       8a         b       Each committee with authority to act on behalf of the governing body?       8a         b		2
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15 Did the process for determining compensation of the following persons include a review and approval by independent	X	+
	X	+
	-	+
	X	_
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?		X
<b>b</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		
17 List the states with which a copy of this Form 990 is required to be filedNONE		
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)	availa	able
for public inspection. Indicate how you made these available. Check all that apply.		
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finan	icial	
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		
LORI HAYS - (855)479-2867		
303 W. 79TH STREET, KANSAS CITY, MO 64114		
32006 12-21-23 Forr		
б	n <b>990</b>	<b>)</b> (20
body delgated timed attimity to an executive committee or siniar committee, explain on Schedule 0.       10         body delgated timed attimity to an executive committee or siniar committee, explain on Schedule 0.       10         body delgated timed attimity to an executive committee or siniar angement duries customarily performed by or under the direct supervision of offices, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of offices, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of directs, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of directs, directors, trustees, or key employees to a spannagement duries customarily performed by or under the direct supervision of directs, directors, trustees, or key employees to a spannagement duries customarily performed by or under the direct supervision of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       2         bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       3         bit the organization nave writem bend of the governing body?       3         bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       3         cottom F. Folicies (This Section B success information about policies and received by the Internal Revenue Cade)       3         0 bit the organization have written policies and procedures governing		) (20

Form 990 (	2023) HAPPYBOTTOMS	27-2423540	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	est 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		
	ete this table for all persons required to be listed. Report compensation for the calendar year (	5	,

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						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	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	L_	m ploy	st col	2	1000 1120/		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN BELGER ANGULO	20.00									
EXECUTIVE DIRECTOR				Х				85,000.	0.	0.
(2) ELIZABETH MAYER	20.00									
EXECUTIVE DIRECTOR				Х				85,000.	0.	0.
(3) LISA AVERY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JON CARPENTER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MARIAH JORDAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PIA NITZSCHKE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KRISTAL RONNEBAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM WITTY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RICHARD DIXSON	1.00									
DIRECTOR		х						0.	0.	0.
(10) SHARI NELSON	1.00									
DIRECTOR		х						0.	0.	0.
(11) DARIN ROTH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PAM SUTHERLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARK UNGASHICK	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MARY BETH ROHLF	5.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(15) ADAM MOORE	5.00									
BOARD VICE CHAIR		Х		X				0.	0.	0.
(16) LON LOWENSTEIN	5.00	<b>_</b> _		<b>_</b> _						_
BOARD TREASURER		Х		X				0.	0.	0.
(17) MOLLY KERR	5.00			<u>-</u> -					•	•
BOARD CHAIR		Х		Х				0.	0.	0 .

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Form 990 (2023)

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	990 (2023) HAPPYBOT									27-24	235	40	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	Pos heck i ss per	more rson i	l than c s both r/trus	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	n	am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga anc	pensa om the anizati I relate nizatio	e ion ed
1b	Subtotal								170,000.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								170,000.	000 of reportable	0.			0.
_	compensation from the organization		000	lioto	u un		,	010						0
											Г	_	Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			•	•	-		Ŭ	• •			3		х
4	For any individual listed on line 1a, is the su											Ū		
_	and related organizations greater than \$150										-	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." corr											5		х
Sec	tion B. Independent Contractors		, 0 /	<i></i>		2010								
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ensati	on fro	m	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	Cc	(C omper		n
								-						
2	Total number of independent contractors (ii	•	ot lin	nitec	d to t	thos (		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organized	Laliuii				L.	,							

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arl	: VIII						
		Check if Schedule O contains a response	or note to any line		(5)		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclu from tax und sections 512 -
'n	1 a	Federated campaigns 1a					
		Membership dues 1b					
Ē		Fundraising events 1c	346,062.				
A		Related organizations 1d					
		Government grants (contributions) <b>1e</b>	31,750.				
0		All other contributions, gifts, grants, and					
le	-		914,870.				
5	a	Noncash contributions included in lines 1a-1f	772,440.				
ano	•	Total. Add lines 1a-1f		2,292,682.			
			Business Code	, - ,			
	2 a	PARTNER AGENCY FEES	624100	47,423.	47,423.		
		MOBILE DIAPER WRAPPING	624100	23,149.	23,149.		
anı	c	DIAPER DELIVERY FEES	624100	6,920.	6,920.		
svel	u d	HUB AGENCY FEES	624100	2,400.	2,400.		
Revenue	e			,	,		
		All other program service revenue					
		Total. Add lines 2a-2f		79,892.			
	3	Investment income (including dividends, intere					
		other similar amounts)		10,700.			10,70
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
		and sales expenses 7b 34,428.					
	с	Gain or (loss) 7c - 34 , 428 .					
	d	Net gain or (loss)		-34,428.			-34,42
	8 a	Gross income from fundraising events (not					
		including \$ 346,062. of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b	77,663.				
	с	Net income or (loss) from fundraising events		-57,907.			-57,90
	9 a	Gross income from gaming activities. See					
Other		Part IV, line 19					
	b	Less: direct expenses9b					
	с	Net income or (loss) from gaming activities	·····				
-	10 a	Gross sales of inventory, less returns					
1		and allowances 10a					
1		Less: cost of goods sold 10t					
-	с	Net income or (loss) from sales of inventory					
1			Business Code	1 0 4 0	1 0 4 0		
e		OTHER	900099	1,248.	1,248.		
ent	b						
	С						
1		All other revenue	L	1 040			
		Total. Add lines 11a-11d		1,248.	01 140		01 (7
	12	Total revenue. See instructions		2,292,187.	81,140.	0.	-81,63

HAPPYBOTTOMS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1	05 000	1 1 0 0 0	<u> </u>
	trustees, and key employees	170,000.	85,000.	17,000.	68,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	440 071	272 600	F0 000	04 675
7	Other salaries and wages	449,271.	373,608.	50,988.	24,675
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	21 200	10 707	607	1 0 0 4
9	Other employee benefits	21,298. 48,064.	18,727. 36,203.	<u>687.</u> 4,529.	1,884 7,332
10	Payroll taxes	40,004.		4,529.	1,334
11	Fees for services (nonemployees):				
	Management				
		10,875.		10,875.	
	Accounting	10,075.		10,075.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17	3,102.		3,102.	
f	Investment management fees	5,102.		5,102.	
g	Other. (If line 11g amount exceeds 10% of line 25,	3,115.	195.	2 81/	106
10	column (A), amount, list line 11g expenses on Sch 0.)	21,982.	16,143.	2,814. 4,330.	106 1,509
12	Advertising and promotion	27,691.	23,338.	1,975.	2,378
13 14	Office expenses	16,024.	10,289.	517.	5,218
		10,024.	10,205.	517.	5,210
15 16	Royalties	155,508.	155,508.		
17	Occupancy	8,203.	7,741.		462
18	Payments of travel or entertainment expenses	0,2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		102
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,273.	4,280.	2,638.	355
20	Interest	.,	_,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,093.	23,093.		
23	Insurance	12,543.	2,645.	9,224.	674
24	Other expenses. Itemize expenses not covered 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 0.)	1,132,429.	1,132,429.		
a h	EQUIPMENT AND SUPPLIES	45,033.	43,845.	1,188.	
b	CLIENT EDUCATION	16,619.	16,619.	<u> </u>	
c d	FEES	14,098.	2,617.	10,285.	1,196
	All other expenses	16,256.	16,237.	10,205.	
	Total functional expenses. Add lines 1 through 24e	2,202,477.	1,968,517.	120,171.	113,789
25 26	Joint costs. Complete this line only if the organization		<u> </u>	<u> </u>	113,105
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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HAPPYBO1

Form 990 (2023)

1 0		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X	(4)		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			646,353.	1	576,851.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			50,399.	3	56,349.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqualit				-	
		under section 4958(f)(1)), and persons described			6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			370,404.	8	431,176.
As	9				1,856.	9	6,998.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	277,258.			
	b	Less: accumulated depreciation		99,220.	43,618.	10c	178,038.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		450,750.	12	516,734.	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			548,600.	15	511,300.
	16	Total assets. Add lines 1 through 15 (must equa			2,111,980.	16	2,277,446.
	17	Accounts payable and accrued expenses			17	15,857.	
	18	Grants payable		18			
	19	Deferred revenue		22,501.	19	79,355.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes		· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	450 660		261 000
		of Schedule D	458,662.		361,092.		
	26	Total liabilities. Add lines 17 through 25			481,163.	26	456,304.
S		Organizations that follow FASB ASC 958, che	ck nere				
nce	07	and complete lines 27, 28, 32, and 33.			1,507,399.	07	1,775,022.
ala	27				123,418.	27 28	46,120.
d B	28	Net assets with donor restrictions			125,410.	28	40,120.
-un		Organizations that do not follow FASB ASC 9	56, che				
or	200	and complete lines 29 through 33.				00	
ets	29 20	Capital stock or trust principal, or current funds				29 20	
SS	30 31	Paid-in or capital surplus, or land, building, or ec Retained earnings, endowment, accumulated in				<u>30</u> 31	
Net Assets or Fund Balances	32	Total net assets or fund balances		····· -	1,630,817.	31	1,821,142.
Ź	32 33	Total liabilities and net assets/fund balances			2,111,980.	32 33	2,277,446.
	55	TOTAL HADHILIES AND HEL ASSELS/TUNU DAIANCES			2,, , , , 00 •	33	Eorm <b>990</b> (2023)

HAPPYBOTTOMS

Form 990 (2023)

Part X Balance Sheet

Form 990 (2023)

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Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1       Total revenue (must equal Part VIII, column (A), line 12)         1       1	2,29		
2 Total expenses (must equal Part IX, column (A), line 25) 2	2,20		
3 Revenue less expenses. Subtract line 2 from line 1 3			10.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	1,63		
5 Net unrealized gains (losses) on investments 5	10	0,6	15.
6 Donated services and use of facilities 6			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	1,82	1,1	42.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant?	. 2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. <u>3a</u>		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b	000	

Form **990** (2023)

332012 12-21-23

(Form 990)

<u>Total</u>

# 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.

OMB No. 1545-0047
2023
Open to Public Inspection

T

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of	the organizati	on						Employer	r identification number
			YBOTTOMS						7-2423540
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tł	his part.) S	ee instruction	ıs.	
The orga	nization is not a	a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	1)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4	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 stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general	public described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college
				ulture (see instructions).					
	university:					-		-	
10	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, an	d gross receipts from
	activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
	lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
a	<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b 🗌	<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
	control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с 🗌	Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III no	n-functionally	v integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
	that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	veness
				nplete Part IV, Sections					
е 🗌	_			written determination from				II, Type III	
	functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number								
g Pro	vide the follow	ing informatior	n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount c	-	(vi) Amount of other
	organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
				1					1

#### Schedule A (Form 990) 2023

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Part II 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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1542216.	2036176.	1787327.	1909315.	2312438.	9587472.	
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	1542216.	2036176.	1787327.	1909315.	2312438.	9587472.	
5								
	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)						463,694.	
	Public support. Subtract line 5 from line 4.						9123778.	
	tion B. Total Support					( )	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2019 1542216.	(b) 2020 2036176.	(c) 2021 1787327.	(d) 2022 1909315.	(e) 2023 2312438.	(f) Total	
	Amounts from line 4	1542210.	20301/0.	1/0/32/.	1909312.	2312438.	9587472.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	2 0 0 2	1 221	70	1 6 2 0	10 700	17 640	
	and income from similar sources	3,903.	1,334.	73.	1,630.	10,700.	17,640.	
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.)						9605112.	
	Total support. Add lines 7 through 10					40	359,108.	
	Gross receipts from related activities,		,				559,100.	
13	First 5 years. If the Form 990 is for the	-		-				
Sec	organization, check this box and stor ction C. Computation of Publi		centage					
				olump (f))		14	94.99 %	
	Public support percentage for 2023 (I					15	<u>94.99 %</u> 95.18 %	
	Public support percentage from 2022 33 1/3% support test - 2023. If the o							
104							V	
h	stop here. The organization qualifies as a publicly supported organization       Image: Lagran descent for the stop of the							
U.								
17~	and stop here. The organization qual 10% -facts-and-circumstances test							
17 a	and if the organization meets the fact							
	meets the facts-and-circumstances te				•	Ū.		
h	10% -facts-and-circumstances test	-			-	7a and line 15 is 1		
U.	more, and if the organization meets the	-						
	organization meets the facts-and-circl							
18	Private foundation. If the organization		-					
10		an alla not oneon a l		a, 100, 17a, 01 170	, oncon this box a		(Form 990) 2023	

Schedule A (Form 990) 2023

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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.)

Sec	ction 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		_			_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
_	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the						ne 17 is not
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23					Sched	ule A (Form 990) 2023

<sup>15</sup> 2023.03040 HAPPYBOTTOMS

Yes No

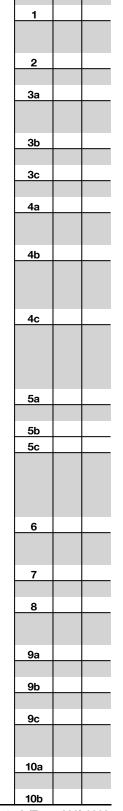
# Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

Schedule A	(Form 990)	2023	HAPPYBOTTOMS
Part IV	Suppor	ting C	Organizations (continued)

1

2

1

Yes No

#### Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,

	······································
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* 

Section D. A	All Type II	I Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see i	instruction <u>s).</u>
------------	--	---	--	------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** 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.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2023

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Sche	edule A (Form 990) 2023 HAPPYBOTTOMS	27-2423540 Page 6							
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in</i> <b>Part VI</b> ). See instructions.								
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	- 1					
Sect	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							
Sect	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							
C	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							
Sect	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							
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting or	ganization (see					

instructions).

Schedule A (Form 990) 2023

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e Excess from 2023

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
_1	Amounts paid to supported organizations to accomplish exer	1	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	2	2					
3	Administrative expenses paid to accomplish exempt purpose	s 3	3					
4	Amounts paid to acquire exempt-use assets	4	1					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			3				
7	Total annual distributions. Add lines 1 through 6.		7	7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		٤	3				
9	Distributable amount for 2023 from Section C, line 6		g	)				
10	Line 8 amount divided by line 9 amount	1	10	)				
Secti	on 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.							
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							
<u>    i</u>	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: \$							
а	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 greater							
	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							
	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							

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	HAPPYBOTTOMS			27-2423540 Page
Part VI	Supplemental Info Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9	Ja, 9b, 9c, 11a, 11b, and	art II, line 10; Part II, line 17a 11c; Part IV, Section B, lines	or 17b; Part III, line 12; and 2; Part IV, Section C,
	line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	), lines 2 and 3; Part IV, Sec d 8; and Part V, Section E, I	tion E, lines 1c, 2a, 2b, 3 lines 2, 5, and 6. Also co	8a, and 3b; Part V, line 1; Par mplete this part for any addit	t V, Section B, line 1e; Part V, ional information.
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2023.03040 HAPPYBOTTOMS

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Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)	)
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# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

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

Employer identification number

2	7 –	2	42	23	5	4 (	0

Name	HAPPYBOTTOMS			27-2423540
Par		d Funds or Other Similar Funds or	Accour	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year		(,	
-	Aggregate value of contributions to (during year)			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		undo	
5	•	0		
~	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of		•	
Par		anization annuared "Voo" on Form 000. Port		
	•	•	iv, line 7	
1	Purpose(s) of conservation easements held by the organizati			Second states of second
	Preservation of land for public use (for example, recrea	<i>'</i>		important land area
	Protection of natural habitat	Preservation of a c	ertified hi	storic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	conserva	tion easement on the last Held at the End of the Tax Year
	day of the tax year.			Helu al life Ellu of life Tax Feat
а				
b				
С	Number of conservation easements on a certified historic str		<u>2c</u>	
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	anization	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements in			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva-	ation ease	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easemen	ts during the year
-				
8	Does each conservation easement reported on line 2d above			
-				
9	In Part XIII, describe how the organization reports conservati	-		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historiaal Tracquires or Other	Gimila	r Acceto
Fai			Simila	1 Assels.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put	, ,	erance of	public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	nce of pu	blic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
				\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide	9
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23			

21 2023.03040 HAPPYBOTTOMS

Sche	dule D (Form 990) 2023 HAPPYBO						27 - 24			age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	nake sigr	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange program	I					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization?	s exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other s	similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Pa	t IV Escrow and Custodial Arran		e if the organizatior	answered "Ye	s" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•					-		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f				1
	Did the organization include an amount on Fe						L	Yes		No ∣
Pa	If "Yes," explain the arrangement in Part XIII. <b>T V Endowment Funds</b> Complete if									
		(a) Current year	(b) Prior year	(c) Two years I		1) Three v	ears back	(e) Fou	vears	back
10	Beginning of year balance	450,750.	512,537.	(0) 110 your 1		<b>,</b> 11100 y	ouro buon	(0) ! 00	youro	Suon
1a 5	Contributions									
0	Net investment earnings, gains, and losses	69,086.	-58,758.							
d	Grants or scholarships	,								
	Other expenditures for facilities									
e										
f	Administrative expenses	3,102.	3,029.							
' g		516,734.	450,750.							
2	End of year balance Provide the estimated percentage of the curr	,	,	) held as:						
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_/0							
c		/°								
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ion that are held ar	nd administered	for the					
	organization by:	5							Yes	No
	(i) Unrelated organizations?							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X, lin	ne 10.				
	Description of property	(a) Cost or ot		or other		umulate	d	( <b>d)</b> Boo	k valu	e
		basis (investm	ent) basis	(other)	depre	eciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment		27	7,258.		99,22	20.	17	8,0	38.
	Other								<u> </u>	
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part X</u>	<u>, line 10c, column</u>	<u>(B))</u>					8,0	

Schedule D (Form 990) 2023

20590513 152674 HAPPYBOT

Schedule D (Form 990) 2023 HAPPYBOTTOM	27-2423540 Page 3		
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BOARD DESIGNATED			
(B) INVESTMENT	516,734.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	516,734.		
Part VIII Investments - Program Related.	510,754•		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) RIGHT OF USE ASSET			361,092.
	ROCESS		144,375.
(3) SECURITY DEPOSIT			5,833.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			511,300.
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. (B))		JII, 500.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990. Part X. line 25.	
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			(0) 20011 10100
(2) OPERATING LEASE LIABILITY			361,092.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(B))		361,092.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) ....

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 HAPPYBOTTOMS			27-2	2423540 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With F	Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,476,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	100,615.		
b	Donated services and use of facilities	2b	8,941.		
с	Recoveries of prior year grants	2c			
d		2d	77,663.		
е	Add lines 2a through 2d			2e	187,219.
3	Subtract line 2e from line 1			3	2,289,085.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,102.		
b	Other (Describe in Part XIII.)	4b			
С				4c	3,102.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,292,187.
<u> </u>	Total revenue: Add lines of and to: (This must equal Form 990, Part 1, line 12.)			-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	s With	Expenses per R	-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With	Expenses per R	-	1
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statements	s With	Expenses per R	-	
	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s With	Expenses per R	eturr	1
1	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	s With	Expenses per R	eturr	1
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	s With	Expenses per R	eturr	1
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a	Expenses per R	eturr	1
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a2b	Expenses per R	eturr	2,285,979.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per R 8,941. 77,663.	eturr	2,285,979. 86,604.
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 8,941. 77,663.	1	2,285,979.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	8,941. 77,663.	2e	2,285,979. 86,604.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R 8,941. 77,663.	2e	2,285,979. 86,604.
1 2 3 4 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 22 2d	8,941. 77,663.	2e	2,285,979. 2,285,979. 86,604. 2,199,375.
1 2 3 4 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 22 2d 2d 44 2d 44 2d 44 45 2d	Expenses per R 8,941. 77,663. 3,102.	2e	2,285,979. 2,285,979. 86,604. 2,199,375. 3,102.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4a 4b 2	8,941. 77,663. 3,102.	2e 3	2,285,979. 2,285,979. 86,604. 2,199,375.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

# SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

# SPECIAL EVENT EXPENSES

332054 09-28-23

77,663.

77,663.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	$\mathbf{v}$							
organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.								2023 Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc						Inspection
Name of the organization								entification number
Part I Fundrais						1	27-2423	
	complete this part	Complete if the organization answe	erea "Y	es" or	i Form 990, Part IV, II	ne i	7. Form 990-E	z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> </ul>							
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total				I				
	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is e	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

HAPPYBOTTOMS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2 CW RANCH	(c) Other events	(d) Total events (add col. (a) through
			AUCTION (event type)	EVENT (event type)	(total number)	col. <b>(c)</b> )
B			(event type)	(event type)	(total humber)	
	1	Gross receipts	248,708.	80,949.	24,000.	353,657
	2	Less: Contributions	228,952.	80,949.	24,000.	333,901
	3	Gross income (line 1 minus line 2)	19,756.			19,756
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
		Entertainment Other direct expenses				76,908
.		Direct expense summary. Add lines 4 through		II		76,908
	11	Net income summary. Subtract line 10 from I				-57,152
ar	τl	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
<b>–</b>		\$15,000 on Form 990-EZ, line 6a.	T			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
╉	1	Gross revenue				
200	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		ne organization licensed to conduct gaming a No," explain:				Yes N
		re any of the organization's gaming licenses re res," explain:			ear?	Yes N
-						

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	HAPPYBOTTOMS	27-242354	0 Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Ye	s 🗌 No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Ye	s 🗌 No
13	Indicate the percentage of gamin			
а	The organization's facility		13a	%
				%
14	Enter the name and address of the	ne person who prepares the organization's gaming/special events books and records		
	Name			
	Address			
15a	Does the organization have a cor	ntract with a third party from whom the organization receives gaming revenue?	Ye	s 🗌 No
	Ū			
b	If "Yes," enter the amount of gan	ning revenue received by the organization \$ and the amo	unt	
	of gaming revenue retained by th	e third party \$		
c	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
16	Gaming manager mormation.			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer			
		Employee Independent contractor		
17	Mandatory distributions:			
		r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Ye:	s 🗌 No
b		required under state law to be distributed to other exempt organizations or spent in		
_	organization's own exempt activi			
Pa		rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide any additional information. See instructions.		
3320	83 09-13-23		Schedule G (For	m 990) 2023
		27		

332084 04-01-23		Schedule G (Form 990)
	28	

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

23

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection Employer identification number

27 - 2423540

ſ ZU

Name of the organization

# HAPPYBOTTOMS

Pa	rt I Types of Property				· · · · · · · · · · · · · · · · · · ·
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( DIAPERS / DISCO )		1,055,045		FAIR MARKET VALUE
26	Other ( <u>WIPES</u> )		1,308,906		FAIR MARKET VALUE
27	Other ( <u>WAREHOUSE EQUIP</u> )	X	3	· · ·	FAIR MARKET VALUE
28	Other (OTHER)	X	4		FAIR MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a				v
	contributions?	<u>32a</u>		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
		/=	000	

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

20590513 152674 HAPPYBOT

Part II	Suppler	nental	Information.	Provide t
Schedule M		2020	HAPPYBOT	

27-2423540 Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
this part for any additional information.

	20
332142 09-11-23	Schedule M (Form 990) 2023

20590513 152674 НАРРУВОТ

30 2023.03040 HAPPYBOTTOMS 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.



HAPPYBOTTOMS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSISTANCE, EDUCATION AND CONNECTION TO SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POVERTY LEVEL. HAPPYBOTTOMS MONTHLY ONGOING PROGRAM DISTRIBUTED

2,457,729 DIAPERS THROUGH 64 AGENCY PARTNERSHIPS AT 71 SITES.

HAPPYBOTTOMS BUNDLES OF JOY PROGRAM PROVIDES A ONE-TIME DISTRIBUTION OF

75 DIAPERS TO FAMILIES OF NEWBORNS DELIVERED AT ONE OF 7 PARTNER

HOSPITAL SITES. THESE FAMILIES ALSO RECEIVE DIAPERING TIPS AND

INFORMATION ON HOW TO ACCESS ONGOING SERVICES THROUGH A HAPPYBOTTOMS

PARTNER AGENCY. A TOTAL OF 331,137 DIAPERS WERE DISTRIBUTED THROUGH THE

BUNDLES OF JOY PROGRAM IN 2023.

IN 2023 HAPPYBOTTOMS LAUNCHED "HAPPY PACKS"; A 5 PACK OF DIAPERS

WRAPPED WITH OUR NEED DIAPERS INFORMATION POSTCARD FOR DISTRIBUTION AT

HEALTH AND WELLNESS FAIRS, COMMUNITY RESOURCE AND BACK-TO-SCHOOL

EVENTS. THIS HELPS FAMILIES IMMEDIATELY AND CONNECTS THEM TO AN

ONGOING RESOURCE. HAPPY PACKS ARE PROVIDED TO ORGANIZATIONS LIKE THE

KANSAS CITY MISSOURI POLICE DEPARTMENT, JACKSON COUNTY CASA, KANSAS

CITY KANSAS LIBRARY SYSTEM, INDEPENDENCE FIRE DEPARTMENT FOR

DISTRIBUTION WHEN STAFF MEMBERS ENCOUNTER FAMILIES WITH AN IMMEDIATE

DIAPER NEED. HAPPYBOTTOMS DISTRIBUTED 44,820 DIAPERS THROUGH IT'S

HAPPY PACK OUTREACH INITIATIVE

POTTY TRAINING ULTIMATELY ELIMINATES DIAPER EXPENSE AND CLOSES THE

CYCLE OF DIAPER NEED. HAPPYBOTTOMS' POTTY TRAINING EDUCATION PROGRAM

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization HAPPYBOTTOMS	Employer identification number $27 - 2423540$
	27-2425540
HELPS FAMILIES NAVIGATE THIS CRITICAL STAGE WITH THEIR CHI	LDREN.

PARTICIPANTS RECEIVE A VIDEO CURRICULUM AND POTTY TRAINING KIT,

INCLUDING A POTTY SEAT, STEPSTOOL, INFORMATIONAL BOOKLET, BOARD BOOK,

AND STICKER CHART. IN 2023, HAPPYBOTTOMS DISTRIBUTED 431 POTTY

EDUCATION KITS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS SENT TO THE GOVERNING BOARD OF HAPPYBOTTOMS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS MONITORED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

APPROVED BY THE EXECUTIVE COMMITTEE AS PART OF THE ANNUAL BUDGET APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023