Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

For the 2010 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change START NOW, INC. YERWOOD CENTER Name change 80-0422929 X Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number C/O CHRISTOPHER MEEK, 90 FAIRFIELD AVENU Terminated 203-325-2952 Amended return City or town, state or country, and ZIP + 4 F Group Exemption STAMFORD, CT Application pending 06902 Number > G Accounting Method: X Cash Accrual Other (specify) H Check X if the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 98,673. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 Membership dues and assessments 3 3 Investment income 4 5a Gross amount from sale of assets other than inventory _____ 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 98,673. 9 Grants and similar amounts paid (list in Schedule 0) SEE SCHEDULE O 10 62,865 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 6,557. 15 16 Other expenses (describe in Schedule 0) SEE SCHEDULE O 7,054. 16 Total expenses. Add lines 10 through 16 76,476. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22,197. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return)

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

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2010)

20

21

Net Assets

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Other changes in net assets or fund balances (explain in Schedule 0)

START NOW, INC. YERWOOD CENTER

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	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	·ar	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
	HF	Check if the organization used Schedule O to respond to any question (a) Name and address RISTOPHER MEEK	mployees. List each one in this Part IV	rs (c) Compensation (If not paid, enter	d) Co to e bene	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances

P	Other Information (Note the statement requirements in the instructions for Part Check if the organization used Schedule O to respond to any question in this Part V	V.)		74223			raye
_	Check if the organization used schedule of to respond to any question in this Part v					Yes	X
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed de Schedule O	scriptio	n of each activity in	ſ	33	103	X
34	were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	I сору о	f the amended	-			T
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule C) (see in	structions)		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amor	ig other	s), but not				
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990)-T.		×			
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(6) organization subject to section 603(c) notice reporting and population subject to section for subject to sectio	501(c)	(5), or				
h	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?			····· -	35a	NT /	X
36	If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets d		In unor O If "Von "	<u> </u>	35b	N/	A
	complete applicable parts of Schedule N	uring tr	e year? II Yes,		26		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	372		0.	36		
	Did the organization file Form 1120-POL for this year?				37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re anv s	uch loans made		<u></u>		
	in a prior year and still outstanding at the end of the tax year covered by this return?				38a	000000000000000000000000000000000000000	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A				
39	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on line 9	39a	N/A				
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 ► 0 • ; section 4912 ► ; section 4955	▶_	0	<u>.</u>			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefits	efit trans	action during the				
	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its	prior Fe	orms 990 or 990-EZ?	1		İ	
_	If "Yes," complete Schedule L, Part I			4	0b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	_					
d	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	P		<u>0.</u>			
·				o. 📗			
е	organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			"			
-	transaction? If "Yes," complete Form 8886-T				0.		X
41	List the states with which a copy of this return is filed. ▶ CT				0e		
42 a	The organization's books are in care of ► CHRISTOPHER MEEK	Tele	ephone no. ► 203-	-325	-20	152	
	Located at ▶ 90 FAIRFIELD AVE., STAMFORD, CT		ZIP + 4				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial				[Yes	No
	account)?			4	2b		X
	If "Yes," enter the name of the foreign country:						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank a						
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			4	2c		X
	If "Yes," enter the name of the foreign country:						
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					. ▶ [Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43	N/	/A		*
					ſ	/es	Na
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed	l instead	1 of			65	INU
	Form 990-EZ			44	a Ia	***************************************	X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be compl	eted ins	tead		, u		- -
	of Form 990-EZ			44	‱i⊗ lh	::::::::::::::::::::::::::::::::::::::	X
C	Did the organization receive any payments for indoor tanning services during the year?			44			$\frac{x}{x}$
d	f "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp.	lanatio	า				
	n Schedule O			44			

Page

45	le any r	olated organization a controlled settle						Yes	
a	Did the	elated organization a controlled entity organization receive any payment froi	of the organization within the morengage in any transaction	ne meaning of section 512 with a controlled entity within	(b)(13)?of section	in 519/h\/13\2	45		X
	If "Yes,"	Form 990 and Schedule R may need	to be completed instead of For	m 990-EZ			45a	*************	X
46	Did the	organization engage, directly or indire	ectly, in political campaign activ	ities on behalf of or in oppos	tion to candidates for p	oublic office?			
Pa	int VI	complete Schedule C, Part I Section 501(c)(3) organia	zations and section (1947(a)(1) nonevem	nt charitable tr	iete only All	46	501/	X
		organizations and section 4947(a)(1) nonexempt charitable trusts	must answer questions 47-4	b and 52, and comple	te the tables for li	nes 50	and 51	3)(3) 1.
		Check if the organization used Schee	dule O to respond to any questi	ion in this Part VI	· · · · · · · · · · · · · · · · · · ·				
47	Did the	Organization ongogo in Johnving optici	tion O 16 IIV II					Yes	
48	Is the or	organization engage in lobbying activi rganization a school as described in so	ities ? it "Yes," complete Sch ection 170/b\/1\/A\/ii\? If "Yes	redule C, Part II	• • • • • • • • • • • • • • • • • • • •		47		X
49 a	Did the	organization make any transfers to an	exempt non-charitable related	organization?	***************************************	•••••	40 49a		X
þ	If "Yes,"	was the related organization a section	527 organization?	•••••			49b		
50	Complet	te this table for the organization's five	highest compensated employe	es (other than officers, direct	ors, trustees and key e	mployees) who e	ach red	eived ı	more
	tilali pit	00,000 of compensation from the orga	anization, if there is none, enter	(b) Title and average hou	rs (c) Compensation	(d) Contributions	<u> </u>) Evno	
		(a) Name and address of each emp than \$100,000	oloyee paid more NONE	per week devoted to	(c) Compensation	to employee benefit plans & deferred	àc	Expe count or allow	and
			NONE	Position		compensation	- 0000	- anow	411063
				1					
							+		
							ļ		
							-		Pe
f	Total nur	mber of other employees paid over \$1	00.000		0				
		e this table for the organization's five t				NNN of compens:	ation fr	om the	
	organizat	tion. If there is none, enter "None."	NONE						
		(a) Name and address of each inde	pendent contractor paid more t	than \$100,000	(b) Type of ser	vice (c) Com	pensati	on
							-		
					_				
	-								
		70.70		1924					
				4.					
4 7	Total nun	phor of other independent contractors							
		nber of other independent contractors ganization complete Schedule A? No t							0
						> [3	☐ Yes		No
	CC	trusts must attach a completed Sche nder penalties of perjury, I declare that I have prect, and complete. Declaration of preparer	e examined this return, including according to the control of the	ompanying schedules and statem formation of which preparer has ar	ents, and to the best of my y knowledge.	knowledge and beli	ef, it is t	rue,	
ign		Signature of officer				Date			
lere	,	CHRISTOPHER MEE	K, PRESIDENT						
		Type or print name and title	•						
ا۔:۔د		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		-	
aid	arer				self- employ	ed			
	Only	Firm's name O'CONNOR	DAVIES MUNNS	& DOBBINS, L	LP Firm's EIN	D			
	-	Firm's address ► 500 MAM	ARONECK AVENUE		Phone no.		381	-89	00
			N, NY 10528-16	33	· · · · · · · · · · · · · · · · · · ·				
ay th	<u>e IRS dis</u>	cuss this return with the preparer sho	wn above? See instructions				Yes		No
ı-∪4-1	ı					Fo	rm 991	0-EZ (2	.010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

Name of the organization

START NOW, INC.

YERWOOD CENTER

Employer identification number 80-0422929

Pa	n I	Reaso	on for Public Ch	arity Status (All orga	nizotiono		I.A. Al. I.				70 042	222	
		ization is n	ot a private foundati	narity Status (All orga on because it is: (For line	a 1 through	must comp	piete this p	oaπ.) See II	nstruction	ıs.			
1		A church.	convention of churc	thes, or association of ch	s i inroug	gn 11, cned	ck only on	e box.)					
2		A school o	described in section	170(b)(1)(A)(ii). (Attach	orches de	escribed in	section 1	70(b)(1)(A)(i).				
3	\Box	A hospital	or a cooperative bo	opital continuous continuiti	Schedule	E.)							
4	一	A medical	research organization	spital service organizatio	n describe	ed in secti	on 170(b)	(1)(A)(iii).					
- '		city, and s	tate.	on operated in conjunction	on with a r	nospital de	scribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	tal's nam	e,
5				no bonefit of a sellene		· · · · · · · · · · · · · · · · · · ·					·		
•		section 1	70(b)(1)(A)(iv). (Com	ne benefit of a college or	university	owned or	operated	by a gover	nmental u	unit describ	ed in		
6													
-	X	An organia	state, or local govern	nment or governmental u	ınit descrit	oed in sect	ion 170(b)(1)(A)(v).					
• 1		costion 17	auon inai normally r	eceives a substantial pa	rt of its su	pport from	a governi	mental unit	or from t	he general	public des	scribed ir	1
8 [Section 17	O(D)(T)(A)(VI). (Comp	piete Part II.)									
9	\dashv	A commun	ity trust described in	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
9 [An organiz	ation that normally r	eceives: (1) more than 30	3 1/3% of	its support	from con	tributions,	members	hip fees, a	nd gross r	eceipts f	rom
		activities re	saled to its exempt	runctions - subject to cer	rtain excep	otions, and	(2) no mo	re than 33	1/3% of i	its support	from area	e invecto	nant
		income and	d unrelated business	s taxable income (less se	ction 511	tax) from b	usinesses	s acquired	by the org	ganization a	after June	30, 1975	j.
ا ۱۰		Oce Sectio	11 309(a)(2). (Comple	ete Part III.)								•	
10 L	=	An organiza	ation organized and	operated exclusively to t	test for pu	blic safety.	See sect	ion 509(a)	(4).				
וו נ		An organiza	ation organized and	operated exclusively for	the benefi	it of, to per	form the f	unctions o	forto ca	rry out the	purposes	of one o	r
		more public	ciy supported organi	zations described in sec	tion 509(a	i)(1) or sect	ion 509(a)	(2). See se	ction 509	9(a)(3). Che	ck the bo	x that	
	,	describes t	tie type of subbouting	g organization and comp	olet <u>e lin</u> es	11e throug	jh 11h.						
_		а 📖 Турс		Type II	с 💹 Ту	pe III - Fun	ctionally i	ntegrated		d 🗔	Type III -	Other	
e L		By checkin	g this box, I certify th	nat the organization is no	ot controlle	ed directly	or indirect	ly by one o	r more di	squalified r	oereene et	bar than	
	,	oundation	managers and other	than one or more public	ly support	ted organiz	ations de	scribed in :	section 50	09(a)(1) or s	section 50	9(a)(2)	
f	'	i ine organ	ization received a wi	ritten determination from	i the IRS ti	hat it is a T	ype I. Typ	e II. or Tvp	e III	(.,(.,		· (u)(L).	
	5	supporting	organization, check	this box									
g	8	Since Augu	st 17, 2006, has the	organization accepted a	any gift or	contributio	n from an	y of the fol	owina pe	rsons?	**************		
	(i) A pers	on who directly or in	directly controls, either a	alone or to	gether with	persons	described	in (ii) and	(iii) below		Yes	No
		the go	verning body of the s	supported organization?							110(i)		•
	•	ii) A famii	y member of a perso	on described in (i) above	?						11a(ii)		
	(iii) A 35%	controlled entity of	a person described in (i)	or (ii) abov	/e?					11g(iii)		
h	F	rovide the	following information	about the supported or	rganization	n(s).		•••••			· [right]		—
				,,	J	.(-)-							
(i) Na	me of	supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did vo	u notify the	(vi) !:	e the			
		zation	(, 2	organization	in col. (i) 1	isted in your	organiza	tion in col.	organizati	on in col.		nount of	
				(described on lines 1-9 above or IRC section		document?	(i) of you	r support?	(i) organiz U.S	zed in the	sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					1			110	165	140			—
					 	1				-			
		·			 -					<u> </u>			
					 								
						 							
									700000000000				
tal													
tal			p-46600000000000000000000000000000000000		Programme (1996)	potential de la company de	(0.000000000000000000000000000000000000	receivant transport	000000000000000000000000000000000000000	Resease 600000			

(Form 990 or 990-EZ) 2010 YERWOOD CENTER 80-0422929 Page 2 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.)

	ear (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	grants, contributions, and						
inclus	pership fees received. (Do not						
	le any "unusual grants.")				11,655.	98,673.	110,328
	evenues levied for the organ- n's benefit and either paid to						
	pended on its behalf						
	alue of services or facilities						
	ned by a governmental unit to						
the or	ganization without charge					}	
	Add lines 1 through 3				11 2=		
	ortion of total contributions				11,655.	98,673.	110,328.
	th person (other than a						
	mental unit or publicly						
	rted organization) included						
	1 that exceeds 2% of the						
	t shown on line 11,						
columi							
6 Public	support. Subtract line 5 from line 4.						110 200
Section I	3. Total Support						110,328.
	r (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(-N 2000	(1) 0010	
	ts from line 4		12/2007	(6) 2008	(d) 2009 11,655.	(e) 2010 98,673.	(f) Total 110,328.
8 Gross i	ncome from interest,				11/033.	50,073.	110,328.
dividen	ds, payments received on						
	es loans, rents, royalties						
	ome from similar sources						
	ome from unrelated business						
	s, whether or not the						
	s is regularly carried on				[
	come. Do not include gain						
	from the sale of capital						
	Explain in Part IV.)						
	pport. Add lines 7 through 10						110,328.
12 Gross re	eceipts from related activities, e	tc. (see instructio	ns)			12	
13 First fiv	e years. If the Form 990 is for t	he organization's	first, second, third	l, fourth, or fifth tax	year as a section	501(c)(3)	
<u>organiza</u>	ition, check this box and stop i	nere					
	- Compatation of Fubile	Support Per	centage				
l 4 Publics I 5 Publics	upport percentage for 2010 (lin	e 6, column (f) div	ided by line 11, co	olumn (f))		14 1	00.00 %
9 FUDICS 6a 33 1/30/	upport percentage from 2009 S	ichedule A, Part II	, line 14			15	0/
ston he	support test - 2010. If the org	anization did not d	check the box on	line 13, and line 14	is 33 1/3% or mo	e, check this box	and
h 33 1/3%	e. The organization qualifies as	a publicly suppo	rted organization				► X
	aupport test - 2008. Il tile org	anization did not d	check a box on lin	e 13 or 16a. and lin	e 15 ie 33 1/304 a	r mara abaalathia	h
7a 10% -fa	here. The organization qualified	s as a publicly su	pported organizat	ion			▶□
	ora-ana-circumstances fest -	2010.If the organ	ization did not chi	eck a box on line 1:	3.16a or 16h and	line 14 is 1004 or	
meets th	e organization meets the "facts	and-circumstance	es" test, check this	s box and stop her	e. Explain in Part	V how the organiz	ation
b 10% -fa	e "facts-and-circumstances" te	St. The organization	on qualifies as a p	ublicly supported o	rganization		▶ 🔲
more, an	cts-and-circumstances test -	"facts and circum	ization did not che	ock a box on line 13	3, 16a, 16b, or 17a	, and line 15 is 10°	% or
organiza	d if the organization meets the ion meets the "facts and circur	netances" test. Th	stances test, che	eck this box and sto	op here. Explain in	Part IV how the	
Private f	ion meets the "facts-and-circur oundation. If the organization o	fid not check a be	e organization qu	ames as a publicly	supported organi	zation	▶∐
	organization (AND THE CHECK & DO	и Un iiiie 13. 16a.	100. 1/2 or 17h o	neck this hav and		▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(a) 2010	40.7.1
1 Gifts, grants, contributions, and		15/2001	(0) 2000	(0) 2009	(e) 2010	(f) Total
membership fees received. (Do not				1		
include any "unusual grants.")						
2 Gross receipts from admissions.					-	-
merchandise sold or services per-				1	1	
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						1
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				İ		
the organization without charge						
						
6 Total. Add lines 1 through 5		 				
7a Amounts included on lines 1, 2, and						
3 received from disqualified 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	000000000000000000000000000000000000000					
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a 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	İ					
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b.	l					
whether or not the business is regularly carried on	İ					
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
4 First five years. If the Form 990 is for the	a organization's	stirst, second, third	l, fourth, or fifth tax	year as a sectior	n 501(c)(3) organiza	tion,
check this box and stop here	Cummant Da			•••••		> _
Section C. Computation of Public				·		
5 Public support percentage for 2010 (line	8, column (f) di	vided by line 13, co	olumn (f))		15	
6 Public support percentage from 2009 Sc	nedule A, Part I	III, line 15		l	16	
ection D. Computation of Investm	ient income	Percentage				
7 Investment income percentage for 2010	(line 10c, colum	n (f) divided by line	13, column (f))		17	
8 Investment income percentage from 200	9 Schedule A, F	Part III, line 17		<u>[</u>	18	
9a 33 1/3% support tests - 2010. If the org	anization did no	ot check the box or	n line 14, and line 1	5 is more than 33	3 1/3%, and line 17	is not
more than 33 1/3%, check this box and s	stop here. The	organization qualifi	es as a publicly su	pported organizat	tion	
b 33 1/3% support tests - 2009. If the org	anization did no	ot check a box on I	ine 14 or line 19a, a	and line 16 is mor	e than 33 1/3%, an	d
line 18 is not more than 33 1/3%, check t	this box and sto	op here. The organ	ization qualifies as	a publicly suppor	ted organization	
Private foundation. If the organization di	d not check a b	oox on line 14, 19a,	or 19b, check this	box and see inst	ructions	▶

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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 990-EZ.

2010 Open to Public Inspection

Name of the organization

START NOW, INC. YERWOOD CENTER

Employer identification number 80-0422929

TERMOOD CENTER	80-0422929
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: EDUCATION SUMMER READING PROGRAM	
GRANTEE NAME: YERWOOD CENTER	
GRANTEE ADDRESS: 90 FAIRFIELD AVENUE STAMFORD, CT 06902	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK TO THE	
METHOD USED TO DETERMINE FMV: CASH	
BOOK VALUE OF PROPERTY: 15,000.	
DATE OF GIFT: 06/24/10	
AMOUNT GIVEN:	
	13,000
ACTIVITY CLASSIFICATION: U.S. MILITARY HEALTH AND MORALE	
GRANTEE NAME: U.S. ARMY	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: SOCKS, SHIRTS, DVD'S, HEALTH AND BEAU	
METHOD USED TO DETERMINE BOOK VALUE: COST	TI AIDO
METHOD USED TO DETERMINE FMV: COST	
BOOK VALUE OF PROPERTY: 45,365.	
DATE OF GIFT: 99/99/99	
AMOUNT GIVEN:	45 265
	45,365.
ACTIVITY CLASSIFICATION: ETHNIC AWARENESS	
RANTEE NAME: AMERICAN IRELAND FUND	
RANTEE RELATIONSHIP: NONE	
A For Paperwork Reduction Act Notice see the Instructions (s. F	

SCHEDULE 0 (Form 990 or 990-EZ)

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. Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

START NOW, INC.

- Trie organization	YERWOOD CENTER	Employer identification number 80-0422929
METHOD USED TO	DETERMINE BOOK VALUE: CASH	
METHOD USED TO	DETERMINE FMV: CASH	
BOOK VALUE OF E	PROPERTY: 2,500.	
DATE OF GIFT: 0	6/05/10	
AMOUNT GIVEN:		
TOTAL INCLUDED	ON TODA 000	62,865.
FORM 990-EZ, PA	RT I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF	OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	, INCL WEBSITE DESIGN	
TRAVEL AND MEET		
TOTAL TO FORM 99	00 77 7	7,054.
FORM 990-EZ, PAR	RT III, PRIMARY EXEMPT PURPOSE -	THE MISSION OF START NOW!
	INDIVIDUALS AND FAMILIES BECOME	
	ND PROVIDING THEM WITH THE SUPPO	
	IETY AND ALLOWING THEM TO BECOME	
THE COMMUNITY.		
FORM 990-EZ, PAR	T V, INFORMATION REGARDING PERSO	NAL BENEFIT CONTRACTS:
	DID NOT, DURING THE YEAR, RECEIVE	
	O PAY PREMIUMS ON A PERSONAL BENI	
	, DID NOT, DURING THE YEAR, PAY	
	N A PERSONAL BENEFIT CONTRACT.	,

IRS e-file Signature Authorization

OMB No. 1545-1878

Form 8879-EO		for an Exempt Organi	zation		
	For calendar year 2010, or fiscal yea	beginning , 201	0, and ending	,20	2010
Department of the Treasury	▶ Do	not send to the IRS. Keep for	or your records.		2010
Internal Revenue Service		See instructions			
Name of exempt organization	OFF TO 11011 THE			Employer id	entification number
	START NOW, INC				
Name and title of officer	YERWOOD CENTER			80-04	22929
Name and title of officer	CHRISTOPHER ME	rк			
	PRESIDENT	БV			
Part I Type of I	Return and Return Info	rmation (Whole Dollars On	lv)		
on line 1a, 2a, 3a, 4a, or 5a whichever is applicable, bl. than 1 line in Part I. 1a Form 990 check here		hat line for the return being file ou entered -0- on the return, the return of the return, the first of the f	ed with this form was blank, nen enter ·0· on the applicab column (A), line 12)	then leave lin le line below. 1b	e 1b, 2b, 3b, 4b, or 5b Do not complete more
2a Form 990-EZ check h	ere ▶ <u> </u>	enue, if any (Form 990-EZ, lin	e 9)	2b	98673
3a Form 1120-POL check	k here b Total	tax (Form 1120-POL, line 22)		3ь	
4a Form 990-PF check he	ere 🕨 🔲 b Tax base	ed on investment income (Fo	rm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due	(Form 8868, Part I, line 3c or	Part II, line 8c)	5b	
Part II Declarat	on and Signature Auth	arization of Officer			· · · · · · · · · · · · · · · · · · ·
the date of any refund. If all debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic	receipt or reason for rejection oplicable, I authorize the U.S. institution account indicated it titution to debit the entry to the 2 business days prior to the payment of taxes to receive personal identification number lectronic funds withdrawal.	Treasury and its designated F in the tax preparation softwar is account. To revoke a paym payment (settlement) date. I confidential information neces	inancial Agent to initiate an e for payment of the organiz ent, I must contact the U.S. also authorize the financial esary to answer inquiries and	electronic fun ation's federa . Treasury Fina institutions inv d resolve issue	ds withdrawal (direct il taxes owed on this ancial Agent at volved in the es related to the
Officer's PIN: check one b	oox only				
X I authorize 0'0	CONNOR DAVIES M	JNNS & DOBBINS,	LLP	to enter my F	9IN 36120
		ERO firm name		to ontol my l	Enter five numbers, b do not enter all zeros
is being filed with	on the organization's tax year : a state agency(ies) regulating the return's disclosure consen	charities as part of the IRS F	. If I have indicated within the ed/State program, I also aut	nis return that horize the afo	a copy of the return rementioned ERO to
indicated within t	e organization, I will enter my his return that a copy of the re ter my PIN on the return's disc	turn is being filed with a state	rganization's tax year 2010 o agency(ies) regulating char	electronically t ities as part o	iled return. If I have f the IRS Fed/State
Officer's signature		and the state of t	Date >		
Part III Certificat	ion and Authentication				
The state of the s	r six-digit electronic filing iden	·			
	our five-digit self-selected PIN		13483913338 do not enter all zeros		
I certify that the above num confirm that I am submitting e-file Providers for Business	eric entry is my PIN, which is a this return in accordance wit Returns.	my signature on the 2010 elec h the requirements of Pub. 41	stronically filed return for the 63, Modernized e-File (MeF)	organization Information f	indicated above. I or Authorized IRS
ERO's signature ►			Date ►		

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So