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 (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.

OMB No. 1545-1150

2012

Open to Public Inspection

A	For the	2012 calenda	12 calendar year, or tax year beginning , 2012, and ending		CHICHES.				
_		applicable:	C Name of organization	, 2012, and ending			20		
	Address c				-	D Employer identification number			
	Name cha		Number and street (or P.O. box, if mail is not delivered to street address)			26-0672139			
			The most early street (or 1 .O. box, it maints not delivered to street address)	Room/suite	E l'elept	none number			
	Initial retur	1	002 0						
	Terminate		City or town, state or country, and ZIP + 4	002 Constance Lane			(516) 458-0089		
		The state of the s			F Group Exemption				
		ion pending Port Jefferson Station, NY 11776				er 🕨			
G		unting Method: ☐ Cash ☐ Accrual Other (specify) ► H					ganization is not		
1		bsite: ▶ STRENGTHFORLIFENY.ORG				attach Sche			
transfer Seattle Seattle		The state of the s	heck only one) - X 501(c) (3) 501(c)() ◀ (insert no.) 4947(a)(1)			, 990-EZ, or 9			
			ganization is not a section 509(a)(3) supporting organization or section 52						
			D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)	may be require	d (see instruc	tions). But if		
			ses to file a return, be sure to file a complete return.						
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or						
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				41,733		
	art I		e, Expenses, and Changes in Net Assets or Fund Bala						
			e organization used Schedule O to respond to any question in this Part I						
	1		s, gifts, grants, and similar amounts received			1	41,733		
	2		rice revenue including government fees and contracts			2	****		
	3	Membership	dues and assessments			3			
	4	Investment in		The Paris of the Control of		4			
	1		nt from sale of assets other than inventory	a					
			other basis and sales expenses	b					
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)			5c			
	6								
41	a	Gross income	e from gaming (attach Schedule G if greater than						
nue		\$15,000)							
Revenue	b	b Gross income from fundraising events (not including \$ of contribution)							
ď	1		ing events reported on line 1) (attach Schedule G if the	1					
		sum of such g	gross income and contributions exceeds \$15,000) 6t	b					
			expenses from garning and fundraising events						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)				6d			
	7a	Gross sales of	of inventory, less returns and allowances	а					
	b	Less: cost of	goods sold	0					
	C	Gross profit o	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8		e (describe in Schedule O)			8			
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	41,733		
	10	Grants and si	milar amounts paid (list in Schedule O)			10			
	11		to or for members			11	641		
co.	12		er compensation, and employee benefits			12	9,840		
Expenses	13	Professional i	fees and other payments to independent contractors			13			
	14	Occupancy, r	ent, utilities, and maintenance			14			
	15		ications, postage, and shipping			15	112		
	16	Other expens	ses (describe in Schedule O)			16	30,900		
	17		ses. Add lines 10 through 16			17	41,493		
"	18		eficit) for the year (Subtract line 17 from line 9)			18	240		
sets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree						
Net Assets			gure reported on prior year's return)			19	36,742		
	20		s in net assets or fund balances (explain in Schedule O)			20			
	21	Net accets or	fund balances at end of year. Combine lines 18 through 20		b	21	36.982		

Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	any question in this Pa	art II			
		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			36,742	22	36,982
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			36,742	25	36,982
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree v			36,742	27	36,982
Part III Statement of Program Service Accompli	shments (see the in	structions for Part III))		Expenses
Check if the organization used Schedule O to respond to	o any question in this F	art III	🖾	(Red	quired for section
What is the organization's primary exempt purpose? To enhance	the recovery p	process of car	nce	501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the	e services provided, th	ogram services, e number of			nizations and section 7(a)(1) trusts; optional
persons benefited, and other relevant information for each program title			(tan-	for o	thers.)
28 Long Island Today - used to train teachers exercise methods to enhance the recovery p			***		
patients	process of cano	er			
£	aludas foreign grante e	hook hara		20-	1 000
(Grants \$ 1,000) If this amount inc 29 Bloomingdales/Macy's - used to train teach				28a	1,000
exercise methods to enhance the recovery p					
patients	DIOCESS OF CARC	er			
•	cludes foreign grants, o	heck here	П	29a	2,000
30	siddes foreign grants, c	neck here		234	2,000
(Grants \$) If this amount inc	cludes foreign grants, o	heck here	ъ□	30a	
			***************************************	000	See SERVICES
	cludes foreign grants, c			31a	1
32 Total program service expenses (add lines 28a through 31a)				32	3,001
Part IV List of Officers, Directors, Trustees, and Key Employ					
Check if the organization used Schedule O to respond to					
3		(c) Reportable	(d) Health benefits		
(a) Name and title	(b) Average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	ation contributions to emp 99-MISC) benefit plans, and		(e) Estimated amount of other compensation
Jacqueline Errico					
Executive Director	40	14,515		641	0
Debra Hughes					
President	20	1,785		0	0
Kim Tedesco					
Vice President	2	0		0	0
Peggy Goutink					
Secretary	2	0		0	0
Teresa Doherty					
Officer	2	0		0	0

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
			Yes	No
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	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	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)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С				
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
	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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b		37b	P 00000000	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0		-21
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	*********	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		21
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	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		1000000000	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40h		Х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		Λ
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
u	reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C	transaction? If "Yes," complete Form 8886-T	40-		X
41	List the states with which a copy of this return is filed	40e		Δ
	The organization's books are in care of ▶ Jacqueline Errico Telephone no. ▶ 516-	452-0	ngg	
	Located at ▶ 902 Constance Lane Port Jefferson Station, NY ZIP+4 ▶ 1177		003	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Χ
_	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	Г
	and enter the amount of tax-exempt interest received or accrued during the tax year	1		_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
1990	completed instead of Form 990-EZ	44b		Χ
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	734		27
	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)	45h		v
-		1 567101		Α.

Form 990-EZ (2012)

Strength For Life