

# **TAX RETURN FILING INSTRUCTIONS**

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

# FOR THE YEAR ENDING

DECEMBER 31, 2021

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

# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For th	e 2021 calendar year, or tax year beginning are	nd ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre			]	
	Name chang	Doing business as		46-20900!	59
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 515 VALLEY STREET	Room/suite 200	E Telephone number 973-313-3	
L	return termir	(.	200		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code  MAPLEWOOD, NJ 07040		G Gross receipts \$	9,279,368.
H	lreturn ∏Appli			H(a) Is this a group re	
	ltiön pendi	F Name and address of principal officer: SEAN MAYBERRY SAME AS C ABOVE		for subordinates	
_	-		1) or 527	H(b) Are all subordinates in	
		empt status: ☑ 501(c)(3) ☐ 501(c) ( )	1) 01 527	┥, ,	list. See instructions
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: <b>NJ</b>
	art I	Summary	L Year	or iorination. ZOIS	State of legal doffliche, 140
	1	Briefly describe the organization's mission or most significant activities: SEE	י דאַ דער י	TTT T.TNE 1	
& Governance	'	Briefly describe the organization's mission of most significant activities.	IMIL		
naı	2	Check this box if the organization discontinued its operations or dis	nosed of mor	e than 25% of its net as	sets
Ş.	3			3	9
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1)		·····	8
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			19
itie	6	Total number of volunteers (estimate if necessary)			8
Activities	_	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
		, ,		Prior Year	Current Year
ø)	8	Contributions and grants (Part VIII, line 1h)		5,002,537.	9,274,718.
ŭ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,074.	4,650.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,483.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		5,013,094.	9,279,368.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,295,211.	3,249,103.
	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 5-1	0)	1,282,740.	1,531,033.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ъ	b	Total fundraising expenses (Part IX, column (D), line 25)  401,	<u> 158.                                     </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		538,655.	406,642.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,116,606.	5,186,778.
	19	Revenue less expenses. Subtract line 18 from line 12		896,488.	4,092,590.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		4,219,361.	8,170,759.
APE	21	Total liabilities (Part X, line 26)		218,623.	77,431.
		Net assets or fund balances. Subtract line 21 from line 20		4,000,738.	8,093,328.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sched		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	t which prepare	r has any knowledge.	
		Signature of officer		l Date	
Sig		'	יקי	Date	
He	re	SEAN MAYBERRY, CHIEF EXECUTIVE OFFICE Type or print name and title	.EK		
		,		Date Check	TI PTIN
Pai	d	Print/Type preparer's name RICHARD J. LOCASTRO, CPA  Preparer's signature	7	07/07/22	
	u parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	110		52-1392008
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N	ě	I IIIII 9 EIIV	22 1372000
550	y	BETHESDA, MD 20814-2930	•	Phone no. (30	01) 951-9090
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		[ 1 Holle Ho. ( 5	X Yes No
a	, 1				

Form	m 990 (2021) STRONGMINDS INC.	46-2090059	Page 2
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u>—</u>
•	TO RESTORE THE MENTAL HEALTH OF VULNERABLE	AFRICANS BY TRAINING LAY	•
	COMMUNITY MEMBERS TO IDENTIFY AND TREAT DE		
	COMMONITE MEMBERS TO IDENTIFE AND IREAL DE	FKE991ON.	
2	Did the organization undertake any significant program services during the year which		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
•		-tn., n., n., n., n., n., n., n., n., n.,	X No
3	Did the organization cease conducting, or make significant changes in how it condu	cts, any program services? <b>Yes</b>	_27 NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three la	argest program services, as measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	ants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 4,056,662 • including grants of \$	,249,103.) (Revenue \$	)
	STRONGMINDS IS A SOCIAL ENTERPRISE THAT PR		′
	DEPRESSION TREATMENT TO LOW-INCOME INDIVID		7
			л.
	OUR PROVEN, COST-EFFECTIVE MODEL IS BASED		
	PSYCHOTHERAPY, WHICH WE PROVIDE FREE OF CH		
	THE PHONE. SINCE OUR FOUNDING IN 2013, WE	HAVE EMBARKED ON INNOVATI	VE
	APPROACHES TO DELIVER THIS THERAPY MODEL A	T SCALE. IN 2021, WE WERE	
	ABLE TO LEVERAGE TECHNOLOGY AND PARTNERSHI		
	INDIVIDUALS WITH DEPRESSION IN UGANDA AND	<u> </u>	· Fr
	ONLY ORGANIZATION SCALING COST-EFFECTIVE S	OLUTIONS TO THE DEPRESSIO	IN
	EPIDEMIC IN AFRICA.		
4b	Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
	(code) (Expenses \$\frac{1}{2} \]	) (November 4	′
	•		
4c	Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
	/ (Expenses 4		′
4d	Other program services (Describe on Schedule O.)		
→u	,	) (Davidor 6	
_	(Expenses \$ including grants of \$  Total program service expenses \$ 4,056,662.	) (Revenue \$	
<u>4e</u>	e Total program service expenses ► 4,056,662.		

132002 12-09-21

**4e** Total program service expenses ▶

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

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

# 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
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 line 28a or 28b?			
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
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			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<del></del>
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai	t 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	(0004)

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

				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 return	<sub>2a</sub>   19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	• •			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
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 Acc	· · ·	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction to the live of		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	6-		X
h	any contributions that were not tax deductible as charitable contributions?		6a		25
D	were not tax deductible?	ĭ	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	es provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Forn	n 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		0a			
b	, , , , , , , , , , , , , , , , , , , ,	0b			
11	Section 501(c)(12) organizations. Enter:	4-1			
a	Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against	la			
b		1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
	37/3	2b			
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	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	3b			
С		3c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X
<b>4</b> -	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an		47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	11/A	17		
	n rea, complete i unin uuda.	l l			

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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.

Section A. Governing Body and Management   Section A. Governing Body and Management		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated to bad authority to an executive committee, explain on Schedule 0.  In the real material differences in voting rights among members of the governing body, or if the governing body delegated to the real processor of the governing body or if the provening body and the real processor of the governing body and the province of the governing body and the province of the governing body and the province of the governing body or under the direct supervision of officers, director, trustee, or key employees 0 a management company or other person?  3 Did the organization have members or stoochholders?  4 Did the organization have members or stoochholders?  5 Did the organization have members or stoochholders?  6 Did the organization have members or stoochholders?  7a Did the organization have members or stoochholders?  7b Did any officers of the governing body?  8 Did the organization have members or stoochholders?  7b Did any officers of the governing body?  8 Did the organization have members or stoochholders?  7b Did be organization have members or stoochholders?  7c Did be organization have members or stoochholders?  7b Did be organization have be decisions of the organization reserved to for subject to approval byl members, stockholders, or persons other than the governing body?  8 Did the organization frame the governing body?  9 Did the organization frame the governing body?  9 Did the organization frame the governing body?  10 Did the organization frame the governing body?  10 Did the organization frame the governing body?  10 Did the organization frame the governing body?  11 Did the organization frame the governing body?  12 Did the organization frame the governing body?  13 Did the organization frame the governing body?  14 Did the organization frame the governing body?  15 Did by organization frame the g	Sec				
there are nateral differences in voting rights among members of the governing body, or if the governing body bedy delegated toxed authority to an executive committee or similar committee, epitian on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent				Yes	No
there are naterial differences in voting rights among members of the governing body of the governing body differences in voting members included on line 1a, above, who are independent.  b. Einter the number of voting members included on line 1a, above, who are independent.  b. Einter the number of voting members included on line 1a, above, who are independent.  controlling including the properties of the	1a	Enter the number of voting members of the governing body at the end of the tax year			
be Either the number of voting members included on line 1a, above, who are independent.  1 b			1		
b Enter the number of voting members included on line 1a, above, who are independent.      Del any officer, director, trustee, or key employee?					
2 Did any officer, director, trustee, or key employees and a family relationship or a business relationship with any other officer, director, trustees, or key employees?  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?  4 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Did the organization thave members, stockholders, or other powers of the stockholders, or persons other than the governing body?  7 Did the organization comenoparateusly document the mettings held or written actions undertaken during the year by the following:  8 Did the organization comenoparateusly document the mettings held or written actions undertaken during the year by the following:  8 Did the organization thave that the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization thave in a program organization thave the names and addressee on Schedule O  9 S X  8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have a written continued the organization to review this governing body before flight from the following process of a determining provided a complete copy of this F	b		:		
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14	13		13	Х	
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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NJ  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website	14		14	Х	
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a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section 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)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website X Another's website X Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  KIM VALENTE - 973-313-3166					
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<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►NJ</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► KIM VALENTE - 973-313-3166</li> </ul>	Sec	<u> </u>			
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Own website			,,	,	•
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State the name, address, and telephone number of the person who possesses the organization's books and records ► KIM VALENTE - 973-313-3166					
KIM VALENTE - 973-313-3166	20				
JIJ VALLEI DIKELI, DOITE 200, MAILEMOOD, NO 07040		515 VALLEY STREET, SUITE 200, MAPLEWOOD, NJ 07040			

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

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

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

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

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

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

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

(A)	(B)	l g			C)	про	ilout	(D)	(E)	(F)
Name and title	Average	(do			ition more	than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any						Ė	from the	from related organizations	other compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEAN MAYBERRY	40.00	=	=	0	~	王 ==	Œ			
EXECUTIVE DIRECTOR		Х		х				206,807.	0.	5,700.
(2) KARI FRAME	40.00									
CHIEF OPER. OFFICER (UNTIL 11/2021)				Х				172,053.	0.	3,739.
(3) KIM VALENTE	40.00									
CHIEF FINANCIAL OFFICER				Х				150,894.	0.	3,987.
(4) RASA DAWSON	40.00									
CHIEF DEVEL. & COMMS. OFFICER						Х		135,321.	0.	3,788.
(5) HANNAH BALDWIN	40.00									
PARTNERSHIP DIRECTOR						Х		127,079.	0.	3,571.
(6) DENA BATRICE	40.00								_	
DIR. OF TECH. LEARNING & INNOV.						Х		106,207.	0.	3,692.
(7) JENNIFER BASS	40.00							105.004		0 684
EDITORIAL & CREATIVE DIRECTOR	1 50					Х		107,024.	0.	2,671.
(8) DANA WARD	1.50								•	0
PRESIDENT	1 50	Х		Х				0.	0.	0.
(9) PAUL WATFORD	1.50	,,		,,					0	0
TREASURER	1 50	Х		Х				0.	0.	0.
(10) MISHA GALPERIN	1.50	Х		х				0.	0.	0
SECRETARY	1.50	Α		Δ.				0.	0.	0.
(11) ANN MACDOUGALL TRUSTEE	1.50	Х						0.	0.	0.
(12) JAMES RUDE	1.50	^						0.	0.	<u> </u>
TRUSTEE	1.50	X						0.	0.	0.
(13) ANNIKA STEN-PARSON	1.50							0.	0.	
TRUSTEE	1.50	X						0.	0.	0.
(14) CAROL SQUIRE	1.50	<del> </del>								
TRUSTEE		х						0.	0.	0.
(15) REHMAH KASULE	1.50	<del>-</del>								
TRUSTEE		Х						0.	0.	0.
										- 000

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ገ e than	one	Reportable	Reportable	,	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	n nc	an	nount	of
		week	<del>-</del>	cer ar	10 a 0	irecto	or/trus	itee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	ee ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizat	
		organizations	ruste	l trus		ee	nben		1099-NEC)	1099-1420)			d relat	
		below	dualt	ıtiona	L	nploy	st col	, in	10001420)				anizati	
		line)	Individual trustee or director	Institutional trustee	Office r	sey employee	Highest compensated employee	Former						
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
			1											
1b	Subtotal	1		<u> </u>					1,005,385.		0.	2	7,1	48.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								1,005,385.		0.	2	7,1	
2	Total number of individuals (including but i									000 of reportab	le			
_	compensation from the organization	iot iii iii ii oo to ti	1000	, ,,,,,,,,	Juu		o,		occived more than proc	,,000 01 10001140				7
	on portour nor in organization												Yes	No
3	Did the organization list any <b>former</b> officer	director, trust	ee. I	kev e	emp	love	e. o	r hic	nhest compensated emi	olovee on	- 1			
Ū	line 1a? If "Yes," complete Schedule J for			•		•		_		•		3		х
4	For any individual listed on line 1a, is the s													
•	and related organizations greater than \$15			-						ino organization		4	х	
5	Did any person listed on line 1a receive or									idual for services		•		
Ū	rendered to the organization? If "Yes," con											5		Х
Sec	etion B. Independent Contractors	,p. 0.00 00. 10 uu.		0, 0,		<i>p</i> 0. c								
1	Complete this table for your five highest co	ompensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation '	rom	
-	the organization. Report compensation for													
	(A)				··· <u>J</u>			T	(B)	,		(0	<u></u>	
	Name and business	address	N	INC	E				Description of s	services	С		nsatio	n
										l				
								一						
										l				
								一						
										l				
2	Total number of independent contractors (	including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0		•	l				
												Form	990 (ž	2021)
														,

		Check if Schedule O contains a response or	note to any lir	ne in this Part VIII			
		Official in Confidence of Confidence a reopenied of	note to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0 (0)							Sections 512 - 514
발	1 a	a Federated campaigns 1a					
Si Di	k	b Membership dues 1b					
Arr.	(	c Fundraising eventslc					
la git	(	d Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts	•	e Government grants (contributions) 1e 2	73,860.				
is	f	f All other contributions, gifts, grants, and					
the		similar amounts not included above 1f 9,0	00,858.				
ĘÓ.		g Noncash contributions included in lines 1a-1f					
a S	•	h Total. Add lines 1a-1f	<b>•</b>	9,274,718.			
			Business Code				
a l	2 8	<del> </del>	240000 0040				
Š		h					
Ser		b					
Wen S		c <sub>.</sub>					
gra Re	(	d					
Program Service Revenue	•	e					
-	f	f All other program service revenue					
_	9	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest		4 650			4 650
		other similar amounts)		4,650.			4,650.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	c Rental income or (loss) 6c					
	(	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	<b>b</b> Less: cost or other basis					
e ne		and sales expenses					
len		c Gain or (loss) 7c					
Revenue		d Net gain or (loss)	<b>•</b>				
her		a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	b Less: direct expenses 8b					
		a Gross income from gaming activities. See					
	3 6	Part IV, line 19 9a					
			<b></b>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
_		c Net income or (loss) from sales of inventory					
sn			Business Code				
Miscellaneous Revenue	11 a	. —					
le la		b					
Sce		d All other various					
Ξ		d All other revenue					
		e Total Add lines 11a-11d		9,279,368.	0.	0.	4,650.
	12	Total revenue. See instructions	<u></u>	, 2000, פוט, ע	U •	<b>U•</b>	±,050•

# 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).

	Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations		САРСПЗСЗ	general expenses	скрепаса				
•	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
2	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
3	9								
	organizations, foreign governments, and foreign	3,249,103.	3,249,103.						
	individuals. See Part IV, lines 15 and 16	3,249,103.	3,243,103.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	E / 2 1 0 1	104,819.	250,794.	107 560				
_	trustees, and key employees	543,181.	104,019.	250,794.	187,568.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	650 646	400 605	400 440	404 500				
7	Other salaries and wages	670,646.	429,635.	109,418.	131,593.				
8	Pension plan accruals and contributions (include			4.6.5.					
	section 401(k) and 403(b) employer contributions)	20,898.	9,913.	10,937.	48. 26,935.				
9	Other employee benefits	192,843.	68,418.	97,490.					
10	Payroll taxes	103,465.	47,650.	28,939.	26,876.				
11	Fees for services (nonemployees):								
а	Management								
	Legal								
	Accounting	83,303.		83,303.					
	Lobbying	-							
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
a q									
9	column (A), amount, list line 11g expenses on Sch 0.)	160,107.	104,659.	54,383.	1.065.				
40		34,002.	17,325.	12,782.	1,065. 3,895.				
12	Advertising and promotion	14,999.	2,455.	8,616.	3,928.				
13	Office expenses	18,502.	1,459.	14,546.	2,497.				
14	Information technology	10,302.	1,437.	14,540.	2,401.				
15	Royalties	33,350.	6,266.	18,209.	8,875.				
16	Occupancy	34,663.	13,434.	•	7,137.				
17	Travel	34,003.	13,434.	14,092.	7,137.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	E 0.C1	1 1 1 1	2 266	C A A				
19	Conferences, conventions, and meetings	5,061.	1,151.	3,266.	644.				
20	Interest								
21	Payments to affiliates	45 245		40.010					
22	Depreciation, depletion, and amortization	13,218.		13,218.					
23	Insurance	5,844.		5,844.					
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).								
	amount, list line 24e expenses on Schedule 0.)								
а	PAYROLL PROCESSING FEES	3,819.		3,819.					
b	MISCELLANEOUS	-226.	375.	-698.	97.				
С									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	5,186,778.	4,056,662.	728,958.	401,158.				
26	<b>Joint costs.</b> Complete this line only if the organization			-	·				
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
12001	0 12-09-21				Form <b>990</b> (2021)				

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		467,758.	1	551,060.
	2	Savings and temporary cash investments		2,984,419.	2	6,017,404.
	3	Pledges and grants receivable, net		639,940.	3	1,438,158.
	4	Accounts receivable, net		33,381.	4	10,182.
	5	Loans and other receivables from any current or former of				
		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
		controlled entity or family member of any of these person	ns		5	
	6	Loans and other receivables from other disqualified personal	ons (as defined			
		under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9			9,218.	9	6,110.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	64,414.			
	b	Less: accumulated depreciation 10b	20,172.	13,389.	10c	44,242.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	E4 056	14	102 602	
	15	Other assets. See Part IV, line 11		71,256.	15	103,603.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		4,219,361.	16	8,170,759.
	17	Accounts payable and accrued expenses	97,923.	17	77,431.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
Liabilities	22	Loans and other payables to any current or former office				
ij		trustee, key employee, creator or founder, substantial co				
Lia		controlled entity or family member of any of these persor	Г		22	
	23	Secured mortgages and notes payable to unrelated third		120,700.	23	0.
	24	Unsecured notes and loans payable to unrelated third pa		120,700.	24	0.
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24). (of Schedule D			O.E.	
	26	Total liabilities. Add lines 17 through 25		218,623.	25 26	77,431.
	20	Organizations that follow FASB ASC 958, check here	X	210,025.	20	17,451.
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		2,667,937.	27	6,670,921.
Bal	28	Net assets with donor restrictions  Net assets with donor restrictions		1,332,801.	28	1,422,407.
nd n	20	Organizations that do not follow FASB ASC 958, chec				
Ψ		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment			30	
Ass	31	Retained earnings, endowment, accumulated income, or			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		4,000,738.	32	8,093,328.
~	33			4,219,361.	33	8,170,759.
				,,		Form <b>990</b> (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,27	9,3	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,18	6,7	<del>78.</del>
3	Revenue less expenses. Subtract line 2 from line 1	3	4,09		
4					
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,09	3,3	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	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	ne audit,			
	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 Sc				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization STRONGMINDS INC. 46-2090059 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5,658,668.
6	Public support. Subtract line 5 from line 4.						18,562,890.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,953,277.	2,723,139.	5,267,887.	5,002,537.	9,274,718.	24,221,558.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,668.	3,814.	7,527.	5,074.	4,650.	22,733.
a	Net income from unrelated business	_,	7,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,0121	= ,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		5,473.	1,797.	5,483.		12,753.
11	Total support. Add lines 7 through 10		3,173		3,2001		24,257,044.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	21,207,011.
13	First 5 years. If the Form 990 is for the			ourth or fifth tax v			
.0	organization, check this box and <b>stor</b>	. la aua		•			
Sec	etion C. Computation of Publ		rcentage				
14	Public support percentage for 2021 (I			olumn (f))		14	76.53 %
15	Public support percentage from 2020					15	77.50 %
	33 1/3% support test - 2021. If the o					•	
	stop here. The organization qualifies	•		•		•	<b>▶</b> X
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						<b>&gt;</b>
17a	10% -facts-and-circumstances tes						or more
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	•	•	viriow the organiza	<b>.</b> □
h	10% -facts-and-circumstances tes	-		*	-		
N	more, and if the organization meets the	_					10/0 01
	organization meets the facts-and-circ				-		ightharpoonup
12	· ·				•		
10	8 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) 2021

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	low, picase com	picte r art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	1	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
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						
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)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
<b>10a</b> 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, 1075						
c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	first, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3) organizat	ion,
						<u></u>
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2021 (lin	ne 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 2020					16	(
Section D. Computation of Inves						
17 Investment income percentage for 202					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organi	zation	▶□
b 33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20 Private foundation. If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	٥L		
	9b		
	9с		
	10a		
	10b		
11		~ 000	0004

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	ion D. All Type III Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	Did the appropriation provide to each of its appropriate appropriations by the least day of the fifth provide at the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2021 STRONGMINDS INC.			46-2090059 Page 6
Pa		ng Organ		J
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	J	, , ,	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	(7) 0
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		
	Average monthly cash balances	1b		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

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

Schedule A (Form 990) 2021

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

SCH	dule A (Form 990) 2021 Birtortori				o adjudate rager
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Sec	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pa	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6	·		9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

# **Schedule B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	STRONGMINDS INC. 46-2090059					
Organization type	e(check one):					
Filers of:	Section:					
Form 990 or 990-E	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1				
	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					
Note: Only a section	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.				
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions from any one contributor. Complete Parts I and II. See instructions for determining a cont					
Special Rules						
sections : contribute	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or for, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount m 990-EZ, line 1. Complete Parts I and II.	16b, and that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	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 \ \sigma_{\text{\te					
answer "No" on Pa	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedo art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 et the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$	1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$	1,418,609.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$	517,905.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$	400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$	400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	300,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

STRONG	GMINDS INC.	4	16-2090059
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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
9		\$\$	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
10		\$ 255,586	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 236,919.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		<u>\$</u> 230,000.	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
17		\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, audiess, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	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
140.	Hame, address, and ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

# STRONGMINDS INC.

46-2090059

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (20)

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

Name of organization **Employer identification number** 46-2090059 STRONGMINDS INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

STRONGMINDS INC.

**Employer identification number** 46-2090059

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Si	milar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised t	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	l in donor advised fun	
	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 gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any	other purpose confer	ring
_				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes"	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recreated	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat	F	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or ter	rminated by the orgar	nization during the tax
_	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			□ v <sub>aa</sub> □ Na
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and	enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and onfo	roing concentation of	ecoments during the year
′	S     S	uling of violations, and emo	ording conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) abo	we eatisfy the requirements	of section 170(h)(4)(F	3)(i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
J	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	inoto to the organization on	manolal statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	of Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	-	•	
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its reven	ue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, c	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that descr	ribes these items.	·
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue s	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or r	esearch in furtheranc	e 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			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	r Oth	er Si	milar As	sets(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t make s	signific	cant use of	its	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗌 ı	Loan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organization	on's exe	empt p	urpose in I	Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	asures, or othe	er simila	ır asse	ts		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered "	Yes" or	n Form	990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	t inclu	ded		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
		·	_						Amount	
С	Beginning balance						_ [-	1c		
	Additions during the year							1d		
	Distributions during the year							1e		
f	Ending balance							1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabi	 ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.						-			
Pai										
	·	(a) Current year		rior year				ree years ba	ıck (e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1	a column (:	a)) held as:					
– a	Board designated or quasi-endowment	ione your one balanc	%	9, 00,4,1,1,1	a,, mora ao.					
b	Permanent endowment	%	<b>—</b> / •							
	· · · · · · · · · · · · · · · · · · ·	<u></u> /°								
_	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posse	•	ation tha	nt are held a	and administe	red for t	the ord	nanization		
	by:							, a <b></b>	\[\bar{\gamma}\]	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?	)				3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		0, Part IV	/, line 11a. 9	See Form 990	, Part X	, line 1	0.		
	Description of property	(a) Cost or o		<u>.                                      </u>	t or other		ccumi		(d) Book	value
	becompact of property	basis (investr			(other)		precia		( <b>a</b> , 2001)	valuo
1a	Land	,	,		, ,					
b	Buildings									
C	Leasehold improvements									
d	Equipment			3	35,222.		16	,732.	18	,490.
	Other				29,192.			,440.		,752.
	Add lines 1a through 1e (Column (d) must e		X colun					, ,	44	242

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 STRONGMINDS	INC.	46	-2090059 <sub>Pa</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
` ` .	(b) Book value	(b) Mothed of Valdation. Cost of one	or your market value
(1)			
(2)			
(3)			
(5) (6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

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) 2021

(5) (6) (7) (8)

Schedule D (Form 990) 2021

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

**Employer identification number** 

ST	RONGMINDS INC	! <b>.</b>				46-20900	59
			ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part I\	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3				an be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-	-SAHARAN AFRICA	0	1	GRANTMAKING			3,249,103.
3 2	Subtotal	0	1				3,249,103.
	Total from continuation sheets to Part I	0	0				0,213,233
С	Totals (add lines 3a		1				3 249 103

132071 12-20-21

Schedule F (Form 990) 2021

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

Schedule	F (Form 990) 2021	STRONGMINDS	INC.	46-2090059					
Part II	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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	TREATMENT OF WOMEN					
			WITH DEPRESSION	206,375.	WIRE	0.		
			TREATMENT OF WOMEN WITH DEPRESSION	3,042,728.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	recognized as a tax			

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

Part III Grants and Other Assistance Part III can be duplicated if a			<b>ates.</b> Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(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)

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) 2021

### **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.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

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	Х	
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		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
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		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

STRONGMINDS INC.

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.

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

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

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ ► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

STRONGMINDS INC.

**Employer identification number** 46-2090059

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

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

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

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

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

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization STRONGMINDS INC.	Employer identification number 46-2090059
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.	