### Form 8879-TF

### IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	 , 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN STRENGTH FOR LIFE, 26-0672139 INC. DEBRA HUGHES Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here ..... b Total tax (Form 4720, Part III, line 1) 7b Form 5227 check here ..... **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name \_ , (EIN)\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying scriedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CERINI & ASSOCIATES, LLP 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 11371175221 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 04/24/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** 

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2022)

### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2022 cal	endar year, or tax year beginning , 2022	, and ending			
В	Check if applicab	ole:	C Name of organization		D Emp	loyer i	identification number
Г	i i	ess change					
Ē	_	e change	STRENGTH FOR LIFE, INC.		2	6-0	672139
	Initia	l return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Tele	phone	number
		return/ nated	21 PULASKI RD STE 119		(	631	)675-6513
	Amer	nded return	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Gro	up Exe	mption
	Applic	ation pending	KINGS PARK, NY 11754		Nun	nber	
G	Accour	nting Meth			<b>H</b> Che	ck	if the organization is
-	Websit	_	TRENGTHFORLIFENY.ORG		not	require	ed to attach Schedule B
<u>J</u>	Tax-ex	empt stat	<b>us</b> (check only one) $ X$ 501(c)(3) $\overline{}$ 501(c) ( ) (insert no.) $\overline{}$ 4947(a)(1	or 527	(For	rm 990	)).
K	Form o	of organiza	tion: X Corporation Trust Association Other				
L .	Add lin	es 5b, 6c,	and 7b to line 9 to determine gross receipts. If gross receipts are $$200,000$ or more, or if total	al assets (Part I	١,		
		n (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ			\$	
P	art I		enue, Expenses, and Changes in Net Assets or Fund Balances				,
			if the organization used Schedule O to respond to any question in this Part I				<u> </u>
	1		tions, gifts, grants, and similar amounts received			1	76,079.
	2		service revenue including government fees and contracts			2	
	3	Members	ship dues and assessments			3	
	4		ent income			4	
	5a	Gross an	nount from sale of assets other than inventory 5a				
	b	Less: cos	st or other basis and sales expenses <b>5b</b>				
	C	Gain or (	loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6	-	and fundraising events:				
ō	a	Gross ind	come from gaming (attach Schedule G if greater than				
Revenue		\$15,000)					
ě	b	Gross inc	come from fundraising events (not including \$ 26,490. of contributio	ns			
		from fun	draising events reported on line 1) (attach Schedule G if the sum of such		_		
		gross inc	come and contributions exceeds \$15,000)	65,2	<u>95.</u>		
	C		ect expenses from gaming and fundraising events 6c	45,7			
	d		me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	19,550.
	7a		les of inventory, less returns and allowances 7a				
	b	Less: cos	st of goods sold <b>7b</b>				
	C	Gross pr	ofit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	1 22-
	8		venue (describe in Schedule 0) SEE SCHEI			8	1,997.
_	9		renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	97,626.
	10		nd similar amounts paid (list in Schedule 0)			10	
	11		paid to or for members			11	FF 402
es	12		other compensation, and employee benefits			12	55,423.
Expenses	13		onal fees and other payments to independent contractors			13	17,118.
ă	14		cy, rent, utilities, and maintenance			14	2,252.
ш	15		publications, postage, and shipping			15	40.405
	16		penses (describe in Schedule 0) SEE SCHEI			16	48,485.
_	17		penses. Add lines 10 through 16			17	123,278.
ģ	18		r (deficit) for the year (subtract line 17 from line 9)			18	-25,652.
Net Assets	19		ts or fund balances at beginning of year (from line 27, column (A))		ļ		100 400
t As			ree with end-of-year figure reported on prior year's return)			19	198,423.
Ne	20		anges in net assets or fund balances (explain in Schedule 0)			20	0.
_	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20			21	172,771.

Form **990-EZ** (2022)

Pa	art II	Balance Sheets (see the instructions for Par	•				
		Check if the organization used Schedule O to	o respond to any ques				X
				(A) Beginning of year			nd of year
22		savings, and investments		201,315		1	170,762.
23	Land	and buildings	п о	2 000	23	+	2 000
24		assets (describe in Schedule 0) SEE SCHEDUL		2,980 204,295			2,980. 173,742.
25	Total	assets liabilities (describe in Schedule 0) SEE SCHEDUL	₽ ^	5,872			971.
26							971. 172,771.
2/ D:	Net a	ssets or fund balances (line 27 of column (B) must agree with li Statement of Program Service Accomplish	hments (see the instr	uctions for Part III)	• 27		
1 6	ai t iii	Check if the organization used Schedule O to			X		<b>(penses</b> for section
Wha	at ic the	organization's primary exempt purpose? SEE SCHEDUL		MOTITITION ATTI			and 501(c)(4)
		rganization's primary exempt purpose: <u>911</u> <u>96111991</u>		annoo In a clear and consing		organization others.)	ons; optional for
		be the services provided, the number of persons benefited, and other relevant		erises. III a ciear and concise		'	
28	SEE	SCHEDULE O					
	(Grants	s \$ ) If this amount includes fo	reign grants, check here			28a	80,702.
29							
	(Grants	) If this amount includes fo	reign grants, check here			29a	
30							
					_		
	(Grants	•	reign grants, check here			30a	
31	Other p						
	(Grants		reign grants, check here			31a	
32	Total p	program service expenses (add lines 28a through 31a)	/av Francisco			32	80,702.
Pa	art IV	List of Officers, Directors, Trustees, and K		h one even if not compensated -	see the	instructions fo	r Part IV)
		Check if the organization used Schedule O to	<u> </u>				
			(b) Average hour per week devoted	compensation (Forms	` ćont	ealth benefits, ributions to	(e) Estimated amount of other
		(a) Name and title	position	1099-NEC)	plans,	oyee benefit and deferred	compensation
<del></del> _	M BE	ra Cu	,	(if not paid, enter -0-)	con	npensation	
	RECT		5.00	0.		0.	0.
		IOBHAN HANLON	3.00	0.			0.
	RECT		5.00	0.		0.	0.
		FER CALAFATI	3.00	- 0.			0.
	RECT		5.00	0.		0.	0.
		S D MOORE	3.00				ļ .
	RECT		5.00	0.		0.	0.
		I ERRICO	3,00				
	RECT		5.00	0.		0.	0.
		ARBARA DONNELLAN					
	EASU		5.00	0.		0.	0.
		HUGHES					_
		TIVE DIRECTOR	40.00	50,000.		0.	0.
		EEN HENNESSY-MORAN		,			
		PARY	5.00	0.		0.	0.
PΕ	GGY	GOUTINK					
	ESII		5.00	0.		0.	0.
_							

Form **990-EZ** (2022)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
	mendenene ist i ait ii) sheek ii ale sigamizateri assa som e to respond to any queetter in and		Yes	
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 0	33		Х
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	3T /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	330		
00	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		X
	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?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved  38b N/A	-		
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9  N/A			
	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization $0$ .			
۵	by the organization U •  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	40e		Х
41	List the states with which a copy of this return is filed <b>NY</b>			
42 a	The organization's books are in care of DEBRA HUGHES Telephone no. (631)	724		56
	Located at 21 PULASKI RD STE 119, KINGS PARK, NY ZIP+4	<u> 175</u>	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	-
	account)?	42b		X
	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
J	If "Yes," enter the name of the foreign country	0		
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 43	N/A		
			1.7	
	Diddle and the soliday and the soliday of the solid		Yes	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	440		X
h	Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		
J	of Form 990-EZ	44b		Х
С	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 explanation			
	in Schedule 0	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	ロハーデブ	(2022)
		Form 9	JU-EL	(2022)

								_	Y	'es	No
46		organization engage, directly or indirectly, in po	litical campaign activitie	es on behalf of or	in opposition to	candidates for pu	ıblic office				
Da	If "Yes," rt VI	complete Schedule C, Part I	- Only					4	46		X
Pa	ILVI	````		40h and 50 an	-l l - 4 - 4	- 4-61 for lines	. 50 1 5	- 4			
		All section 501(c)(3) organizations must a Check if the organization used Schedule	•	•	•						
		Check if the organization used Schedule	O to respond to any	question in this	SFAILVI					es	No
47	Did the	organization engage in lobbying activities or have	ve a section 501(h) elect	tion in effect duri	ng the tax vear?			Г			
		complete Sch. C, Part II	` '						47		Х
48	Is the or	rganization a school as described in section 170	0(b)(1)(A)(ii)? If "Yes," c	omplete Schedule	Ε			[7	48		Х
		organization make any transfers to an exempt n							9a		Х
b	If "Yes,"	was the related organization a section 527 orga	nization?					4	9b		
50		te this table for the organization's five highest co							n receiv	ved n	nore
	than \$10	00,000 of compensation from the organization.	If there is none, enter "N								
		(a) Name and title of each employee		(b) Average		(C) Reportable impensation (Forms	(d) Health contributi	benefits, ons to	٠,	stim	
		3103		per week de position	voicu io	W-2/1099-MISC/ 1099-NEC)	employee plans, and	deferred	amou		
		NON	IE .	position	511	1099-NEC)	compens	sation	COIII	001130	
				-							
				1							
				1							
				1							
				1							
f	Total nu	umber of other employees paid over \$100,000		•	•						
51	Comple	te this table for the organization's five highest c				more than \$100,0	000 of com	pensatio	n from	the	
	organiza	ation. If there is none, enter "None." NON	IE								
	(a)	Name and business address of each independe	nt contractor		<b>(b)</b> Typ	oe of service		( <b>c</b> ) Co	mpens	satior	1
	Total nu	ımber of other independent contractors each rec	ceiving over \$100 000	I							
		organization complete Schedule A? <b>Note:</b> All se		ations must attac	h a						
-		tod Cohodulo A						X	Yes	Г	No
Unde		es of perjury, I declare that I have examined this	return, including accon	npanying schedul	es and statemer	nts, and to the bes	st of my kn			elief,	it is
	-	and complete. Declaration of preparer (other tha	·				-	Ü		,	
Sig		Signature of officer					Date				
Her	e		TIVE DIRECT	ror							
		Type or print name and title			_						
		Print/Type preparer's name	Preparer's signature		Date	Check	_	ΓIN			
Pai	d				0.4.0.4.1	self- emplo	·		400		
Pre	parer	TANIA QUIGLEY		- D	04/24/2			2015			
Use	Only	Firm's name CERINI & ASS				Firm's EIN		-306			
		Firm's address 3340 VETERA		L HWY		Phone no.	. b3⊥-	-582	-тр	υU	
N/1-:-	the IDO	BOHEMIA, NY						ত	Yes	_	7
iviay	uie iks (	discuss this return with the preparer shown abo	ver see instructions							\	No
								F0	ıııı <b>99</b> (	J-EZ	(2022)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

STRENGTH FOR LIFE, INC.

**Employer identification number** 

OMB No. 1545-0047

26-0672139 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						_
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						
5	The portion of total contributions						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	<b>stop here.</b> The organization qualifies		-				
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		Ш
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		(Form 000) 2002

Schedule A (Form 990) 2022

### 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.)

Sed	etion A. Public Support	slow, picase comp	icic i ait ii.j				-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		, ,	, ,	, ,	•	
	include any "unusual grants.")	117,010.	145,667.	75,927.	114,939.	76,079.	529,622.
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	49,153.	25,513.	21,684.			96,350.
3	Gross receipts from activities that are not an unrelated trade or business 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	166,163.	171,180.	97,611.	114,939.	76,079.	625,972.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						625,972.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	166,163.	171,180.	97,611.	114,939.	76,079.	625,972.
	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.)		3.	14,936.	5,068.	1,997.	22,004.
13	Total support. (Add lines 9, 10c, 11, and 12.)	166,163.	171,183.	112,547.	120,007.	78,076.	647,976.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi					<u> </u>	0.6.60
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	•	olumn (f))		15	96.60 %
	Public support percentage from 2021					16	97.32 %
	ction D. Computation of Inves					1	0.0
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			- line 4.4 and line		18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						T
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che		•	•		-	
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	. or 19b. check th	is nox and see inst	ructions	1 1

#### 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		,		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	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 year (see instructions)			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 th	he organization was responsive to those supported organizations, and how the organization determined	-		
		nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		$\emph{N}$ the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	1 11d +h	a organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

	dule A (Form 990) 2022 STRENGTH FOR			2	6-0672139 <sub>F</sub>	⊃age <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)		
Sect	ion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
_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.			6		
_ 7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 202	
_1_	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
_3_	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder, Subtract lines 4a and 4b from line 4					

Schedule A (Form 990) 2022

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2023. Add lines 3j

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2022** 

**Employer identification number** 

STRENGTH FOR LIFE, 26-0672139 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

STRENGTH FOR LIFE, INC.

26-0672139

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN GAUVREAU  6331 CULLYS TRAIL  PORTAGE, MI 49024	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KIM TEDESCO  37 SUTTON PLACE  ISLANDIA, NY 11749	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NY OFFICE OF THE STATE COMPTROLLER BSE  110 STATE STREET 10-4  ALBANY, NY 12236	\$ 6,095.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FRANK J. ANTUN FOUNDATION  1 OLD COUNTRY RD, SUITE 282A  CARLE PLACE, NY 11514	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PINK AID PO BOX 5157 WESTPORT, CT 06881	\$5,150.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TOWNWIDE FUND OF HUNTINGTON  148 E MAIN ST.  HUNTINGTON, NY 11743	\$5,000.	Person X Payroll

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

STRENGTH FOR LIFE, INC.

26-0672139

(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given    Column

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** STRENGTH FOR LIFE, 26-0672139 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	H FOR LIFE, INC.					26-0672	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais     a	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from req	gistration

232081 10-27-22

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

Schedule G (Form 990) 2022

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				TRIBUTE WALK		col. <b>(c)</b> )
Φ			(event type)	(event type)	(total number)	()/
Revenue			04 050	6 450		05 544
Rev	1	Gross receipts	81,053.	6,458.		87,511.
			10 721	E 012		22 744
	2	Less: Contributions	18,731.	5,013.		23,744.
	3	Gross income (line 1 minus line 2)	62,322.	1,445.		63,767.
_	3	Gross income (line i militus line 2)	02,322.	1,445.		03,707.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sue	6	Rent/facility costs	28,494.			28,494.
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment	1 40 000	1,445.		14,723.
	9	Other direct expenses				43,217.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				20,550.
Pa	irt I	<b>III Gaming.</b> Complete if the organization		990. Part IV. line 19. or r	eported more than	20,550.
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>ш</u>	1	Gross revenue				
es	2	Cash prizes				
ens	_	Nanagah prizas				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
Ë	•					
_	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No 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)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
_	.,					
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 STRENGTH FOR LIFE, INC. 2	<u> 6 – 0 (</u>	<u>67213</u>	9 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Ye	s No
12				
	Indicate the percentage of gaming activity conducted in:	1	ا ءمه	0.4
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	ınt		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Carning manager compensation			
	Description of continuous annithed			
	Description of services provided			
				-
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye:	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
~	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part	III lines	9 9h 10h
. u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iu rait	III, III 165	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				<del></del>
				-

Schedule G	(Form 990)	STRENGTH FOR	LIFE,	INC.	26-0672139	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
	• •	(continuou)				
-						
_						

## 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 26-0672139 STRENGTH FOR LIFE, INC. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: MISCELLANEOUS INCOME 1,997. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 4,754. OFFICE EXPENSE DUES & SUBSCRIPTIONS 161. 1,884. INSURANCE MISC. EXPENSES 2,080. PROGRAM CLASSES 6,355. BANK SERVICE CHARGES 156. 10,895. TRAINERS/TEACHERS WELLNESS WEEKEND 14,826. ADVERTISING & PROMOTION 157. TRAVEL AND MEETINGS 3,530. 751. CONTRIBUTIONS/DONATIONS OTHER GRANT EXPENSES 2,936. TOTAL TO FORM 990-EZ, 48,485. LINE 16 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR PREPAID EXPENSE 2,980. 2,980.

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

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

END OF YEAR
Schedule O (Form 990) 2022

DESCRIPTION

BEG.

OF YEAR

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization  STRENGTH FOR LIFE, INC.	Employer identification number 26-0672139
ACCOUNTS PAYABLE 5,8	72. 971.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENHANCE PROCESS FOR CANCER PATIENTS.	THE RECOVERY
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH STRENGTH FOR LIFE IS AN EXERCISE PROGRAM IN WHICH PERSONS	MENTS:
WITH A CANCER DIAGNOSIS PARTICIPATE IN GROUP CLASSES	
DESIGNED TO ENHANCE THEIR RECOVERY PROCESS. SERVICES  PROVIDED INCLUDE EDUCATING CANCER PATIENTS AND THE GENERAL	PUBLIC ON
THE BENEFITS OF EXERCISE IN REDUCING THE RISK OF CERTAIN C  IMPROVING FUNCTIONAL ACTIVITIES.	ANCERS AND
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFITHE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

### TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

### FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FO	PR:
	STRENGTH FOR LIFE, INC. 21 PULASKI RD STE 119 KINGS PARK, NY 11754
PREPARED BY	<b>'</b> :
	CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716
AMOUNT OF T	AX:
	BALANCE DUE OF \$75
MAKE CHECK	PAYABLE TO:
	NOT APPLICABLE
MAIL TAX RET	URN TO:
	THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML
RETURN MUST	BE MAILED ON OR BEFORE:

MAY 15, 2023

**SPECIAL INSTRUCTIONS:** 

### **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2022

Open to Public Inspection

1.General Information						
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022						
Check if Applicable:  Address Change	Name of Organization: STRENGTH FOR L	IFE, INC.		Employer Identification Number (EIN): 26-0672139		
Name Change Initial Filing	Mailing Address: 21 PULASKI RD	STE 119		NY Registration Number: 41-34-87		
Final Filing  Amended Filing	City / State / ZIP: KINGS PARK, NY	11754		Telephone: 631 675-6513		
Reg ID Pending	Website: STRENGTHFORLIF	ENY.ORG		Email:		
Check your organization's registration category:	s 7A only EPTL	only X DUAL (7A 8		Confirm your Registration Category in the		
2. Certification		0111y <u></u> 00/12 (// to	CEITE) EXEIVII I	Charities Registry at <u>www.CharitiesNYS.com</u> .		
	ication requirements. Imprens	r cortification is a violation	of law that may be aubicat	to penalties. The certification requires		
two signatories.	cation requirements. Imprope	r certification is a violation	or law that may be subject	to penalities. The certification requires		
	penalties of perjury that we revi			best of our knowledge and belief, oplicable to this report.		
			DEBRA HUGH	ES		
President or Authorized	Officer:		EXECUTIVE 1	DIRECTOR		
	Signature		Print Name			
				A DONNELLAN		
Chief Financial Officer of	Chief Financial Officer or Treasurer: TREASURER					
	Signature		Print Name	e and Title Date		
3. Annual Reporting	3. Annual Reporting Exemption					
-		organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
				ed Char500. No fee, schedules, or		
				e exemption, you must file applicable		
	nts and pay applicable fees.	•	,	, ,,		
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not						
		d not engage a professiona	al fund raiser (PFR) or fund i	raising counsel (FRC) to solicit		
Contribution	ons during the fiscal year.					
	<u>filing exemption:</u> Gross receip <sup>.</sup> : fiscal year.	s did not exceed \$25,000	and the market value of ass	sets did not exceed \$25,000 at any time		
during the	iliscai year.					
4. Schedules and A	ttachments					
See the following page						
for a checklist of	Yes X No 4a. Did y	our organization use a pro	fessional fund raiser, fund r	aising counsel or commercial co-venturer		
schedules and			? If yes, complete Schedule			
attachments to						
complete your filing.	X Yes No 4b. Did t	he organization receive go	vernment grants? If yes, co	mplete Schedule 4b.		
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo				Make a single check or money order		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$ 25.	\$ 50.	\$ 75.	"Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt dategory folds to an organization 3 NTO registration status. It does not fold to its moltax designation.

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$1,000,00 If the fiscal year begins before that date, an Audit Report is required if total revenue Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	on and up to \$1,000,000  on and the fiscal year begins on or after July 1, 2021.  wenue and support is greater than \$750,000  port is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.
X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at <a href="https://www.charitiesNYS.com">www.charitiesNYS.com</a> .
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 F7 Part I, line 21

#### Need Assistance?

28 Liberty Street

New York, NY 10005

www.CharitiesNYS.com Visit:

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

STREN011

### **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2022

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information		
Name of Organization:		NY Registration Number:
STRENGTH FOR LIFE,	INC.	41-34-87

Name of Government Agency	Amo	unt of Grant
1. STATE OF NY OFFICE OF THE STATE COMPTROLLER BSE	1.	6,095.
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	6,095.