1112

Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2011**

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [X] Terminated [ ] Amended return [ ] Application pending

C Name of organization: HEALTHY KIDS NOW INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 507 HUMMINGBIRD LANE — Room/suite

City or town, state or country, and ZIP + 4: TALENT, OR 97540

D Employer identification number: 20-3935826

E Telephone number: 541-535-8315

G Gross receipts $ 46,504.

F Name and address of principal officer: LAURA FOSTER IMPERIA, 650 POWDERHORN DRIVE, JACKSONVILLE, OR 9753

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2006 M State of legal domicile OR

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: HEALTHY KIDS NOW

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 1 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 22,761. | 46,504. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 148. | 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 22,909. | 46,504. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 2,819. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 21,168. | 45,292. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 35,765. | 36,140. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 56,933. | 84,251. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -34,024. | -37,747. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 45,987. | 0. |
| | 21 | Total liabilities (Part X, line 26) | 8,240. | 0. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 37,747. | 0. |

## Part II Signature Block

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

**Sign Here**

▶ Signature of officer

▶ LAURA FOSTER IMPERIA, PRESIDEN[redacted]
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: DWAINE R DAWSON, CPA — Preparer's signa[redacted]

Firm's name ▶ DAWSON P.C. CERTIFIED PU[redacted]

Firm's address ▶ 850 SISKIYOU BLVD. #3
ASHLAND, OR 97520-2125

May the IRS discuss this return with the preparer shown above? (see instru[redacted]

132001 01-23-12 LHA **For Paperwork Reduction Act Notice, see the sep**[redacted]

ORIGINALLY FILED

NO Attached

RECEIVED JUN 02 2014 OGDEN, UT IRS-OSC

SCANNED AUG 05 2014