PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change STRONGMINDS INC. Name change 46-2090059 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 515 VALLEY STREET 973-313-3166 200 8,089,381. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 07040 MAPLEWOOD, NJ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SEAN MAYBERRY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.STRONGMINDS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other Year of formation: 2013 M State of legal domicile: NJ Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE \overline{PART} III, LINE **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 9,274,718. 8,083,953. Contributions and grants (Part VIII, line 1h) 8 0. Ο. Program service revenue (Part VIII, line 2g) 5,428. 4.650. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 8,089,381 9,279,368. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,249,103. 6,311,326. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,531,033. 1,424,107. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 406,642. 702,540. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,437,973. 5,186,778. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,092,590. -348,592. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 8,170,759. 7,875,121 Total assets (Part X, line 16) 77.431. 130,385 21 Total liabilities (Part X, line 26) 三年 093. 744, 328. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sean Mayberry 6/30/2023 Signature of officer Date Sign SEAN MAYBERRY, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00288314 RICHARD J. LOCASTRO, CPA Paid self-employed Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN 52-1392008 Preparer Firm's address 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Other program services (Describe on Schedule O.)

including grants of \$

) (Revenue \$

Total program service expenses

6,804,188.

Form 990 (2022) STRONGMINDS INC. Part IV Checklist of Required Schedules

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X; column (A), line 2? If "Yes," complete Schedule I, Part I and 81 22 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 I, "Part I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete stedy of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I was a star of the section of the companization 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 I, "Yes" by to line 25a. 24a	Pa	t IV Checklist of Required Schedules (continued)	7033		age -
22 I With the organization report more than SS.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Yes," complete Schedule I, Part I and AII II and AII II and AII II		(continueu)		Yes	No
Part X. column (A), line 27 (ii "res," complete Schedule I, Parts I and III 22 X 2 Did the organization assert "res* to Part IVI. Section A, line 3.4 or 6, about compensation of the organization 's current and former officers, directors, fusitees, key employees, and highest compensated employees? If "Yes," complete Schedule I V V Did the organization have a tax-exampt 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," arraws lines 24th through 24d and complete Schedule I/ "In V" or yor to line 26d and section \$1,2002? If "Yes," arraws lines 24th through 24d and complete Schedule I/ "In V" or yor to line accrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization marks an enserow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization are as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and the standard of the organization engage in an excess benefit transaction with a disqualified person of the organization and the transaction with a disqualified person in a prior year, and that the transaction have the ingolated in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the ingolated in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have a standard organization person of the general prior in the organization provide and 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 of new part or other assistance to any current or former officer, or organization provide any part or other assistance to any curr	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Dit 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, fusiteses, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Dit 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 24th brough 24d and complete Schedule K. If "No," or to line 25a Schedule K. If "No," or to line 25a Schedule K. If "No," or to line 25a Did the organization ministan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization and an escrow account other than a refunding escrow at any time during the year? did Did the organization and an escrow account other than a refunding escrow at any time during the year? did Did the organization and an escrow account other than a refunding escrow at any time during the year? did Did the organization and an escrow account other than a refunding escrow at any time during the year? did Did the organization and an escrow account of the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization proof 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 former officer, director, trustee, key employee creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, cre			22		l x
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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		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		X
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the provided in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37				
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the provided in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		X
Note: All Form 990 filers are required to complete Schedule O Part 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38	• • • • • • • • • • • • • • • • • • • •			
Part 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			38	Х	
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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		, , , , , , , , , , , , , , , , , , , ,		Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	5		1,,,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			_		
			7		
	C		10	X	

Form **990** (2022)

	990 (2022) STRONGMINDS INC. 46-2090	033	<u> </u>	age ɔ
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country UGANDA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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 contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	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			
С	Enter the amount of reserves on hand			
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 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		

Form **990** (2022)

If "Yes," complete Form 6069.

STRONGMINDS INC 46-2090059 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b 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 X taxable entity during the year? 16a

Section C. Disclosure

exempt status with respect to such arrangements?

17 List the states with which a copy of this Form 990 is required to be filed NJ, CA, MA, NY, PA

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)

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

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 $KIM\ VALENTE\ -\ 973-313-3166$

515 VALLEY STREET, SUITE 200, MAPLEWOOD, NJ 07040

Form **990** (2022)

16b

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

C Name and title	Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	irector, or trustee.	
Condite head not the hours per week Comparison of the compensation of the compensa	(A)	(B)			_ ((C)				(E)	(F)
Nours per week (list any hours for related organizations for related organizations head of the organizations head organizatio	Name and title	Average	(do					one	1	Reportable	
Companies Comp		•	box	, unle	ss per	rson i	s both	n an	,	· ·	
(1) SEAN MAYBERRY CHIEF EXECUTIVE OFFICER (2) KIM VALENTE 40.00 CHIEF FINANCIAL OFFICER (3) RASA DAWSON CHIEF DEVEL. & COMMS. OFFICER (4) JENN BASS EDITORIAL & CREATIVE DIRECTOR (5) DANA WARD (5) DANA WARD (6) PAUL WATFORD TREASURER (7) JAMES RUDE SECRETARY (8) ANN MACDOUGALL TRUSTEE (9) ANNIKA STEN-PARSON TRUSTEE (10) CAROL SQUIRE TRUSTEE (11) KIM SAS (12) MISHA GALPERIN (13) RASA DAWSON (14) O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			-		14 4	l	1711 43				
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X		line)	Indiv	Instit	Office	Key e	Highe	Form			
Chief Financial Officer	(1) SEAN MAYBERRY	40.00									
CHIEF FINANCIAL OFFICER (3) RASA DAWSON CHIEF DEVEL. & COMMS. OFFICER (4) JENN BASS EDITORIAL & CREATIVE DIRECTOR (5) DANA WARD CHAIR OF THE BOARD OF TRUSTEES (6) PAUL WATFORD TREASURER (7) JAMES RUDE SECRETARY (8) ANN MACDOUGALL TRUSTEE TRUSTEE (10) CAROL SQUIRE TRUSTEE (11) REHMAH KASULE TRUSTEE (12) MISHA GALPERIN X X 176,616. 0. 4,741. 167,374. 0. 4,699. 167,374. 0. 2,938. 167,374. 0. 0. 0. 0. 0. 0. 0. 4,699. 4,699. X 111,226. 0. 0. 0. 0. 2,938. 0. 0. 0. 0. 0. 0.	CHIEF EXECUTIVE OFFICER		Х		Х				222,930.	0.	6,136.
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CHIEF DEVEL. & COMMS. OFFICER			<u> </u>		X				176,616.	0.	4,741.
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TREASURER		1.50	l		l						
TREASURER		1.50	X		X				0.	0.	0.
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Form 990 (2022)

ı aı	Section A. Officers, Directors, Trus	stees, Key Em	<u> ploy</u>	ees,	and	<u> Hig</u>	ghes	st C	ompensated Employee	S (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than o		Reportable	Reportable	1		timate	
		hours per week					is both or/trus		compensation from	compensation from related			ount other	ot
		(list any	ctor						the	organizations	1		pensa	tion
		hours for	or dire	a.			ted		organization	(W-2/1099-MISC	/(fr	om th	е
		related organizations	ustee (truste		يو.	beusa		(W-2/1099-MISC/	1099-NEC)	1	_	anizat	
		below	Individual trustee or director	Institutional trustee	١.	Key employee	st com	_	1099-NEC)		1		d relat Inizati	
		line)	Individ	Institu	Officer	Key er	Highest compensated employee	Former			1	0.90		
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1b	Subtotal								678,146.		0.	1	3,5	
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								678,146.		0.		3,5	<u> 14.</u>
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer	. director, trust	ee. k	ev e	ame	love	e. or	hia	hest compensated emp	ovee on	Г			
	line 1a? If "Yes," complete Schedule J for s			•		•		•	•	•	[3		Х
4	For any individual listed on line 1a, is the se													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or	•				•		elate	ed organization or individ	lual for services	L			
Soc	rendered to the organization? If "Yes," control B. Independent Contractors	nplete Schedule	e J fo	or si	ıch ı	oers	on .					5		X
1	·	mnoncotod inc		ndo	at 04	ntr	aata	ro th	not received more than [©]	100 000 of compo		on fro		
•	Complete this table for your five highest countries the organization. Report compensation for										;i isati	OII IIC	,,,,,	
	(A)	tiro ouroridar y	<u> </u>	, ruii	<u>.g</u>	10.11	<u> </u>		(B)			(0	;)	
	Name and business	address	NC	INC	3				Description of s	ervices	Co		nsatio	n
								-						
2	Total number of independent contractors (ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation				()						200	
											F	orm	990 ₍₂	2022)

232008 12-13-22

46-2090059

Form 990 (2022) STRONGMINDS INC.
Part VIII Statement of Revenue

			Check if Schedule O con	tains a re	esponse d	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns	Τ	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues		1b					
S S			Fundraising events		1c					
fts,			Related organizations		1d					
ij gi						129,336.				
ons,			Government grants (contributions gifts grants)		1e	127,330.				
utic		T	All other contributions, gifts, grad		46 7	05/ 617				
ĕ			similar amounts not included abo			954,617.				
ont		•	Noncash contributions included in lines	1a-1f	1g \$		8,083,953.			
<u>0 a</u>		n	Total. Add lines 1a-1f				0,003,953.			
						Business Code				
<u>ic</u> e	2	? a								
Program Service Revenue		b								
n S		С								
ran 3ev		d								
og F		е								
Ē		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f							
	3	3	Investment income (including	g dividen	ds, intere	st, and				
			other similar amounts)				5,428.			5,428.
	4	ŀ	Income from investment of ta	ax-exemp	ot bond pr	roceeds				
	5	5	Royalties							
				(i)	Real	(ii) Personal				
	6	a	Gross rents 6	a						
			Less: rental expenses 68	0						
		С	Rental income or (loss) 60							
		d	Net rental income or (loss)							
	7	' a	Gross amount from sales of		curities	(ii) Other				
			assets other than inventory 7a	a						
		b	Less: cost or other basis							
ē			and sales expenses 78	<u>, </u>						
her Revenue		С	Gain or (loss) 70							
Je v		d	Net gain or (loss)							
er	8		Gross income from fundraising e							
둳	Ĭ	_	including \$,						
			contributions reported on line							
			Part IV, line 18	•	I					
		h	Less: direct expenses							
			Net income or (loss) from fun							
	٥		Gross income from gaming a							
	٠	· u	Part IV, line 19							
		h	Less: direct expenses							
	40		Net income or (loss) from gar Gross sales of inventory, less							
	10	a	• •							
			and allowances							
			Less: cost of goods sold							
\rightarrow		С	Net income or (loss) from sale	es of inve	entory	Business Code				
S	. د	ı -				Business Code				
eo Te	11									
Miscellaneous Revenue		b								
sce Be		C	All all and an area and a							
Ξ̈́			All other revenue							
			Total. Add lines 11a-11d				0 000 201	^	^	E 400
	12	<u> </u>	Total revenue. See instructions				8,089,381.	0.	0.	5,428.

Form 990 (2022) STRONGMINDS INC. | Part IX | Statement of Functional Expenses

	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			plete column (A).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	C 211 20C	6 211 226		
	individuals. See Part IV, lines 15 and 16	6,311,326.	6,311,326.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	410 422	3,028.	222 507	102 007
_	trustees, and key employees	410,422.	3,020.	223,507.	183,887
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	744,280.	178,213.	311,438.	254,629
8	Pension plan accruals and contributions (include	, 44, 400 •	110,210	J11, 4JU •	234,023
0	section 401(k) and 403(b) employer contributions)	17,959.	2,291.	11,217.	4,451
9	Other employee benefits	152,605.	12,544.	90,485.	49,576
10	Payroll taxes	98,841.	16,652.	47,734.	34,455
11	Fees for services (nonemployees):	23,0220		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,200
	Management				
b		32,421.		32,421.	
	Accounting	105,774.		105,774.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	231,000.	152,203.	47,582.	31,215.
12	Advertising and promotion	19,500.	6,346.	9,426.	3,728.
13	Office expenses	22,798.	1,612.	12,360.	8,826.
14	Information technology	110,837.	87,125.	15,340.	8,372.
15	Royalties				
16	Occupancy	33,642.	8,491.	16,011.	9,140.
17	Travel	96,177.	5,609.	55,319.	35,249.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26.22	40.515	2 22 4	4 25-
19	Conferences, conventions, and meetings	26,807.	18,617.	3,334.	4,856.
20	Interest				
21	Payments to affiliates	7 007		7 007	
22	Depreciation, depletion, and amortization	7,807. 6,627.		7,807.	
23	Insurance Other expanses Itamize expanses not sourced	0,04/•		6,627.	
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.) PAYROLL PROCESSING FEES	5,556.		5,556.	
a b	MISCELLANEOUS	3,594.	131.	3,482.	-19
		3,354.	131.	3,402.	<u> </u>
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,437,973.	6,804,188.	1,005,420.	628,365.
26	Joint costs. Complete this line only if the organization	-,, , , , , , ,	.,,2001	=,::::,:=:::	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		551,060.	1	440,882.	
	2	Savings and temporary cash investments			6,017,404.	2	6,631,972
	3	Pledges and grants receivable, net	1,438,158.	3	450,485		
	4	Accounts receivable, net			10,182.	4	0
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			6,110.	9	20,106
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	27,979.	44,242.	10c	75,476
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			103,603.	15	256,200
	16	Total assets. Add lines 1 through 15 (must e			8,170,759.	16	7,875,121
	17	Accounts payable and accrued expenses			77,431.	17	119,279
	18	Grants payable		18			
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es :	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		·			
ja		controlled entity or family member of any of t	-			22	
- 1	23	Secured mortgages and notes payable to un		Г		23	
- 1	24	Unsecured notes and loans payable to unrela		T T		24	
- 1	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li			0.	0.5	11 106
	00				77,431.	25	11,106 130,385
-+	26	Total liabilities. Add lines 17 through 25	obook bo	re X	//,451.	26	130,303
ဖွ		Organizations that follow FASB ASC 958, or and complete lines 27, 28, 32, and 33.	check he	re 🔼			
2	27	• • • • • • • • • • • • • • • • • • • •			6,670,921.	27	6,336,745
gala :	28				1,422,407.	28	1,407,991
<u>6</u>	20	Organizations that do not follow FASB ASG			1,422,407	20	1,407,331
ᆵᅵ		and complete lines 29 through 33.	O 930, CI	leck liefe			
ъ	29	Capital stock or trust principal, or current fun	nds	ŀ		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		T T		31	
	32			[8,093,328.	32	7,744,736
	33	Total liabilities and net assets/fund balances			8,170,759.	33	7,875,121
	55	Total habilities and het assets/fully palatices			0,2,0,,00.	- 00	Form 990 (202)

Form **990** (2022)

Pai	T 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	8,08						
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,43						
3	Revenue less expenses. Subtract line 2 from line 1	3	-34						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,09	3,3	28.				
5									
6	Donated services and use of facilities 6								
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	7,74	4,7	36.				
Pai	t 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:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization STRONGMINDS INC

Employer identification number 46 – 2090059

Pa	ırt I	Reason for Public (Charity Status.	(ΔII organizations must c	omplete th	nis nart) S		0 200000
							ee manachons.	
	organ	ization is not a private found	•	• .	•	,		
1	Н	A church, convention of ch				on 170(b)(1	I)(A)(i).	
2	Ш	A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	•				• •	oublic described in
·		section 170(b)(1)(A)(vi). (C	•	a. part or no support	o a gov		arms or morn are gorierar	
8		A community trust describe	-	(1)(A)(vi) (Complete Bar	· II \			
9	H	· · · · · · · · · · · · · · · · · · ·			•	ad in aanii	unation with a land grant	collogo
9		An agricultural research org				_	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of the college	eor
		university:			.,			
10		An organization that norma						•
		activities related to its exem		•	. ,		• •	•
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o			, ,			
k	, [Type II. A supporting org	- · · · · · · · · · · · · · · · · · · ·		ion with its	s supporte	d organization(s), by hay	vina .
		control or management o	•					-
		organization(s). You mus			and perso	110 11101 001	nation of manage the supp	501100
,		Type III functionally inte			in connoct	tion with	and functionally intograte	od with
C	·		-				• •	with,
_		its supported organization		·				ti(-)
C			=				• • • • •	
		that is not functionally int	-		•		='	veness
		requirement (see instructi	·					
e	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
		vide the following information			(iv) Is the oras	anization listed		T () A
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
_								
Tot	ai							I

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2723139.	5267887.	5002537.	9274718.	8083953.	30352234.				
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	2723139.	5267887.	5002537.	9274718.	8083953.	30352234.				
5	The portion of total contributions	2,202031	32070070	3002337	32,1,200	00003001	000022021				
J	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,						F 4 2 0 7 4 7				
	column (f)						5438747.				
	Public support. Subtract line 5 from line 4.						24913487.				
	• • • • • • • • • • • • • • • • • • • •						T				
	ndar year (or fiscal year beginning in)	(a) 2018 2723139.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 30352234.				
	Amounts from line 4	2/23139.	5267887.	5002537.	9274718.	8083933.	30332234.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	3,814.	7,527.	5,074.	4,650.	5,428.	26,493.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	5,473.	1,797.	5,483.			12,753.				
11	Total support. Add lines 7 through 10						30391480.				
12	Gross receipts from related activities,	etc. (see instruction	ns)			12					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	D1(c)(3)					
	organization, check this box and stop	here									
Sec	ction C. Computation of Publi		centage								
14	Public support percentage for 2022 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	81.98 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	76.53 %				
	33 1/3% support test - 2022. If the o					ore, check this bo	x and				
	stop here. The organization qualifies										
b	. 33 1/3% support test - 2021. If the c										
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the facts										
	meets the facts-and-circumstances te		•	-		•					
L	10% -facts-and-circumstances test	-	-		-	7a, and line 15 is					
	more, and if the organization meets the	ū				•	1070 01				
	organization meets the facts-and-circu		•		•						
19											
10	Private foundation. If the organization	T GIO HOL CHECK & I	JOA OH HITE TO, TOE	a, 100, 17a, 01 170	, GIEGN HIIS DOX AI		(Form 990) 2022				

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

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

Secti	on A. Public Support	slow, picase comp	olete i art ii.)				
	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 G	ifts, grants, contributions, and lembership fees received. (Do not						
in	clude any "unusual grants.")						
m fo ar	ross receipts from admissions, perchandise sold or services per- ormed, or facilities furnished in a ctivity that is related to the reganization's tax-exempt purpose						
ar	ross receipts from activities that re not an unrelated trade or bus-						
	ess under section 513						
iz	ax revenues levied for the organ- ation's benefit and either paid to r expended on its behalf						
5 Th	ne value of services or facilities irnished by a governmental unit to be organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
c A	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.) on B. Total Support						
Calenda	ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	mounts from line 6	, ,		, ,			
di se	ross income from interest, ividends, payments received on ecurities loans, rents, royalties, and income from similar sources						
	nrelated business taxable income						
,	ess section 511 taxes) from businesses equired after June 30, 1975						
c A	dd lines 10a and 10b						
11 N ac w	et income from unrelated business ctivities not included on line 10b, hether or not the business is egularly carried on						
12 O	ther income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						
14 Fi	i rst 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	neck this box and stop here		-				
Secti	on C. Computation of Publi	<u>c Support Per</u>	centage				
	ublic support percentage for 2022 (I		•	column (f))		15	%
	ublic support percentage from 2021					16	%
	on D. Computation of Inves					T I	
	vestment income percentage for 20					17	%
	vestment income percentage from					18	<u>%</u>
	3 1/3% support tests - 2022. If the						/ is not
b 33	ore than 33 1/3%, check this box ar 3 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
lir	ne 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20 P	rivate foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
35		
9c		
30		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	low, the governing body of a supported organization?	11a		
b	A famil	y 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 ir	₇ Part VI.	11c		
Sect	ion B	. Type I Supporting Organizations			
				Yes	No
1	Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		rely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ration, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported			
	organiz	ration(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,			
	supervi	ised, or controlled the supporting organization.	2		
Sect	ion C	. Type II Supporting Organizations			
				Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trust	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or man	agement of the supporting organization was vested in the same persons that controlled or managed			
	the sup	ported organization(s).	1		
Sect	ion D	All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organiz	ration'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			
	organiz	ration's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ration(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
	income	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppor	ted organizations played in this regard. . Type III Functionally Integrated Supporting Organizations	3		
Sect	ion E.	. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		
		es Test. Answer lines 2a and 2b below.		Yes	No
		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	C1		
		activities but for the organization's involvement.	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
		s of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	UI ITS SI	upported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	I	

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

Schedule A (Form 990) 2022

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

emergency temporary reduction (see instructions)

instructions)

6

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number

S	TRONGMINDS INC.	46-2090059				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(General Rule For an organization		\$5,000 or more (in money or				
Special Rules	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
sections 509(a)(1 contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fiz., line 1. Complete Parts I and II.	d that received from any one				
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, scittional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (el (b) instead of the contributor name and address), II, and III.	entific,				
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it is ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, lii	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fone 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ing 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) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number
STRONGMINDS INC.	46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ 728,818.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$ 500,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$500,000.	Person X Payroll				
(a)	(b)	(c)	(d)				
No. 4	Name, address, and ZIP + 4	Total contributions \$ 500,000.	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		\$358,151.	Person X Payroll				

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(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) (2022) Page 1

Name of organization

Employer identification number

STRONGMINDS INC.

46-2090059

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- \$ 211,565.	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
15		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	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
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization Employer identification number

STRONGMINDS INC.

46-2090059

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

Page 4

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

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	Or Accounts. Complete if the
		(a) Donor advis	sed 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 w	riting that the assets h	neld in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	,	Yes N
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes N
Pai	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	f a historically important land area
	Protection of natural habitat	Ĺ	Preservation of	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b				4.
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year	-	•	-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ction, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requireme	nts of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial statem	ents that describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of		easures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educatio	n, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	escribes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reven	ue statement and I	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	herance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
<u>b</u>	Assets included in Form 990, Part X			•
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20

232051 09-01-22

Schedule D (Form 990) 2022

22,839.

e Other

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.

d Equipment

43,695.

59,760.

Part VII Investments - Other Securities.	Section 200 Part IV line	addle Occ Form 000 Pert V Pro 40	200000 Tage
Complete if the organization answered "Yes" of			af.,.a.,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)		+	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	on Forms 000 Boot IV line	and a Con Forms 2000 Doub V line 40	
Complete if the organization answered "Yes" (a) Description of investment			Lef year market value
., .	(b) Book value	(c) Method of valuation: Cost or end	roryear market value
(1)			
(2)			
(3)			
(4)		+	
(5)		+	
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 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.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			11,106.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		11,106.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements the	nat 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) 2022

232054 09-01-22 Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization	of the organization				Employer identif	ication number
STRONGMINDS INC					46-209005	; 9
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part I			Зэтрк	oto ii tiio organ	nzacion anoworod	. 65 611
		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? X	Yes No
	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the
United States.						
3 Activities per Region. (T	(b) Number of	(c) Number of	an be duplicated if additional space is not be duplicated if additional space is not be region		vity listed in (d)	(f) Total
(a) Negion	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent contractors	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
		in the region				
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			6,311,326.
3 a Subtotal	0	0				6,311,326.
b Total from continuation						0,511,520.
sheets to Part I	0	0				0.
c Totals (add lines 3a						

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

Schedule F (Form 990) 2022

6,311,326.

and 3b)

46-2090059

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. PartII

od of ook, FMV, , other)						2	0
(i) Method of valuation (book, FMV, appraisal, other)							0
(h) Description of noncash assistance							0
(g) Amount of noncash assistance	.0	.0				A	
(f) Manner of cash disbursement	WIRE	WIRE				ecognized as a tax ivalency letter	
(e) Amount of cash grant	5626863.	684,463.WIRE				oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant	TREATMENT OF WOMEN WITH DEPRESSION	TREATMENT OF WOMEN WITH DEPRESSION				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	
(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA				is listed above that are r	r entities
(b) IRS code section and EIN (if applicable)	N.	X 8.				recipient organization nization by the IRS, o	other organizations o
1 (a) Name of organization						2 Enter total number of resempt 501(c)(3) organ	3 Enter total number of other organizations or entities

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Schedule F (Form 990) 2022 STRONGMINDS INC. 46–2090059

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

STRONGMINDS INC.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

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) 2022

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

STRONGMINDS INC.

46-2090059

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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		<u></u>
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		<u></u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	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:	_		
a	The organization?	5a		X
b	Any related organization?	5b		
_	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:			
	The organization?	6a		X
b	Any related organization?	6b		
_	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			V
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

		(B) Breakdown of M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEAN MAYBERRY	Ξ	222,930.	0	0.	6,136.	0	229,066.	0
CHIEF EXECUTIVE OFFICER	€	0.	• 0	0.	• 0	0	0	0
(2) KIM VALENTE	Ξ	176,616.	• 0	0.	4,741.	0	181,357.	0
CHIEF FINANCIAL OFFICER	Œ		• 0	0.	• 0	0	0	0
(3) RASA DAWSON	Ξ	167,374.	• 0	0.	4,699.	0.	172,073.	0.
CHIEF DEVEL. & COMMS. OFFICER	≘	0.	• 0	0.	• 0	0.	0.	0.
	(i)							
	Œ							
	Ξ							
	(iii)							
	(i)							
	≘							
	Ξ							
	<u>ii</u>)							
	(i)							
	(iii)							
	Ξ							
	≘							
	(i)							
	<u>(ii</u>							
	Ξ							
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	Ξ							
	(ii)							
	Ξ							
	▣							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

STRONGMINDS INC.

Employer identification number 46-2090059

FORM 990, PART VI, SECTION A, LINE 4

DURING THE YEAR, THE ORGANIZATION UPDATED ITS BY-LAWS TO LENGTHENED TRUSTEE
TERMS AND THE MISSION STATEMENT WAS BROADENED.

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 BOARD OF TRUSTEES AT ITS QUARTERLY MEETING, PRIOR

TO FILING.

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

THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY ANNUALLY, BY

MONITORING KNOWN RELATIONSHIPS, QUESTIONNAIRES, AND NOTING ANY CHANGES IN

DISCLOSED INFORMATION. IF A CONFLICT ARISES, THE INTERESTED PERSON

DISCLOSES THE EXISTENCE OF FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE

BOARD AND RECUSE HIM/HER SELF WHILE THE BOARD MAKES A DETERMINATION AND

VOTES ON THE MATTER. ANY CONFLICT IS REVIEWED BY THE BOARD BEFORE A

DECISION IS MADE AS TO WHETHER TO APPROVE THE TRANSACTION.

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

IN DETERMINING COMPENSATION, THE BOARD FORMS A CEO COMPENSATION REVIEW

COMMITTEE. THEY REVIEW 3RD PARTY COMPENSATION STUDIES AND TAKE INTO ACCOUNT

MARKET RATES AND THE CEO'S PERFORMANCE. THE COMMITTEE SHARES THEIR ANALYSIS

AND RECOMMENDATION WITH 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 AND ANNUAL PERFORMANCE REVIEWS

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization STRONGMINDS INC.	Employer identification number 46-2090059
WHICH ALSO TAKES INTO ACCOUNT COMPENSATION STUDIES AND MAR	KET RATES. THE
LAST COMPENSATION REVIEW FOR THE CEO TOOK PLACE ON MARCH 2	022.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
	_

STATE COPY

Signature: Sean Mayberry (Jure 0, 2023 15:04 EDT)

Email: sean@strongminds.org