

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	STRONGMINDS INC. 515 VALLEY STREET 200 MAPLEWOOD, NJ 07040
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
Г	Addres	STRONGMINDS INC.			
Ē	Name change			46-20900	59
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/		200	973-313-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,279,368.
	Ameno return			H(a) Is this a group r	eturn
	Applic			for subordinates	s? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions
		e: WWW.STRONGMINDS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2013	M State of legal domicile: NJ
Р	art I	Summary	DADM T	TT TIND 1	
ç	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	.II, LINE I.	
Governance				than OFO(of its not a	
Ver		Check this box if the organization discontinued its operations or dispondance of voting members of the governing body (Part VI, line 1a)		1	sseis.
යි		Number of independent voting members of the governing body (Part VI, line 1a)			8
ە ئ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			19
iţie		Total number of volunteers (estimate if necessary)			8
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)		5,002,537.	9,274,718.
eun	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,074.	4,650.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,483.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,013,094.	9,279,368.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,295,211.	3,249,103.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 1,282,740.	1,531,033.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,202,740.	0.
Sen Sen	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 401,1	58	0.	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 401,1 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		538,655.	406,642.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,116,606.	5,186,778.
		Revenue less expenses. Subtract line 18 from line 12		896,488.	4,092,590.
Or Soci		Totalida losa expanicas. Cubitast ilita to ilatit ilita te	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,219,361.	8,170,759.
Net Assets or	21	Total liabilities (Part X, line 26)		218,623.	77,431.
		Net assets or fund balances. Subtract line 21 from line 20		4,000,738.	8,093,328.
	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule		•	ly knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		I Date	
Sig		,	D	Date	
He	re	SEAN MAYBERRY, CHIEF EXECUTIVE OFFICE Type or print name and title	K		
			11	Date Check	II PTIN
Pai	d	Print/Type preparer's name RICHARD J. LOCASTRO, CPA		07/07/00 if	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	40	John Gillpio)	52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	4	THITSLIN	
	,	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
— Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Charle if School up O contains a response or note to apply line in this Bort III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO RESTORE THE MENTAL HEALTH OF VULNERABLE AFRICANS BY TRAINING LAY COMMUNITY MEMBERS TO IDENTIFY AND TREAT DEPRESSION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,056,662 • including grants of \$ 3,249,103 •) (Revenue \$)
	STRONGMINDS IS A SOCIAL ENTERPRISE THAT PROVIDES LIFECHANGING
	DEPRESSION TREATMENT TO LOW-INCOME INDIVIDUALS IN SUB-SAHARAN AFRICA.
	OUR PROVEN, COST-EFFECTIVE MODEL IS BASED IN GROUP INTERPERSONAL
	PSYCHOTHERAPY, WHICH WE PROVIDE FREE OF CHARGE, BOTH IN-PERSON AND OVER
	THE PHONE. SINCE OUR FOUNDING IN 2013, WE HAVE EMBARKED ON INNOVATIVE
	APPROACHES TO DELIVER THIS THERAPY MODEL AT SCALE. IN 2021, WE WERE
	ABLE TO LEVERAGE TECHNOLOGY AND PARTNERSHIPS TO TREAT 42,482
	INDIVIDUALS WITH DEPRESSION IN UGANDA AND ZAMBIA. STRONGMINDS IS THE
	ONLY ORGANIZATION SCALING COST-EFFECTIVE SOLUTIONS TO THE DEPRESSION
	EPIDEMIC IN AFRICA.
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
	
	
	
4d	Other program services (Describe on Schedule O.)
- u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4 , 056 , 662 .
	Form 990 (2021)

Form 990 (2021) STRONGMINDS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u></u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV	Checklist of Required Schedules (continued	1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			177
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		162	140
b	The same names reported in solve of the same sol			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

STRONGMINDS INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0							
	filed for the calendar year ending with or within the year covered by this return	2a	19		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X					
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			3a		Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			3b						
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х				
h	If "Yes," enter the name of the foreign country	accoui	19:	Ta						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					۱,,,				
	to file Form 8282?			7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo			7f		25				
g h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file orga			7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711						
•	sponsoring organization have excess business holdings at any time during the year?		NT / 7\	8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	ا ا								
40-	amounts due or received from them.)	11b	.	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	1041 2		12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU								
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.		_			177				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it incoi	ne?	16		X				
47	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		NI / Z	47						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17						
	n 166, complete Form 6000.									

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Form **990** (2021) 3 2 0 6 6 ___1

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a									
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	KIM VALENTE - 973-313-3166								
	515 VALLEY STREET, SUITE 200, MAPLEWOOD, NJ 07040								

132006 12-09-21

Form 990 (2021) STRONGMINDS INC. 46-2090059 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	III ecu	Iriius	lee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	idual	Institutional trustee	l le	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) SEAN MAYBERRY	40.00								_	
EXECUTIVE DIRECTOR		Х		Х				206,807.	0.	5,700.
(2) KARI FRAME	40.00								_	
CHIEF OPER. OFFICER (UNTIL 11/2021)				Х				172,053.	0.	3,739.
(3) KIM VALENTE	40.00							4-0-004		
CHIEF FINANCIAL OFFICER	1000			Х				150,894.	0.	3,987
(4) RASA DAWSON	40.00					l		425 204	•	2 500
CHIEF DEVEL. & COMMS. OFFICER	10.00					Х		135,321.	0.	3,788
(5) HANNAH BALDWIN	40.00							100 000	•	2 5 5 7 4
PARTNERSHIP DIRECTOR	40.00					Х		127,079.	0.	3,571
(6) DENA BATRICE	40.00	-				3,7		106 207	0	2 (02
DIR. OF TECH. LEARNING & INNOV.	40.00					Х		106,207.	0.	3,692.
(7) JENNIFER BASS	40.00	-				7.		107 004	0	2 671
EDITORIAL & CREATIVE DIRECTOR	1.50					Х		107,024.	0.	2,671.
(8) DANA WARD	1.50	x		x				0.	0.	0 .
PRESIDENT	1.50	Δ		Δ				0.	0.	0 ,
(9) PAUL WATFORD TREASURER	1.50	X		x				0.	0.	0 .
(10) MISHA GALPERIN	1.50	Δ		^				0.	0.	0.
SECRETARY	1.50	Х		x				0.	0.	0 .
(11) ANN MACDOUGALL	1.50								•	<u> </u>
TRUSTEE	1130	x						0.	0.	0 .
(12) JAMES RUDE	1.50									
TRUSTEE		х						0.	0.	0.
(13) ANNIKA STEN-PARSON	1.50							_		
TRUSTEE		х						0.	0.	0.
(14) CAROL SQUIRE	1.50									
TRUSTEE		Х						0.	0.	0.
(15) REHMAH KASULE	1.50									
TRUSTEE		Х						0.	0.	0.

Pal	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	<u>d Hi</u>	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensatio	n	ar	nount	of
		week	<u> </u>	cerar	iu a d	iii ecto	or/trus	ree)	from	from related			other	
		(list any hours for	irecto						the	organizations			pensa	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	sC/		om th anizat	
		organizations	rustee	l trus		ee	nben		1099-NEC)	1099-1120)		_	arıızar d relat	
		below	dualt	utiona	_	nploy	st col	, in	10001420)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				Ū		
			1											
							$oxed{igspace}$							
							_							
								_	1 005 205		_			4.0
	Subtotal								1,005,385.		0.		7,1	
	Total from continuation sheets to Part V								0.		0.		7 1	0.
	Total (add lines 1b and 1c)								1,005,385.				7,1	48.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportabl	е			7
	compensation from the organization												Yes	No
•	Distable a superioration that are standard or standard							1- ! -		.1	ı		162	NO
3	Did the organization list any former officer		-	•		•	-	_		•		_		Х
4	line 1a? If "Yes," complete Schedule J for											3		
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	=							<u>-</u>	the organization		4	Х	
5	· · ·			•						idual for convices		4	21	
3	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5		Х
Sec	etion B. Independent Contractors	ipiete Scriedui	e	UI S	ucn	pers	SULL							- 23
1	Complete this table for your five highest co	omnensated in	dene	ande	ent c	onti	racto	ore t	that received more than	\$100,000 of com	nens	ation :	from	
•	the organization. Report compensation for										ipono	ation		
	(A)	ino calendar y	oui	<u> </u>	ng t	*****	0	Ï	(B)	your.		((<u></u>	
	Name and business	address	NO	INC	E				Description of s	ervices	С		nsatio	n
								一						
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(0							
												Form	990 (t	2021)

Га		4111	Check if Schedule O contains a respons	e or note to any li	ne in this Part VIII			
			Oneck if Schedule O Contains a respons	e or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1a In In In In In In In In In I	273,860. ,000,858.				
Cor		-	Total. Add lines 1a-1f		9,274,718.			
				Business Code				
Program Service Revenue	2	a b c d						
Ā.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, interestment similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	4,650.			4,650.
	_	а	(i) Real Gross rents 6a Less: rental expenses 6b	(ii) Personal				
	7	d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities					
er Revenue			assets other than inventory Less: cost or other basis and sales expenses Tb Gain or (loss) 7a 7b 7b					
Be			Net gain or (loss)	<u> </u>				
Other	8		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8					
		b	Less: direct expenses 8	b				
			Net income or (loss) from fundraising events	>				
	9		Gross income from gaming activities. See Part IV, line 19					
			Less: direct expenses 9	<u> </u>				
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	-				
			Less: cost of goods sold10	_				
\blacksquare		С	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11			<u> </u>				
Ven		b		 				
Re		Ç	All other revenue		-			
Σ			All other revenue					
	12		Total. Add lines 11a-11d		9,279,368.	0.	0.	4,650.
	14		TOTAL TOTO HOLD COOK HISH HUGHOTIS		r, -, -, , , 5 5 5 6	, ,,		,

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	3,249,103.	3,249,103.		
	individuals. See Part IV, lines 15 and 16	3,249,103.	3,249,103.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	543,181.	104,819.	250,794.	187,568
6	trustees, and key employees Compensation not included above to disqualified	343,101.	104,017.	250,754.	107,300
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		670,646.	429,635.	109,418.	131,593
7 8	Other salaries and wages Pension plan accruals and contributions (include	0,0,040.	125,055.	100 / HIO •	101,000
o	section 401(k) and 403(b) employer contributions)	20,898.	9,913.	10,937.	48
9	Other employee benefits	192,843.	68,418.	97,490.	26,935
9 10	Payroll taxes	103,465.	47,650.	28,939.	26,876
11	Fees for services (nonemployees):	200,2000	27,70001	20,7001	20,010
'' a					
b					
c	[83,303.		83,303.	
	Lobbying			00,000	
e	D (' 1(1 ' ' ' O D ' N' ' ' 47				
f	Investment management fees				
g	//r/: 44				
ŭ	column (A), amount, list line 11g expenses on Sch O.)	160,107.	104,659.	54,383.	1,065
12	Advertising and promotion	34,002.	17,325.	12,782.	3,895
13	Office expenses	14,999.	2,455.	8,616.	3,928
14	Information technology	18,502.	1,459.	14,546.	2,497
15	Royalties				
16	Occupancy	33,350.	6,266.	18,209.	8,875
17	Travel	34,663.	13,434.	14,092.	7,137
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,061.	1,151.	3,266.	644
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,218.		13,218.	
23	Insurance	5,844.		5,844.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL PROCESSING FEES	3,819.		3,819.	
b	MISCELLANEOUS	-226.	375.	-698.	97
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,186,778.	4,056,662.	728,958.	401,158
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			467,758.	1	551,060
	2	Savings and temporary cash investments			2,984,419.	2	6,017,404
	3	Pledges and grants receivable, net			639,940.	3	1,438,158
	4	Accounts receivable, net			33,381.	4	10,182
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				9,218.	9	6,110
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	64,414.			
	b	Less: accumulated depreciation		20,172.	13,389.	10c	44,242
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			71,256.	15	103,603
	16	Total assets. Add lines 1 through 15 (must ea			4,219,361.	16	8,170,759
	17	Accounts payable and accrued expenses			97,923.	17	77,431
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
Ĭ		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
_	23	Secured mortgages and notes payable to unr	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	120,700.	24	0
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			218,623.	26	77,431
w		Organizations that follow FASB ASC 958, c	heck he	e ▶ X			
Ö		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			2,667,937.	27	6,670,921
ĕ	28	Net assets with donor restrictions			1,332,801.	28	1,422,407
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
F T		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund	ds			29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Ä	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			4,000,738.	32	8,093,328
	33	Total liabilities and net assets/fund balances			4,219,361.	33	8,170,759

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 27		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,18	6,7	78.
3	Revenue less expenses. Subtract line 2 from line 1	3		.,09		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	.,00	0,7	38.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	,09	3,3	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	3,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization STRONGMINDS INC. 46-2090059 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	,,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	. ,	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
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	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
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)						5,658,668.
	Public support. Subtract line 5 from line 4.						18,562,890.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,668.	3,814.	7,527.	5,074.	4,650.	22,733.
_	and income from similar sources	1,000.	3,014.	1,521.	3,074.	4,050.	22,733.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		5,473.	1,797.	5,483.		12,753.
11	Total support. Add lines 7 through 10		3 / 1 / 3 (3,1001		24,257,044.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2021 (line 6, column (f), d	livided by line 11, o	column (f))		14	76.53 %
	Public support percentage from 2020					15	77.50 %
	33 1/3% support test - 2021. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∐_

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						_
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	OI-		
	9b		
	9c		
	10a		
	10b		
ulo		~ 000	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% 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 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	non or type in eappertung organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	tion 5.7th Type in supporting organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1				
	organization'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	4		
0	organization'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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
•		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	20)	
C	Activities Test. Answer lines 2a and 2b below.	! <i>!uc</i> !!o! 		Na
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined			
	, , , , , , , , , , , , , , , , , , , ,	22		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ob.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
J-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

	t V Type III Non Eurotionally Integrated 500(a)(2) Supporti	na Oraci	ai-ations	20 20 00 00 0 Page 0
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			- · · · · · · · · · · · · · · · · · · ·
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	, , ,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1 (5) 6
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 STRONGMINDS I				6-2090059 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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 t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
2	Excess from 2017				

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

STRONGMINDS INC. 46-2090059							
Organization type (che	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
	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						
01 1 17							
• •	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.					
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
sections 509(a contributor, du	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.						
contributor, du literary, or edu	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.						
year, contribut is checked, en purpose. Don'	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 \bigsup \$						
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 inswer "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 that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

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 contributio	(d) rns Type of contribution
1		\$1,500,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
2		\$1,418,6	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
3		\$ 517,9	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
6		\$300,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
7		\$_	300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	273,860.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	273,724.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10		\$_	255,586.	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
11		\$_	250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12		\$_	250,000.	Person X Payroll

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 250,000.	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
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 236,919.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

\$TRONGMINDS INC.

46-2090059

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
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** 46-2090059 STRONGMINDS INC. 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

STRONGMINDS INC.

Employer identification number 46-2090059

Pai			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Borier davised raries	(b) I and and other accounts			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		1 funds			
3	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
U	for charitable purposes and not for the benefit of the donor					
			·			
Pai		ganization answered "Yes" on Form 990. Pa				
1	Purpose(s) of conservation easements held by the organizat	-	,			
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	historically important land area			
	Protection of natural habitat	· —	certified historic structure			
	Preservation of open space	i reservation or a	certified historic structure			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last			
_	day of the tax year.	ned conservation contribution in the form of	Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
			2.			
	Number of conservation easements on a certified historic str		···· 			
	Number of conservation easements included in (c) acquired					
u	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
•	year >	incaded, extinguished, or terminated by the c	riganization daring the tax			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year			
	▶ \$, ,	g ,			
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemer	its that describes the			
	organization's accounting for conservation easements.	•				
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement an	d balance sheet works			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furt	herance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , ,	,			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	_	> \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021			

132051 10-28-21

Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, c	r Othe	r Simil	ar Asse	e ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following that	t make s	ignificant	use of its	3	
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e	, 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explai	in how th	ey further t	he organization	on's exer	npt purp	ose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be mai	ntained as part of	the orgar	nization's c	ollection?			[Yes	No_
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	O, Part IV	, line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for o	contribution	ns or other as	sets not	included	_	_	
	on Form 990, Part X?							L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on For							E	Yes	No No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	xplanatio	n has beer	provided on	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on F	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Three y	ears back/	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	t are held a	and administe	red for th	ne organi:	zation		
	by:								[Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizati									
4	Describe in Part XIII the intended uses of the o	organization's endo	owment f	unds.						
Pai	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	0, Part IV	', line 11a. \$	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				35,222.		16,7	32.		3,490.
	Other			2	19,192.		3,4	40.	25	752.
	Add lines 1a through 1a (Column (d) must ea		V colum	an (P) line	100)				1/	242

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	STRONGMINDS	INC.		46-2090059	Pag
Part VII	Investments -	Other Securities.				
	Complete if the ord	anization answered "Ves" o	n Form 990	Part IV line 11h See Form 900 Part V line 12		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Table (Oak was (b) south as well Farms 000, Bart V and (B) line 15)	

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Par	Reconciliation of Revenue per Audited Financial State		Revenue per F	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,335,483.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities		56,115.	<u> </u>	
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	56,115.
	Subtract line 2e from line 1			3	9,279,368.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 - \A /*11-	F	5	9,279,368
Par	t XII Reconciliation of Expenses per Audited Financial State		Expenses per	r Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				E 242 002
	Total expenses and losses per audited financial statements			1	5,242,893.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	FC 11F		
	Donated services and use of facilities		56,115.	4	
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)	•			FC 11F
	Add lines 2a through 2d			2e	56,115.
	Subtract line 2e from line 1			3	5,186,778.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0. 5,186,778.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	3,100,770
		Doubly lines the	and Ob. Dort V. line	4. David	V. line O. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4, Part	A, IIIIe 2, Part AI,
111165 2	ed and 4b, and Fart Air, lines 2d and 4b. Also complete this part to provide any	additional inform	iation.		
PAR	T X, LINE 2:				
	,				
FOR	THE YEARS ENDED DECEMBER 31, 2021 AND	2020, ST	RONGMINDS	HAS	DOCUMENTED
ITS	CONSIDERATION OF FASB ASC 740-10, INCOM	ME TAXES	, THAT PRO	OVID	ES GUIDANCE
	·		-		
FOR	REPORTING UNCERTAINTY IN INCOME TAXES A	AND HAS	DETERMINEI	THZ	AT NO
MAT	ERIAL UNCERTAIN TAX POSITIONS QUALIFY FO	OR EITHE	R RECOGNIT	CION	OR
DIS	CLOSURE IN THE COMBINED FINANCIAL STATES	MENTS.			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

STRONGMINDS INC. 46-2090059 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region SUB-SAHARAN AFRICA GRANTMAKING 3,249,103. 3 a Subtotal 3,249,103. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a 3,249,103. and 3b)

132071 12-20-21

14520707 745960 32066

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

Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	TREATMENT OF WOMEN					
		AFRICA	WITH DEPRESSION	206,375.	WIRE	0.		
		SUB-SAHARAN AFRICA	TREATMENT OF WOMEN WITH DEPRESSION	3,042,728.	WIRE	0.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

	2
•	C

Part III Grants and Other Assistand Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes" o	on Form 990, Par	t IV, line 16.		
(a) Type of grant or assistance	(b) Region	(a) Number of		(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

ı aı	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No
	Corporation (Coo motivations for Ferm CEO)		
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
	· · · · · · · · · · · · · · · · · · ·		
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

Instructions for Form 5713; don't file with Form 990)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2021

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE ORGANIZATION REGULARLY INTERACTS WITH THE FOREIGN ORGANIZATION AS TO PROJECTS AND THE STATUS OF WORK PERFORMED. A BUDGET IS DEVELOPED JOINTLY. SUPPORTING DOCUMENTATION FOR EXPENDITURES MADE BY THE FOREIGN ORGANIZATION IS PROVIDED. THE EXECUTIVE DIRECTOR OF THE ORGANIZATION TRAVELS TO UGANDA AND ZAMBIA TO OBSERVE THE PROGRESS OF PROJECTS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

STRONGMINDS INC.

Employer identification number 46-2090059

Pa	art I Questions Regarding Compensation							
			Yes	No				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
_								
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee							
	Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
7	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?							
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b	Х	Х				
C	c Participate in or receive payment from an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		Х				
	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v				
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		<u> </u>				

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) SEAN MAYBERRY	(i)	206,807.	0.	0.	5,700.	0.	212,507.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KARI FRAME	(i)	136,197.	0.	35,856.	3,739.	0.	175,792.	0.	
CHIEF OPER. OFFICER (UNTIL 11/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KIM VALENTE	(i)	150,894.	0.	0.	3,987.	0.	154,881.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
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	(ii)								

Part III Supplemental Information										
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
PART I, LINE 4A:										
DURING 2021 KARI FRAME RECEIVED SEVERANCE COMPENSATION OF \$35,856.										

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STRONGMINDS INC.

Employer identification number 46-2090059

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPLETED FORM 990 WAS THEN PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AT THE PRIOR TO FILING, A COPY OF THE FORM 990 WAS PROVIDED TO COMMITTEE MEETING. THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY ANNUALLY, BY MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN DISCLOSED INFORMATION. IF A CONFLICT ARISES, THE INTERESTED PERSON DISCLOSES THE EXISTENCE OF FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD AND RECUSE HIM/HER SELF WHILE THE BOARD MAKES A DETERMINATION AND THE MATTER. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING COMPENSATION, THE BOARD FORMS AN EXECUTIVE DIRECTOR COMPENSATION REVIEW COMMITTEE. THEY REVIEW 3RD PARTY COMPENSATION STUDIES AND TAKE INTO ACCOUNT MARKET RATES AND THE EXECUTIVE DIRECTOR'S THE COMMITTEE SHARES THEIR ANALYSIS AND RECOMMENDATION WITH PERFORMANCE. THE BOARD IN EXECUTIVE SESSION WHERE IT IS PUT TO A VOTE. COMPENSATION FOR OTHER KEY EMPLOYEES IS REVIEWED, DISCUSSED AND APPROVED THROUGH THE BUDGET APPROVAL PROCESS WHICH ALSO TAKES INTO ACCOUNT COMPENSATION STUDIES AND MARKET RATES. THE LAST COMPENSATION REVIEW FOR THE CEO TOOK PLACE ON MARCH 2022.

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

Schedule O (Form 990) 2021

Schedule O (Form 990)												age 2
Name of the organizati	on STRONG	MINDS	INC	•					Empl	oyer identific 16-2090	ation nu 059	mber
FORM 990, PA	ART VI, S	SECTIO	N C,	LINE	19:							
THE ORGANIZA	ATION'S G	OVERN	IING I	OOCUME	ENTS,	CONFLICT	OF	INTER	EST	POLICY	AND	
FINANCIAL S'												