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PUBLIC DISCLOSURE COPY	

# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

### FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	STRONGMINDS INC. 515 VALLEY STREET NO. 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 \*\*

(Rev. January 2020)

# 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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2019 calendar year, or tax year beginning and	ending	_	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		46-20900	59
F	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 515 VALLEY STREET	Room/suite 200	E Telephone numbe 973-313-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,277,211.
	Ameno	MAPLEWOOD, NJ 07040		H(a) Is this a group re	eturn
	Application pendir	F Name and address of principal officer: DEAN FIAT DERIVE		for subordinates	·····
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)	or 527	1,	list. (see instructions)
		e: WWW.STRONGMINDS.ORG		H(c) Group exemptio	
_		organization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 2013 N	1 State of legal domicile: $NJ$
P	art I				
Governance	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
'n	2	Check this box Fig. if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets
Š	1			3	8
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			7
∞ ∞					12
ţį		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, line 39	·····		
	_			Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		2,723,139.	5,267,887.
Jen (		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,814.	7,527.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,473.	1,797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,732,426.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,402,959.	2,155,183.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		490,610.	765,873.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)   395,6	93. 🦳		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		448,189.	498,111.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,341,758.	3,419,167.
	19	Revenue less expenses. Subtract line 18 from line 12		390,668.	1,858,044.
Net Assets or Fund Balances	3	·	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,267,866.	3,151,960.
ASS	21	Total liabilities (Part X, line 26)		21,660.	47,710.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		1,246,206.	3,104,250.
	art II	Signature Block			· · · · · · · · · · · · · · · · · · ·
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,, ,
	,	<b>\</b>		1	
Sig	ın	Signature of officer		Date	
		SEAN MAYBERRY, EXECUTIVE DIRECTOR			
He	re	Type or print name and title			
			11	Date Check	II PTIN
De'	4	Print/Type preparer's name  Proparer's signature	1	if Constant	
Pai		RICHARD J. LOCASTRO, CPA Culand J. Loc	asso	8/13/2020 self-employ	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	if .	Firm's EIN ▶	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		, -	04 \ 054 6666
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2019) STRONGMINDS INC.	46-2090059	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:  TO RESTORE THE MENTAL HEALTH OF VULNERABLE AFRICANS I  COMMUNITY MEMBERS TO IDENTIFY AND TREAT DEPRESSION.	BY TRAINING LAY	•
	COMMONITY MEMBERS TO IDENTITY AND INDICE DELICEDSTON.		
2	Did the organization undertake any significant program services during the year which were not listed on a prior Form 990 or 990-EZ?		X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices?Yes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t revenue, if any, for each program service reported.	o otners, the total expenses,	and
4a	2 (50 122 2 155 102	(Revenue \$	,
	STRONGMINDS IS A SOCIAL ENTERPRISE FOUNDED IN 2013 THE	HAT PROVIDES	
	LIFE-CHANGING MENTAL HEALTH SERVICES TO IMPOVERISHED		
	SINCE MANY AFRICAN WOMEN CANNOT EVEN BEGIN TO TACKLE	ISSUES LIKE	
	POVERTY AND ECONOMIC DEVELOPMENT UNTIL THEY OVERCOME		
	STRONGMINDS PROVIDES TREATMENT FOR WOMEN WHO SUFFER I		SIVE
	AND DEBILITATING MENTAL ILLNESS. BY PROVIDING GROUP		
	DELIVERED BY COMMUNITY HEALTH WORKERS, STRONGMINDS IS		
	ORGANIZATION SCALING A COSTEFFECTIVE SOLUTION TO THE		
	EPIDEMIC IN AFRICA.		
	IN 2019 WE LAUNCHED NEW PROGRAMS TO TREAT DEPRESSION	IN ADOLESCENTS	AND
	REFUGEE POPULATIONS THROUGH PARTNERSHIPS. OVER THE CO		
	WE TREATED A TOTAL OF 21,600 WOMEN AND ADOLESCENTS IN		
4b	(Code:) (Expenses \$ including grants of \$)		<u> </u>
40	(Code) (expenses \$)	(Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
44	Other program conjuge (Describe on Schodule C.)		
4d	Other program services (Describe on Schedule O.)	1	
40	(Expenses \$\frac{\text{including grants of \$\text{\$}}}{\text{Total program service expenses}} \rightarrow \frac{2,659,133.}{\text{\$}}	)	
<u>4e</u>	Total program service expenses	Eorm (	<b>990</b> (2019
		1 01111	

# Form 990 (2019) 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	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	۰		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, v
_	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
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	P°		21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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		X
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
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	Λ	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	170		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		37	
	Schedule J	23	X	₩
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	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		122
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		$\vdash$
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>†</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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			3,7
	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 Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		<del>                                     </del>
	"Yes, " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ <sub>V</sub>
0.4	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	24		x
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	Х	
	(garnoming) with migo to prize with ord:		990	(2010

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Form **990** (2019

# Form 990 (2019) STRONGMINDS INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L3	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	💆	4a		Х
b	If "Yes," enter the name of the foreign country ▶	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	⊢	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	上	5с		
6a					
	any contributions that were not tax deductible as charitable contributions?	<u>L</u> e	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	<u>L</u> e	6b		
7	Organizations that may receive deductible contributions under section 170(c).				l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	_	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 required				,
	to file Form 8282?	🛂	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥.	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	···· —	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	<i>د</i> ۲	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A		8		
9	Sponsoring organizations maintaining donor advised funds.	····			
а	N/A		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  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:	····	55		
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:				
а	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				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	I2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	<u> 1</u>	I3a		
	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				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	1	l4a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>  1</u>	l4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	<u>L</u>	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<u>L</u>	16		X
	If "Yes," complete Form 4720, Schedule O.		_	000	(00.15)
		F	⊢∩rm	990	しつい 10

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	3		
	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		<b>.</b>
_	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		$ _{\mathbf{x}}$
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a 8b	X	
	Each committee with authority to act on behalf of the governing body?	ab	- 1	_
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
000	tion D. 1 Onoico (mis occilon 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	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	
	Describe in 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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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 in 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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ		` .	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website X Another's website X Upon request Other (explain on Schedule O)	ما الأحد	اعادا	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	iu iinai	icial	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KIM VALENTE - 973-313-3166			
	515 VALLEY STREET, SUITE 200, MAPLEWOOD, NJ 07040			
932006	6 01-20-20	Form	990	(2019)

17020813 745960 32066

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# 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 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 and/or Box 7 of Form 1099-MISC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DANA WARD	1.50	,,		,,					0	0
PRESIDENT	1 50	Х		Х				0.	0.	0.
(2) ANDREA MURINO	1.50	X		x				0.	0.	0
TREASURER	1.50	^		Δ				0.	0.	0.
(3) MISCHA GALPERIN	1.50	X		x				0.	0.	0.
SECRETARY (4) NR CROUGHI	1.50	^		Δ				0.	0.	0.
(4) ANN MACDOUGALL TRUSTEE	1.50	X						0.	0.	0.
(5) JAMES RUDE	1.50	^						0.	0.	0.
TRUSTEE	1.30	X						0.	0.	0.
(6) ANNIKA STEN-PARSON	1.50							0.	•	0.
TRUSTEE	1.30	x						0.	0.	0.
(7) CAROL SOUIRE	1.50								<u> </u>	0.
TRUSTEE	1,30	x						0.	0.	0.
(8) KIM KELLER	1.50	<del> </del>						•		•
TRUSTEE (UNTIL 7/2019)		х						0.	0.	0.
(9) SEAN MAYBERRY	40.00									-
EXECUTIVE DIRECTOR		Х		х				170,794.	0.	22,502.
(10) KARI FRAME	40.00							,		-
SENIOR DIRECTOR, PROGRAMS				Х				123,076.	0.	18,574.
(11) KIM VALENTE	40.00							-		-
SENIOR DIRECTOR, OPERATIONS				Х				121,852.	0.	21,116.
(12) RASA DAWSON	40.00									
DIRECTOR OF DEVELOPMENT						Х		114,658.	0.	11,715.
						<u> </u>				

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	e	Es	stimate	ed :
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	of
	week (list any	$\vdash$	Jei aii		II ecit	Jiraus	100)	from	from related			other	
	hours for	lirecto				L		the organization	organizatior (W-2/1099-MI			pensa	
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-1811	30)		anizat	
	organizations	truste	al trus		yee	mper		(** =/ *********************************				d relat	
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co o yee	le le				orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		-											
										$\longrightarrow$			
						-	_						
										$\longrightarrow$			
4b Outstand							Ļ	530,380.		0.	7	3,9	07
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		ر, د	07.
d Total (add lines 1b and 1c)								530,380.		0.	7	3,9	
2 Total number of individuals (including but n							no re		0.000 of reportab	-		<u> </u>	
compensation from the organization						<b>-</b> ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4
<u> </u>												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	сеу с	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch	pers	son .					5		X
Section B. Independent Contractors  1 Complete this table for your five highest co	mneneated in	dene	nde	nt c	onti	racto	ore t	that received more than	\$100,000 of cor	mnene	ation t	from	
the organization. Report compensation for	-	-								npens	auom	110111	
(A)	•							(B)			((		
Name and business			~-				_	Description of s		l	ompe	nsatio	<u> </u>
SPRING IMPACT, 1890 BRYAI	N STREET	Γ',	St	בוני.	ĽE		ŀ	STRATEGIC CO	NSULTING	1			

(A)
Name and business address

SPRING IMPACT, 1890 BRYAN STREET, SUITE
305, SAN FRANCISCO, CA 95113

SERVICES

114,242.

Form **990** (2019)

\$100,000 of compensation from the organization

			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
			Check if Schedule O contains a response	or moto to any m	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
			Fundraising events 1c					
			Related organizations 1d					
ini,		е	Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
ğğ.			similar amounts not included above $\dots$ 1f $5$ ,	267,887.				
d C			Noncash contributions included in lines 1a-1f <b>1g</b> \$					
<u>ನ ೯</u>		h	Total. Add lines 1a-1f	<b></b>	5,267,887.			
				Business Code				
Se	2	a						
e Zi		b						
Program Service Revenue		С						
ran 3ev		d						
o T		е						
Δ.		f	1 9					
		g						
	3	3	Investment income (including dividends, inter-		F 50F			
			other similar amounts)		7,527.			7,527.
	4		Income from investment of tax-exempt bond p					
	5	•	Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a	-				
			Less: rental expenses 6b	-				
			Rental income or (loss) 6c					
	_		Net rental income or (loss)  Gross amount from sales of (i) Securities					
	7	а		(ii) Other				
			assets other than inventory 7a		_			
ō		D	Less: cost or other basis					
her Revenue		_	and sales expenses 7b  Gain or (loss) 7c	<u> </u>				
ě.			. ,					
P.	١.		Net gain or (loss)  Gross income from fundraising events (not					
듐	ľ°	а	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<b>•</b>				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	a	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
S				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	1,797.			1,797.
lan enu		b						
Sel Se		С						
Mis			All other revenue		1			
			Total. Add lines 11a-11d	<b>&gt;</b>	1,797.	^		0 204
	12	<u> </u>	Total revenue. See instructions	<u></u>	5,277,211.	0.	0.	9,324.

### 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).

Do r	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 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	2 155 102	2 155 102		
	individuals. See Part IV, lines 15 and 16	2,155,183.	2,155,183.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	477 014	102 042	176 071	110 000
	trustees, and key employees	477,914.	182,043.	176,071.	119,800
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	206 011	20 024	10 262	157 005
7	Other salaries and wages	206,011.	29,824.	18,362.	157,825
8	Pension plan accruals and contributions (include	5,059.	475.	1,908.	2 676
^	section 401(k) and 403(b) employer contributions)	22,299.	2,033.	6,848.	2,676 13,418
9	Other employee benefits	54,590.	16,710.	15,037.	22,843
10	Payroll taxes	34,330.	10,/10.	13,031.	44,043
11	Fees for services (nonemployees):				
	Management	2,119.			2,119
b	Legal	33,426.		33,426.	2,119
	Accounting	33,420.		33,420.	
	Lobbying Professional fundacing continue See Part IV line 17				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	285,120.	256,963.	24,249.	3,908
40	· • • • • • • • • • • • • • • • • • • •	2,507.	796.	1,711.	3,500
12	Advertising and promotion	17,701.	657.	12,313.	4,731
13 14	Office expenses	9,928.	1,638.	5,639.	2,651
15	Information technology	3,320.	1,030.	3,033.	2,031
16	Royalties	29,250.	2,208.	16,000.	11,042
17	Occupancy	81,652.	9,848.	21,661.	50,143
18	Payments of travel or entertainment expenses	01,0320	3,010.	21,0010	30,113
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	21,776.	511.	16,728.	4,537
20	<del>-</del>	,,,,,,,,	311.	2077200	1,557
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,513.		3,513.	
23	Insurance	2,446.		2,446.	
23 24	Other expenses. Itemize expenses not covered	_,		= , = = 0	
<del>-1</del>	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	MISCELLANEOUS	6,373.	244.	6,129.	
h	PAYROLL PROCESSING FEES	2,300.		2,300.	
C		_,		=,	
d				+	
	All other expenses			+	
25	Total functional expenses. Add lines 1 through 24e	3,419,167.	2,659,133.	364,341.	395,693
26	Joint costs. Complete this line only if the organization	, -,	,,	- ,	/
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			774,111.	1	367,564.
	2	Savings and temporary cash investments		2	1,592,479.		
	3	Pledges and grants receivable, net	471,745.	3	1,102,080.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of t	these per	sons		5	
	6	Loans and other receivables from other disquared	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			10,219.	9	3,622.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	39,508.			
	b	Less: accumulated depreciation	10b	24,769.	10,741.	10c	14,739.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ine 11    .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,050.	15	71,476.
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	1,267,866.	16	3,151,960.
	17	Accounts payable and accrued expenses			21,660.	17	47,710.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or f	former of	ficer, director,			
Œ		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	these per	sons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel	ated third	d parties		24	
	25	Other liabilities (including federal income tax,	, payable	s to related third			
		parties, and other liabilities not included on li	ines 17-2	4). Complete Part X			
		of Schedule D			01 660	25	45 510
	26	Total liabilities. Add lines 17 through 25			21,660.	26	47,710.
S		Organizations that follow FASB ASC 958,	check he	ere 🕨 🗓			
nce		and complete lines 27, 28, 32, and 33.			705 075		1 504 006
ala	27	Net assets without donor restrictions			705,875.	27	1,504,996.
dВ	28	Net assets with donor restrictions			540,331.	28	1,599,254.
n-		Organizations that do not follow FASB AS	C 958, cl	neck here 🕨 📖			
orF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
et A	31	Retained earnings, endowment, accumulated		<b>-</b>	1 246 206	31	2 104 050
ž	32	Total net assets or fund balances		1	1,246,206.	32	3,104,250.
	33	Total liabilities and net assets/fund balances			1,267,866.	33	3,151,960.

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 Port VIII, column (A), line 12)	1		5,27	7 2	11.
-	Total evenue (must equal Part VIII, column (A), line 12)	2		$\frac{3,27}{3,41}$		
2	Total expenses (must equal Part IX, column (A), line 25)	3		L,85		
3	Revenue less expenses. Subtract line 2 from line 1			1,24		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	_	.,24	0,4	00.
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	3	3,10	<u>4,2</u>	<u>50.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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 audit	t.			
•	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	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					
-	Act and OMB Circular A-133?	5		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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 or 990-EZ).) 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 in 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. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	` '	`,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,167,772.	910,711.	1,953,277.	2,723,139.	5,267,887.	12,022,786.
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	1,167,772.	910,711.	1,953,277.	2,723,139.	5,267,887.	12,022,786.
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)						3,860,830.
	Public support. Subtract line 5 from line 4.						8,161,956.
	ction B. Total Support	1				<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 910,711.	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,167,772.	910,/11.	1,953,277.	2,723,139.	5,267,887.	12,022,786.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	31.	1,058.	1,668.	3,814.	7,527.	14,098.
_	and income from similar sources	31.	1,050.	1,000.	3,014.	1,341.	14,030.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)		1,059.		5,473.	1,797.	8,329.
11	Total support. Add lines 7 through 10		1,0331		3,1,3,	± / / 3 / ¢	12,045,213.
12		etc. (see instruction	nns)			12	
	First five years. If the Form 990 is for	•	,			<u> </u>	
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	67.76 %
	Public support percentage from 2018					15	54.43 %
	33 1/3% support test - 2019. 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 - 2018. If the o	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	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 "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. 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				-		
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019

## 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
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-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						+
7a Amounts included on lines 1, 2, and		<u> </u>				+
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organi	zation,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2019 (lir	ne 8, column (f), o	divided by line 13,	column (f))		15	Ç
16 Public support percentage from 2018					16	Ç
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201	9 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	(
18 Investment income percentage from 2	<b>018</b> Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2019. If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2018.</b> If the cline 18 is not more than 33 1/3%, chec	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20 <b>Private foundation.</b> If the organization						
	. GIG HOL OHEON A	~~~ ~ · · · · · · · · · · · · · · · · ·	م, ت ، ت ال الت الت الت الت الت الت	DON AIR 300 II		🔽 🗀

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
9a		
9b		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		·		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		It how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
200		vised, or controlled the supporting organization.	2		
sec	tion (	C. Type II Supporting Organizations		.,	<del></del>
	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sec		pported organization(s).  D. All Type III Supporting Organizations	1		<u> </u>
500	tion E	7. All Type III oupporting organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must con	mplete 9	Sections A through E.	
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 <b>Part VI</b> ):			
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 1-1/2% 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 .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 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		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	<sup>∕t V</sup> │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(Form 990 of 990-EZ) 2019 DIROROHINDD 1110.			
Part VI	upplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, e 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.			
	(See instructions.)			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2019

Name of the organization

STRONGMINDS INC.

Employer identification number

46-2090059

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

\$TRONGMINDS INC.

46-2090059

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$030,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n + 4	592,080.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		_ _ \$175,000.	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

\$TRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 173,557.	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
12		\$\$	Person X Payroll

Name of organization

STRONGMINDS INC.

Employer identification number

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$150,000.	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		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$149,875.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$132,816.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$126,880.	Person X Payroll

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		\$118,646.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$\$	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

Name of organization

Employer identification number

46-2090059 STRONGMINDS INC. Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

	NDS INC.		46-2090059
fro con Us	clusively religious, charitable, etc., contributm any one contributor. Complete columns (an pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	) through (e) and the following line enticharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for try. For organizations  less for the year. (Enter this info. once.)  \$\bigsec{\sqrt{5}}{\sqrt{6}}\$
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of giff	t  Relationship of transferor to transferee
D. I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
o. 1 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-   -		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

#### **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 Open to Public Inspection

Name of the organization

STRONGMINDS INC.

Employer identification number 46-2090059

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		· <del>                                    </del>
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>▶</b> \$		cacee aag a.e , ca.
8	Does each conservation easement reported on line 2(d) above	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 conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	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	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

	t III Organizations Maintaining C		rt. Histo	orical Tr	easures o	r Othe	er Simi	lar Asse	ts/continu	raye <b>z</b>
	Using the organization's acquisition, accession		-							
Ü	collection items (check all that apply):	on, and other record	is, criccit	arry or tric	Tollowing that	. mano c	sigi iii cai	1 430 01 113		
а	Public exhibition	d		oon or ove	hange progra	m				
	Scholarly research			oan or exc Other	nange prograi	111				
b		е		er						
C	Preservation for future generations	نداديد ادمد دماندال		4 4 4					4 VIII	
4	Provide a description of the organization's co							ose in Par	τ ΧΙΙΙ.	
5	During the year, did the organization solicit or								7 <b>v</b>	
Dai	to be sold to raise funds rather than to be matter than the same that the same than the same than the same than the same than the sa								」Yes	No_
I a	reported an amount on Form 990, Par		ete ii trie i	organizatio	on answered	res on	i Form 98	o, Part IV,	lifie 9, or	
12	Is the organization an agent, trustee, custodia		liany for c	ontribution	ne or other acc	note not	includor	1		
Id			-						Yes	□ No
	on Form 990, Part X?							└─	_ tes	□□ NO
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing ta	able:					A	
_	Designing belongs						4-		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
f O-	Ending balance							<u> </u>		
	Did the organization include an amount on Fo						•	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if									
ı u	Endownient i dilas: Complete ii				(c) Two years			voare back	(a) Four	voare back
4.	Deginning of year belones	(a) Current year	(b) Pr	ior year	(C) Two years	S Dack	(a) Tillee	years back	(e) i oui	years back
	Beginning of year balance									
	Contributions									
C	Net investment earnings, gains, and losses				+					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
Ť	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc		ı, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	ınd administer	ed for t	he organ	ization	Γ.	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				·				. 3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Pai	t VI Land, Buildings, and Equipm					D	" 40			
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		ccumula	I	(d) Book	value
		basis (investr	nent)	pasis	(other)	ae	preciatio	n		
	Land									
b	Buildings									
С	Leasehold improvements				0 607			710	1.0	017
	Equipment				0,627.			710.		917.
	Other		<u> </u>		.8,881.		17,0	127.		,822.
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	1UC.)				<b>14</b>	739.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 STRONGMINDS	INC.	46	-2090059	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	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"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	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.				
	on Form 000 Dort IV lin	a 11d Can Form 000 Dort V line 15		
Complete if the organization answered "Yes"	Description	e 11d. See Form 990, Part X, line 15.	(b) Book va	alue
	Becomplien		(b) Book vo	100
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>•</b>		
Part X Other Liabilities.	,	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	<b>5</b> .	
1. (a) Description of liability			(b) Book va	alue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	•			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. 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) 2019

(8)

Schedule D (Form 990) 2019

#### 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.

2019
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 GRANTS TO RECIPIENTS IN THE SUB-SAHARAN AFRICA REGION 2,155,183. 3 a Subtotal 1 2,155,183. **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a 2,155,183. and 3b)

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

Schedule F (Form 990) 2019

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, FM\ appraisal, other)
		SUB-SAHARAN	TREATMENT OF WOMEN					
		AFRICA	WITH DEPRESSION	1,742,300.	,WIRE	0.		
		SUB-SAHARAN AFRICA	TREATMENT OF WOMEN WITH DEPRESSION	412,883.	WIRE	0.		
		AFRICA	WITH DEFRESSION	412,003	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	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
	0

Schedule F (Form 990) 2019	STRONGMINDS :	INC.		4	6-2090059		Page
Part III Grants and Other Assistan	ce to Individuals Outsi	de the United St	tates. Complete	if the organization answered "Yes'	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if	additional space is need	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2019 Part IV 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
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 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

### **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.

Part I Questions Regarding Compensation

Employer identification number 46-2090059

	·		Yes	No
<b>1</b> 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			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		X
b	Any related organization?	5b		X
	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		X
	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			
	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		

932111 10-21-19

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

Schedule J (Form 990) 2019

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-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SEAN MAYBERRY (i)	170,794.	0.	0.	4,502.	18,000.	193,296.	0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(i)							
(i)							
(ii)						1	

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STRONGMINDS INC.

Employer identification number 46-2090059

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ZAMBIA, BRINGING THE TOTAL NUMBER OF DEPRESSED INDIVIDUALS WE HAVE

TREATED TO OVER 70,000 SINCE 2014.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. THE COMPLETED FORM 990 WAS THEN PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT THE COMMITTEE MEETING. PRIOR TO FILING, A COPY OF THE FORM 990 WAS PROVIDED TO 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
VOTES ON 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

PERFORMANCE. THE COMMITTEE SHARES THEIR ANALYSIS AND RECOMMENDATION WITH

THE BOARD IN EXECUTIVE SESSION WHERE IT IS PUT TO A VOTE. COMPENSATION FOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

STRONGMINDS INC.	46-2090059
OTHER KEY EMPLOYEES IS REVIEWED, DISCUSSED AND APPROVED	THROUGH THE BUDGET
APPROVAL PROCESS WHICH ALSO TAKES INTO ACCOUNT COMPENSATION	ION STUDIES AND
MARKET RATES. THE LAST COMPENSATION REVIEW TOOK PLACE ON	DECEMBER 11, 2019.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	