Form 990-EZ
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 (see instructions).
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.

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

B. Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C. Name of organization
STRENGTH FOR LIFE

D. Employer identification number
26-0672139

E. Telephone number
516-458-0089

F. Group Exemption Number

G. Accounting Method:
☒ Cash  ☐ Accrual  ☐ Other (specify)       

H. Check ☒ if the organization is not required to attach Schedule B

J. Tax-exempt status (check only one) —
☒ 501(c)(3)  ☐ 501(c)(4)  ☐ 501(c)(5)  ☐ 501(c)(6)  ☐ 501(c)(7)  ☐ 501(c)(8)  ☐ 501(c)(9)  ☐ 501(c)(19)  ☐ 501(c)(29)  ☐ 501(c)(30)

K. Check ☐ if the organization is not a section 509(a)(1) or (2) organization or a section 527 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

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

1. Contributions, gifts, grants, and similar amounts received
2. Program service revenue including government fees and contracts
3. Membership dues and assessments
4. Investment income
5a. Gross amount from sales of assets other than inventory
5b. Less: cost or other basis and sales expenses
5c. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6. Gaming and fundraising events
6a. Gross income from gaming (attach Schedule G if greater than $15,000)
6b. Less: direct expenses from gaming and fundraising events
6c. 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
7b. Less: cost of goods sold
7c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8. Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5, 6, 7, and 8

9. Total revenue
37,664

10. Grants and similar amounts paid (list in Schedule O)
11. Benefits paid to or for members
12. Salaries, other compensation, and employee benefits
13. Professional fees and other payments to independent contractors
14. Occupancy, rent, utilities, and maintenance
15. Printing, publications, postage, and shipping
16. Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16

17. Total expenses
40,504

18. Expenses (total) for the year (Subtract line 17 from line 9)
-2,840

19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
39,582

20. Other changes in net assets or fund balances (explain in Schedule O)

21. Net assets or fund balances at end of year. Combine lines 18 through 20
36,742

For Paperwork Reduction Act Notice, see the separate instructions.
**Form 990-EZ (2011)**  
**STRENGTH FOR LIFE**  
**Page 2**  
**26-0672139**

**Part II**  
**Balance Sheets.** (see the instructions for Part II.)

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>39,582 22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0 23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0 24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>39,582 25</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0 26</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>39,582 27</td>
</tr>
</tbody>
</table>

**Part III**  
**Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 To train teachers on specific methods.

(Grants $ ____________) If this amount includes foreign grants, check here □

29 ____________

(Grants $ ____________) If this amount includes foreign grants, check here □

30 ____________

(Grants $ ____________) If this amount includes foreign grants, check here □

31 Other program services (describe in Schedule O)

(Grants $ ____________) If this amount includes foreign grants, check here □

32 Total program service expenses (add lines 28a through 31a) $8,963

**Part IV**  
**List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (W-2/1099-MISC Form) (If not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employees benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JACQUELINE BRIERCO</td>
<td>Treasurer</td>
<td>10.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DEANNA HUGHES</td>
<td>PRES</td>
<td>26.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KIM TEBECKO</td>
<td>VICE PRESIDENT</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PEGGY GOUTIER</td>
<td>SECRETARY</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TERESA DOHERTY</td>
<td>OFFICER</td>
<td>2.00</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  
   Yes  No  X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).  
   Yes  No  X

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  
   Yes  No  X

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  
   Yes  No  X

35c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(8) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  
   Yes  No  X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  
   Yes  No  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  
   Yes  No  X

37b Did the organization file Form 1120-POL for this year?  
   Yes  No  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  
   Yes  No  X

39 Section 501(c)(7) organizations. Enter:  
   Yes  No  X

39a Initiation fees and capital contributions included on line 9.  
   Yes  No  X

39b Gross receipts, included on line 9, for public use of club facilities.  
   Yes  No  X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
   Yes  No  X

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction 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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  
   Yes  No  X

40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  
   Yes  No  X

40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  
   Yes  No  X

40e 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.  
   Yes  No  X

41 List the states with which a copy of this return is filed.  
   Yes  No  X

42a The organization's books are in care of:  
   Yes  No  X

42b Telephone no.  
   Yes  No  X

42c Location at  
   Yes  No  X

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 account)? If "Yes," enter the name of the foreign country:  
   Yes  No  X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  
   Yes  No  X

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  
   Yes  No  X

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  
   Yes  No  X

44c Did the organization receive any payments for indoor tanning services during the year?  
   Yes  No  X

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  
   Yes  No  X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   Yes  No  X

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).  
   Yes  No  X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b. Check if the organization used Schedule O to respond to any question in this Part VI.  

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  

49a Did the organization make any transfers to an exempt non-charitable related organization?  

b If "Yes," was the related organization a section 527 organization?  

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."  

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2 and 1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</table>

f Total number of other employees paid over $100,000  

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."  

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</thead>
<tbody>
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<td>None</td>
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<th>(d) Total number of other independent contractors each receiving over $100,000</th>
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</table>

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  

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.  

Signature of officer: JACQUELINE ERRICO  

PRESIDENT  

Paid Preparer: DIANE FARINO  

Use Only: Raisman, Magen Associates, CPA's PC  

996 W Jericho Tpke  

Smithtown, NY 11787-3207  

Firm's EIN: 11-3083710  

Preparer's signature:  

Date: 07/30/12  

Check:  

PTIN: 007736815  

May the IRS discuss this return with the preparer shown above? See instructions.  

Phone no.: 631-543-7272  

DA