## \*\* 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 Internal Revenue Service

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Interr	al Reve	enue Service Go to www.ifs.gov/Form990 for instructions and	the latest li	normation.	Inspection			
AF	or th	e 2023 calendar year, or tax year beginning and	ending					
B	heck if pplicab	C Name of organization	D Employer identification	ition number				
a								
	Addre							
	Name Chang	pe Doing business as		46-209005	9			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return		200	973-313-3				
_	termi ated			G Gross receipts \$	8,736,940.			
	Amer returr	MAPLEWOOD, NO 07040	H(a) Is this a group ret					
	Appli tion pend	F Name and address of principal officer: DEAN FIAT DEART		for subordinates?				
	-	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates incl				
		empt status: $X 501(c)(3) 501(c) ()$ (insert no.) 4947(a)(1)	or 527	1 '	st. See instructions			
	Vebs			H(c) Group exemption				
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2013 M	State of legal domicile <b>: NJ</b>			
Pa	nrt I	Summary		<b>TT TT 1</b>				
ø	1	Briefly describe the organization's mission or most significant activities: SEE	PARI I	II, LINE I.				
anc								
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed		1 1	ts. 12			
200	3			12				
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)		23				
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)						
tivit	6	Total number of volunteers (estimate if necessary)			<u>    11</u> 0.			
Ac			otal unrelated business revenue from Part VIII, column (C), line 12					
	D	Net unrelated business taxable income from Form 990-1, Part I, line 11	<u></u>		0 . Current Year			
	8	Contributions and grants (Dart )/III line 1b)		8,083,953.	8,451,728.			
Ine	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0,451,720.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,428.	283,515.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,697.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,089,381.	8,736,940.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,311,326.	6,262,294.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,424,107.	1,747,411.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 789, 2	71.					
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		702,540.	1,273,052.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,437,973.	9,282,757.			
	19	Revenue less expenses. Subtract line 18 from line 12		-348,592.	-545,817.			
or				ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,875,121.	7,349,370.			
Ass	21	Total liabilities (Part X, line 26)		130,385.	151,630.			
INet	22	Net assets or fund balances. Subtract line 21 from line 20		7,744,736.	7,197,740.			
	irt II	Signature Block	· · ·	•				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my k	nowledge and belief, it is			
	•	et and complete Declaration of preparer (other than officer) is based on all information of w		•				

Sign	Signature of officer	Date								
Here										
	Print/Type preparer's name Preparer's signature	Date Check PTIN								
Paid	ELIZABETH W. HELLER Clipsduyfeller	08/07/24 self-employed P00397829								
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008								
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N									
	BETHESDA, MD 20814-2930 Phone no. 301-951-9090									
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No								
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Form <b>990</b> (2023)								

Form	990 (2023) STRONGMINDS INC.	46-2090059 Page 2
Par	t III Statement of Program Service Accomplishments	<u>u</u>
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	RADICALLY EXPAND MENTAL HEALTHCARE FOR PEOPLE WITH DEPRE	SSION
	GLOBALLY.	
	<b></b>	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 000 or 000 F72	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 6,908,565. including grants of \$ 6,262,294. ) (Reve	nue \$ )
	STRONGMINDS IS A SOCIAL ENTERPRISE THAT RADICALLY EXPAND	S MENTAL
	HEALTHCARE FOR PEOPLE WITH DEPRESSION GLOBALLY.	
	OUR PROVEN, COST-EFFECTIVE MODEL IS BASED ON GROUP INTER	PERSONAL
	PSYCHOTHERAPY, WHICH WE PROVIDE FREE OF CHARGE.	
	SINCE OUR FOUNDING IN 2013, WE HAVE EMBARKED ON INNOVATI	
	TO DELIVER THIS THERAPY MODEL AT SCALE. IN 2023 WE TREAT	-
	PEOPLE WITH DEPRESSION IN UGANDA, ZAMBIA, KENYA, NIGERIA	
	AND CONTINUED A PILOT PROJECT TO TEST OUR MODEL IN THE U	NITED STATES.
41		
4b	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revel	nue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses6,908,565.	
		Form <b>990</b> (2023)
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гопп	990	(2023)

Form 990 (2023) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		v
-	Schedule D, Part III			<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	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,		77	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZa		12a		х
h	Schedule D, Parts XI and XII	120		
D		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>17a</u>		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form 990 (2023) STRONGMINDS INC.
Part IV Checklist of Required Schedules (continued)

			Yes	NO	_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х		
04.0	Schedule J	23	А		-
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x	
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210			-
-	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				•
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	-
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x	
h	"Yes," complete Schedule L, Part IV	28a 28b		X	-
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23	-
U	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				-
	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				•
	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
07	If "Yes," complete Schedule R, Part V, line 2	36		X	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x	
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37			-
30	Note: All Form 990 filers are required to complete Schedule O	38	Х		
Par		00		I	•
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	-
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32				ļ
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		
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Form	990 (2023) STRONGMINDS INC. 46-2090 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	059	P	age <b>5</b>						
Fai			Vee							
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No						
Zu	filed for the calendar year ending with or within the year covered by this return 2a 23									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country 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		<u> </u>						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	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			37						
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?	6b								
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> 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?	70		х						
		7a 7b		<u></u>						
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70								
U	to file Form 8282?	7c		х						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file 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.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter: 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.) 11b									
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.za								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с	Enter the amount of reserves on hand 13c									
	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		<u>X</u>						
	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	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	4-7								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17								
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552000				(_020)						

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ec	Check if Schedule O contains a response or note to any line in this Part VI				<u></u>		X			
	tion A. Governing Body and Management									
						Yes	No			
la	Enter the number of voting members of the governing body at the end of the tax year	1a		1	.2					
	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									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				x			
officer, director, trustee, or key employee?										
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		. 4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			. 5		X			
6	Did the organization have members or stockholders?				. 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or							
	more members of the governing body?				7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or							
	persons other than the governing body?				7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		-		8a	Х				
b	Each committee with authority to act on behalf of the governing body?					Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				. 9		x			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev									
		onuo	0000.			Yes	No			
0a	Did the organization have local chapters, branches, or affiliates?				10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cha									
			·,		10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	20101	s							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					X X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f $ "Y									
U		,			12c	x				
3	on Schedule O how this was done Did the organization have a written whistleblower policy?					X				
4	Did the organization have a written document retention and destruction policy?					X				
	Did the process for determining compensation of the following persons include a review and approval				. 14					
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		lependen	L						
_					45.0	X				
	The organization's CEO, Executive Director, or top management official					X				
b	Other officers or key employees of the organization				. 15b					
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem						v			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year?				<u>16a</u>		x			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa	articipatio		<u>16a</u>		X			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	e its pa zation	articipatio 's	n	<u>16a</u>		X			
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements?	e its pa zation	articipatio 's	n	16a		X			
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi exempt status with respect to such arrangements? <b>tion C. Disclosure</b>	e its pa zation	articipatio 's	n			X			
b ec 7	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa zation A	articipatio 's	n	. 16b					
b ec 7	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa zation A	articipatio 's	n	. 16b	availa				
b ec 7	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa zation A d 990	articipatio 's T (section	n 1 501(c)(	. 16b	availa				
b eC	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized the organized to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed	e its pa zation A d 990- on Sc	T (section	n 	. <b>16b</b> (3)s only)					
b eC 7 3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa zation A d 990- on Sc	T (section	n 	. <b>16b</b> (3)s only)					
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       NJ , CA , MA , NY , P.         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.       Image: Context and the states of the states were the state of the states with which a copy of this states available. Check all that apply.         Image: Context and the states of the public during the tax year.       Image: Context and the states available to the public during the tax year.	e its pa zation A d 990 on Sc nflict o	T (section hedule O)	n 	. <b>16b</b> (3)s only)					
b ec 7 3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized the organized to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       NJ , CA , MA , NY , P.         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.       Image: Context and the ima	e its pa zation A d 990 on Sc nflict o	T (section hedule O)	n 	. <b>16b</b> (3)s only)					
b ec 7 8	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizement status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NJ, CA, MA, NY, P.</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other ( <i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book KIM VALENTE - 973-313-3166	e its pa zation A d 990 on Sc nflict o	T (section hedule O)	n 	. <b>16b</b> (3)s only)					
b ec 7 3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized the organized to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed       NJ , CA , MA , NY , P.         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.       Image: Context and the ima	e its pa zation A d 990 on Sc nflict o	T (section hedule O)	n 	3)s only)	cial	ble			
b 7 3	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizement status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>NJ, CA, MA, NY, P.</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other ( <i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book KIM VALENTE - 973-313-3166	e its pa zation A d 990 on Sc nflict o	T (section hedule O)	n 	3)s only)		ble			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	e its pa ization A d 990- on Sc on Sc onflict o ks and	T (section hedule O) f interest	n 	3)s only)	cial	ble			

 Form 990 (2023)
 STRONGMINDS INC.
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 Page

 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.

STRONGMINDS INC.

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Form 990 (2023) STRONGMINDS INC.	46-2090059	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
<ul> <li>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.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>								

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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	officer and a director/truste		n an	compensation	compensation	amount of		
	week				irecto	ctor/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yold	t con /ee	~	1099-NEC)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEAN MAYBERRY	40.00				-		4			
CHIEF EXECUTIVE OFFICER		Х		Х				243,577.	Ο.	7,517.
(2) KIM VALENTE	40.00									
CHIEF FINANCIAL OFFICER				Х				191,502.	0.	5,955.
(3) RASA DAWSON	40.00									
CHIEF DEVEL. & COMMS. OFFICER						X		173,232.	0.	16,946.
(4) JENN BASS	40.00									
EDITORIAL & CREATIVE DIRECTOR						X		125,443.	0.	3,821.
(5) PAUL WATFORD, TREASURER -	1.50									
UNTIL 05/2023, BOARD CHAIR		Х		X				0.	0.	0.
(6) ELENA ANFIMOVA	1.50									
TREASURER		Х		X				0.	0.	0.
(7) JAMES RUDE	1.50									
SECRETARY		Х		X				0.	0.	0.
(8) DANA WARD, CHAIR -	1.50									
UNTIL 05/2023, THEN TRUSTEE		Х		X				0.	0.	0.
(9) JEANNE ESLER	1.50									
TRUSTEE		Х						0.	0.	0.
(10) REHMAH KASULE	1.50									
TRUSTEE		Х						0.	0.	0.
(11) MILLY KATANA	1.50									
TRUSTEE		Х						0.	0.	0.
(12) ANN MACDOUGALL	1.50									
TRUSTEE		х						0.	0.	0.
(13) ANNIKA STEN-PARSON	1.50									
TRUSTEE	1	Х						0.	0.	0.
(14) CAROL SQUIRE	1.50									
TRUSTEE	1	Х						0.	0.	0.
(15) ESTHER HSU WANG	1.50									
TRUSTEE		Х						0.	0.	0.
		-								
		1								
	1	1	1	I	1		I	I		<b>990</b> (2022)

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	990 (2023) STRONGMI	NDS INC.								46-20	90059	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	Compensated Employee	s (continued)		
	hours		Average hours per week Position (do not check more than o box, unless person is both officer and a director/trust				than c is both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) stimated nount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ fr org an	pensation rom the janization d related anizations
1b	Subtotal								733,754.			4,239.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n				<u></u>				0. 733,754.	000 of reportable		0. 4,239.
2	compensation from the organization		030	iiste			<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4 Yes No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-		•	•	-				•	3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	im of reportable ),000? If "Yes,"	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth <i>J f</i>	ner compensation from t	he organization		x
5 Sec	rendered to the organization? If "Yes," corr tion B. Independent Contractors	•				-			•		5	X
1	Complete this table for your five highest co the organization. Report compensation for										ensation fro	om
7 NT	(A) Name and business DREW FRACKER	address							(B) Description of s RESEARCH/M&E	services	(C Compe	<b>C)</b> nsation
	24 41ST AVENUE SW, SEAT	TLE, WA	9	81	16				CONSULTING		13	6,980.
2	Total number of independent contractors (ii	•	ot lin	nitec	l to 1			ted	above) who received m	ore than		
	\$100,000 of compensation from the organiz	zation				1	L				Form	<b>990</b> (2023)

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Forn	n 990	(2023) STRONGMINDS	INC.			46-2090	059 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns 1a					
ran	b	Membership dues 1b		]			
ې ۵۵	с	Fundraising events 1c					
ar /	d	Related organizations 1d					
inil inil	е	Government grants (contributions) 1e		-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 8	8,451,728.				
d Off	g	Noncash contributions included in lines 1a-1f					
a C	h	Total. Add lines 1a-1f		8,451,728.			
			Business Code				
e	2 a						
Program Service Revenue	b						
n Si	с		_				
grar Rev	d						
roç	e		_				
ц.	•	All other program service revenue					
	9 3	Total. Add lines 2a-2f Investment income (including dividends, inter-					
	3			283,515.			283,515.
	4	other similar amounts) Income from investment of tax-exempt bond		20070100			20070100
	5	Royalties	-				
	Ŭ	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	с			1			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ani		and sales expenses 7b		-			
venue	с	Gain or (loss) 7c					
. Be		Net gain or (loss)	·····				
Other Re	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
	_		Ba				
	b		3b				
	C	Net income or (loss) from fundraising events	; 				
	9а	Gross income from gaming activities. See					
	- -	· · · · · · · · · · · · · · · · · · ·	9a 9b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		-	0a				
	b	F	0b				
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	MISCELLANEOUS	900099	1,697.			1,697.
ane	b		_				
Sella	с						
Miscellaneous Revenue	d	All other revenue					
<u> </u>	е	Total. Add lines 11a-11d		1,697.			
	12	Total revenue. See instructions		8,736,940.	0.	0.	
33200	9 12-21	-23					Form <b>990</b> (2023)

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Form 990 (	2023)		STR	ONG	MINDS	I
Part IX	Stat	ement	of Funct	ional	Expense	es

STRONGMINDS INC.

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, lines 15 and 16	6,262,294.	6,262,294.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	440 551		0.51 0.00	100 000
	trustees, and key employees	448,551.		271,883.	176,668
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	027 160	1 4 1 0 4 0		200 262
7	Other salaries and wages	937,168.	141,248.	497,657.	298,263
8	Pension plan accruals and contributions (include	22 742	1 500	11 010	0 200
_	section 401(k) and 403(b) employer contributions)	22,743.	<u> </u>	<u>11,912.</u> 109,805.	9,299 64,991
9	Other employee benefits	222,056. 116,893.	14,816.	66,181.	35,896
0	Payroll taxes	110,095.	14,010.	00,101.	55,690
1	Fees for services (nonemployees):				
а	Management	64,372.		61 272	
		117,272.		<u>64,372.</u> 117,272.	
	Accounting	11/,2/2•			
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		622,056.	372,362.	145,349.	10/ 3/5
0	column (A), amount, list line 11g expenses on Sch 0.)	60,047.	7,488.	47,025.	<u>104,345</u> 5,534
2 3	Advertising and promotion	34,460.	7,220.	12,941.	14,299
3 4	Office expenses	101,314.	31,000.	65,170.	5,144
4 5	Royalties	101,514.	51,000.	00,170.	5,111
6	Occupancy	33,740.	7,285.	18,793.	7,662
7	Travel	146,767.	14,969.	67,707.	64,091
8	Payments of travel or entertainment expenses				01,001
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	13,010.	823.	9,124.	3,063
9	Interest	26.		26.	-,
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,119.		8,119.	
3	Insurance	9,562.		9,562.	
.4	Other expenses. Itemize expenses not covered	,			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	WRITE-OFF	50,374.		50,374.	
b	PAYROLL PROCESSING FEES	7,572.		7,572.	
с	MISCELLANEOUS	4,361.	268.	4,077.	16
d				-	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	9,282,757.	6,908,565.	1,584,921.	789,271
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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10 2023.04010 STRONGMINDS INC.

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# STRONGMINDS INC.

Form 990 (2023)

Parl	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	440,882.	1	197,632.		
	2	Savings and temporary cash investments	6,631,972.	2	6,200,026.		
	3	Pledges and grants receivable, net			450,485.	3	377,379.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	fied persons	as defined			
		under section 4958(f)(1)), and persons described		6			
2	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
ť	9	Prepaid expenses and deferred charges	20,106.	9	17,633.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	57,495. 36,098.			
	b			36,098.	75,476.	10c	21,397.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			256,200.	15	535,303.
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		7,875,121.	16	7,349,370.
	17	Accounts payable and accrued expenses		L	119,279.	17	59,336.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV of Sc	hedule D		21	
2	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst	tantial contri	butor, or 35%			
		controlled entity or family member of any of the	se persons			22	

litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilitie		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,106.	25	92,294.
	26	Total liabilities. Add lines 17 through 25	130,385.	26	151,630.
		Organizations that follow FASB ASC 958, check here			
Balances		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	6,336,745.	27	6,302,077.
Ba	28	Net assets with donor restrictions	1,407,991.	28	895,663.
pun		Organizations that do not follow FASB ASC 958, check here			
ш		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Net Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	7,744,736.	32	7,197,740.
-	33	Total liabilities and net assets/fund balances	7,875,121.	33	7,349,370.
					Earm <b>990</b> (2022)

Form **990** (2023)

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Form	990 (2023) STRONGMINDS INC.	46-	2090059	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,28	2,7	57.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54	5,8	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,74	4,7	36.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	1,1	79.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,19	7,7	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 Sche	edule O			
3a	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	000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

								identification number				
		NGMINDS IN						6-2090059				
Part I	Reason for Public (					ee instruction	S.					
The orgar	nization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4		ation operated in co	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 the benefit of a college or university owned or operated by a governmental unit described in											
. —	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🛄	A federal, state, or local go	•				.,						
7 X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in				
. —	section 170(b)(1)(A)(vi). (C											
8	A community trust describe											
9	An agricultural research org	-			-		-	-				
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
	university:											
10	An organization that norma											
	activities related to its exen		-					-				
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	ifter June 30, 1975.				
	See section 509(a)(2). (Co	• •			/							
	An organization organized a	-		•								
12	An organization organized a	-	-	-			•					
	more publicly supported or	-						Sheck the box on				
	lines 12a through 12d that	• •					-	-1.4				
a	_ <b>Type I.</b> A supporting orga	-	-	• • •	-							
	the supported organization			majority o	t the direc	tors or truste	es of the su	ipporting				
	organization. You must o	-					- (-)	·				
b	_ <b>Type II.</b> A supporting org	-				-		-				
	control or management o			ame perso	ns that co	ntroi or manag	ge the supp	orted				
• □	organization(s). You mus			in connect	ion with a	and functional	lu into grata					
c 🗋	Type III functionally inte						ly integrate	a with,				
a [	its supported organization						tad argani-	ration(a)				
d 🗌	Type III non-functionally that is not functionally int						-					
	that is not functionally int			•		-	anallenin	reness				
• □	requirement (see instruct Check this box if the orga	,	•									
e 🗋						турет, туре	п, туре п					
f Ent	functionally integrated, or er the number of supported of			ng organiz	ation.							
	vide the following information	•	ad organization(s)									
	(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	fmonetary	(vi) Amount of other				
	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)				
			above (see instructions))	165	NO							
Total												

### Schedule A (Form 990) 2023

STRONGMINDS INC.

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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5267887.	5002537.	9274718.	8083953.	8451728.	36080823.
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	5267887.	5002537.	9274718.	8083953.	8451728.	36080823.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6751986.
6	Public support. Subtract line 5 from line 4.						29328837.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5267887.	5002537.	9274718.	8083953.	8451728.	36080823.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	7,527.	5,074.	4,650.	5,428.	283,515.	306,194.
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.)	1,797.	5,483.			1,697.	
11	Total support. Add lines 7 through 10						36395994.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi		-			<u>г г</u>	
	Public support percentage for 2023 (I					14	80.58 %
	Public support percentage from 2022					15	81.98 %
16a	33 1/3% support test - 2023. If the c				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c						
47.	and <b>stop here.</b> The organization qual		•••		10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	vi now the organiz	
	meets the facts-and-circumstances te	•	•	,	•	7	
b	10% -facts-and-circumstances test	•				-	IU% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n dia not check a l	oox on line 13, 16a	a, 100, 17a, or 17b	, check this dox a		
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A	(Form 990)	2023	STRONGMINDS	INC.		
Part III	Support	Schedule	for Organizations De	escribed in	Section 509	a)(2)

STRONGMINDS INC.

(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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
5	or expended on its behalf							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	<del></del>	T		1			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e)	2023	<b>(f)</b> Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>		
14	First 5 years. If the Form 990 is for the	•			•		0	on,
<u> </u>	check this box and stop here	ia Support Dou						
	tion C. Computation of Public		-					
	Public support percentage for 2023 (					15		%
	Public support percentage from 2022 ction D. Computation of Invest	1	1			16		%
	Investment income percentage for 20		•	ine 13 column (f))		17		%
	Investment income percentage from					18		%
	33 1/3% support tests - 2023. If the						and line 17	
	more than 33 1/3%, check this box a							
b	<b>33 1/3% support tests - 2022.</b> If the	-					33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
33202	23 12-21-23					S	chedule A	(Form 990) 2023
			16					

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### STRONGMINDS INC.

Yes No

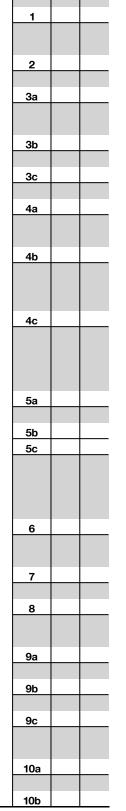
### Part IV Supporting Organizations

(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.)

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Schedule A (Form 990) 2023

	(Form 990) 20		ONGMIND
Part IV	Supportir	g Organizations	(continued

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
-				

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		-		

### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)	١.
	$\Box$	1000 11104 4040110	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

Yes No

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1

### 17 2023.04010 STRONGMINDS INC.

### Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportion	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

STRONGMINDS INC.

nally Integrated 509(a)(3) Supp	-
STRONGMINDS INC.	

Sche	dule A (Form 990) 2023 STRONGMINDS I		4	6-2090059 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
	From 2019			
	From 2020			
	From 2021			
	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
Ũ	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2019 Excess from 2020			
	Excess from 2020 Excess from 2021			
	Excess from 2022			
<u> </u>	Excess from 2023			

Schedule A (Form 990) 2023

	(Form 990) 2023
Dort VI	0

	Supplemental Information. Provide t Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part I' Section D, lines 5, 6, and 8; and Part V, Secti (See instructions.)	5a, 6, 9a, 9b, 9c, 11a, 1 V. Section F. lines 1c, 2	1b, and 11c; Part IV, S 2a, 2b, 3a, and 3b: Part	ection B, lines 1 and V, line 1: Part V, Sec	2; Part IV, Section C, tion B. line 1e: Part V.
	(วระ แารแนรแบกร.)				
32028 12-21-2	3	20		So	hedule A (Form 990) 202:

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## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

46-2090059

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

STRONGMINDS	INC

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 		\$1,149,964.	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
		\$500,000.	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
<u>3</u>	Name, aud 635, and Zir + 4	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>4</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$420,000.	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
<u>6</u> 323452 12-26-23	Name, aud 635, and Zir + 4	\$399,958.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

STRONGMINDS INC.

Employer identification number

46-2090059

22 2023.04010 STRONGMINDS INC.

14210807 745960 32066

# Part I

Schedule B (Form 990) (2023) Name of organization

Page 2

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
7		\$ <u>380,046.</u>	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
8		\$ <u>350,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$334,651.	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
<u>10</u>		\$ <u>300,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$ <u>300,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## STRONGMINDS INC.

Employer identification number

46-2090059

32066\_\_1

2023.04010 STRONGMINDS INC.

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Name of organization

Page **2** 

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   13                                 </u>		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   14                                 </u>		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   15                                 </u>		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   16                                 </u>		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   17                                 </u>		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
323452 12-26-23	24	\$	Person Payroll On Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

STRONGMINDS INC.

Name of organization

Part I

Employer identification number

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24 2023.04010 STRONGMINDS INC.

14210807 745960 32066

STRONO	GMINDS INC.	4	46-2090059	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

25 2023.04010 STRONGMINDS INC.

32066\_\_1

Employer identification number

Schedule B (Form 990) (2023) Name of organization

Schedule	B (Form 990) (2023)		Page <b>4</b>
	organization		Employer identification number
STRON	GMINDS INC.		46-2090059
Part III		) through (e) and the following line entry. charitable, etc., contributions of <b>\$1,000 or les</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No.			
from Part I	(b) Purpose of gift 	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	_
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

26 2023.04010 STRONGMINDS INC.

		al Financial Statements			<u>OMB No. 15</u>	) <u>,,</u>
orm 990)		0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			<b>ZU</b>	23
epartment of the Treasury		Attach to Form 990.			Open to Inspection	
ernal Revenue Service ame of the organization	Go to www.irs.gov/Form9	90 for instructions and the latest information		nployer ide		
ame of the organization	STRONGMINDS INC.				20900	
Part I Organizati		ed Funds or Other Similar Funds or	Accou			
	nswered "Yes" on Form 990, Part IV, li					
-		(a) Donor advised funds	<b>(b)</b> Fu	nds and ot	her accou	nts
1 Total number at end	of year					
	ontributions to (during year)					
	rants from (during year)					
	nd of year					
		writing that the assets held in donor advised	funds			
-		s exclusive legal control?			Yes	
		advisors in writing that grant funds can be us		······		
•	•	or donor advisor, or for any other purpose cor				
impermissible private			°,		Yes	
		rganization answered "Yes" on Form 990, Par				
Preservation of Protection of n	land for public use (for example, recre atural habitat	eation or education) Preservation of a				l
<ul> <li>Protection of n</li> <li>Preservation of</li> <li>Complete lines 2a thr day of the tax year.</li> </ul>	atural habitat open space rough 2d if the organization held a qua	Preservation of a lified conservation contribution in the form of a	certified h	iistoric struc	cture	ie last
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<ul> <li>Protection of n</li> <li>Preservation of</li> <li>Complete lines 2a thr day of the tax year.</li> <li>a Total number of conservat</li> <li>b Total acreage restrict</li> <li>c Number of conservat</li> <li>d Number of conservat</li> <li>on a historic structure</li> <li>Number of conservat</li> <li>year</li> <li>4 Number of states who</li> <li>5 Does the organization</li> <li>violations, and enforce</li> <li>6 Staff and volunteer h</li> <li>7 Amount of expenses</li> <li>3 Does each conservat</li> <li>and section 170(h)(4)</li> </ul>	atural habitat open space rough 2d if the organization held a qual ervation easements ed by conservation easements ion easements on a certified historic st ion easements included on line 2c acq e listed in the National Register ere property subject to conservation ea n have a written policy regarding the per- erement of the conservation easements ours devoted to monitoring, inspecting incurred in monitoring, inspecting, han (B)(ii)?	Preservation of a lifed conservation contribution in the form of a tructure included on line 2a uired after July 25, 2006, and not eleased, extinguished, or terminated by the or asement is located eriodic monitoring, inspection, handling of it holds?	certified h a conserv 2a 2b 2c 2d ganization vation easemen (B)(i)	Ation easen Held at th Held at th	cture <pre>nent on th e End of th f tax  tax  Yes ring the year he year </pre>	e last e Tax Yea
<ul> <li>Protection of n</li> <li>Preservation of</li> <li>Complete lines 2a thr day of the tax year.</li> <li>a Total number of conservat</li> <li>b Total acreage restrict</li> <li>c Number of conservat</li> <li>d Number of conservat</li> <li>on a historic structure</li> <li>Number of conservat</li> <li>year</li> <li>4 Number of states whe</li> <li>5 Does the organization violations, and enforce</li> <li>6 Staff and volunteer he</li> <li>7 Amount of expenses</li> <li>B Does each conservat and section 170(h)(4)</li> <li>9 In Part XIII, describe I</li> </ul>	atural habitat open space rough 2d if the organization held a qua- ervation easements ed by conservation easements ion easements on a certified historic st ion easements included on line 2c acq e listed in the National Register ion easements modified, transferred, re- ere property subject to conservation ea- n have a written policy regarding the per- erement of the conservation easements ours devoted to monitoring, inspecting, han - incurred in monitoring, inspecting, han - ion easement reported on line 2d abov (B)(ii)?	Preservation of a lified conservation contribution in the form of a tructure included on line 2a uired after July 25, 2006, and not eleased, extinguished, or terminated by the or asement is located eriodic monitoring, inspection, handling of it holds? g, handling of violations, and enforcing conservation adling of violations, and enforcing conservation re satisfy the requirements of section 170(h)(4)	certified h a conserv. 2a 2b 2c 2d ganization vation easemen (B)(i)	Ation easen Held at th Held at th	cture <pre>nent on th e End of th f tax  tax  Yes ring the year he year </pre>	e last e Tax Yea

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

#### b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$

		*
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
33205	09-28-23	

27 2023.04010 STRONGMINDS INC. \_\_\_\_

PartIIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its continued of the control of the organization's occussion of the organis and organis' occussion of the organization's occuss	Sche		INDS INC.						46-20			age <b>2</b>
collection terms (check all that apply).       d       Loan or exchange program         a       Police exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	Par	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Histo	rical Tre	easures, or	Othe	r Simila	r Assets	(contin	ued)	
a       Public exhibition       d       Can or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	following that	make s	ignificant ι	use of its			
b       Scholary research       e       Other		collection items (check all that apply).										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets         1       During the year, did the organization solutions of art, historical treasures, or other similar assets         1       Bernit MI Escorew and Custodial Arrangements       Complete if the organization answered 'Yes' on Form 990, Part X, line 91, line 11         1       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21,	а	Public exhibition	c	I 🗌 Lo	oan or exc	hange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Excrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 900, Part X, line 21.     Is diations during the year     Is description form 900, Part X, line 21, for escrow or custodial account liability?     Yes     No     b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII     Part W Endowment Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10.     Is deginning of year balance     Is deginning of year balance     Is down the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Is down the schearships     Is down the explanation answered "Yes" on Form 900, Part X, line 10.     Is down the trust expenses     Is down the provement Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10.     Is down the trust explanation     Is obstributions     Is a down the trust explanation answered "Yes" on Form 900, Part X, line 10.     Is down the prosenation in the prosenation in the	b	Scholarly research	e	• 🗌 o	ther							
5       During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets         Part M       Escrow and Outstodial Arrangements       Complete if the organization is collection?       No         Part M       Escrow and Outstodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, fustake, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id       I	с	Preservation for future generations										
tops         Test         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.           1a         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X         No.           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c         Baginning balance         It         Amount           d         Id diditions during the year         Id         Id           f         Endly balance         Id         Id         Im           a         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Im         Im           Part V         Endowment FundS         Complete if the explanation has been provided in Part XIII         Im         Im           Part V         Endowment FundS         Complete if the explanation has been provided in Part XIII         Im         Im           1a         Beginning of year balance         Im         Im         Im         Im         Im           1a         Beginning of year balance         Im         Im         Im <thim< th="">         Im           2<th>4</th><th>Provide a description of the organization's c</th><th>ollections and explair</th><th>n how they</th><th>y further th</th><th>ne organizatio</th><th>n's exer</th><th>npt purpo</th><th>se in Part</th><th>XIII.</th><th></th><th></th></thim<>	4	Provide a description of the organization's c	ollections and explair	n how they	y further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
Part W       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IX       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intervalue and the second	5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d         1d       1d         1d       1d         2h oth thorganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Immediate part (e) Four years back is complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back is complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year end balance (line 1g, column (a) held as:         a       D othor expenditures for facilities and programs       (b) For year end balance file 1g, column (a) held as:         a       D othor expenditures ont facilitie	_					llection?				_		No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete t	Par			te if the o	rganizatior	n answered "א	es" on	Form 990,	Part IV, li	ne 9, or		
on Form \$90, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Additions during the year       1d         d       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Part A in Part XIII         It as Beginning of year balance       (e) Ourrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a dramatic provement set or scholarships.       Image: Part A in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         It as the explanation or scholarships.       Image: Part A in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Part A in Part XIII. Check here if the organization is the asset percentage of the current year end balance (line 1g, column (ai) held as:         Board designated organiza		reported an amount on Form 990, Pa	art X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	•		•					_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Ves" on Form 990, Part IV, line 10.       Image: State St									L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "ves;" verylain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment Funds       Complete if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Status and Status and Status and Status and Status and Programs and programs       Image: Status and Status and Programs and Programs       Image: Status	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes on Form 990, Part X, line 10.       Yes       Yes       No         Dif 'Yes' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10.       Yes       Yes       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back       (e) Four years back         d Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a) held as:       a board designated or quasi-endowment       %         c Term endowment       %       %       Yes and year       (d) Image and year         g End of year balance       %       Yes and year       (d) Image and year       (d) Image and year         g End of year balance       %       Yea hor       %       Yea hor       (e) Four year         g End of year balance										Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Two years back       (e) Four years back         a       Contributions       (b) Prior year       (c) Two years back       (e) Two years back       (e) Four years back         a       Contributions       (a) Carrent yeare lalance       (in a												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (d) Three years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Control straints       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         1b       Control straints       (c) Two years back       (d) Three years back       (e) Four years back         2       Provide the estimated percentage of the current year end balan	е											
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds: Complete if the organization answered "Yes" on Form 90, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b. Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c. Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f. Administrative expenses       (a)										7		1
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         6       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         6       Other expenditures for facilities       (a) Current year       (a) Current year       (c) Two years back       (d) Three years back         7       Administrative expenses       (a) Column (a)       (b) Prior year       (c) Two years back       (d) Three years back         9       End of year balance       (b) Prior year       (c) Two years back       (d) Three years back         9       Forvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		-						ity?	L	∐ Yes		] <b>No</b> ]
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance	_								<u></u>			
1a       Beginning of year balance	I ai								vears hack	(a) Four	Veare	hack
b       Contributions	4.	Designing of year balance	(a) ourrent year		or year		3 Dack		Cars back	(e) i oui	your 3	Dack
c       Net investment earnings, gains, and losses	la h											
d Grants or scholarships	U O											
e       Other expenditures for facilities and programs	с А											
and programs												
f       Administrative expenses	e											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations?         (ii)       Related organizations?         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (investment)       basis (other)         depreciation       depreciation         1a       Land												
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-	rent year end balance	e (line 1a	column (a	)) held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					oolanni (aj	<i>))</i> Hold do:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Interlated organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Sa(i) - 23,714.</li> <li>(f) Sa(i) - 24,395.</li> <li>(f) Sa(i) - 23,714.</li> <li>(f) Sa(i) - 24,998.</li> </ul>	b			_/*								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI Land, Buildings, and Equipment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation               4 Description of property             (a) Cost or other basis (investment)             (b) Cost or other basis (other)             (c) Accumulated depreciation               4 Land                (d) Book value               Description of property             (a) Cost or other basis (other)             (c) Accumulated depreciation <ld>(d) Book value <li>(d) Book value</li> <li>(d) Equipment</li> <li(d) equipment<="" th=""><th>c</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li(d)></ld>	c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI and, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(i) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land <ul> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Accumulated complete if the complet</li></ul>			- ould equal 100%.									
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3c       3c <td< th=""><th>3a</th><th></th><th></th><th>ation that a</th><th>are held ar</th><th>nd administer</th><th>ed for th</th><th>ne</th><th></th><th></th><th></th><th></th></td<>	3a			ation that a	are held ar	nd administer	ed for th	ne				
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		organization by:									Yes	No
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(i) Unrelated organizations?								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land										3a(ii)		
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sch	nedule R?					Зb		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4	Describe in Part XIII the intended uses of the	e organization's endo	wment fur	nds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
basis (investment)         basis (other)         depreciation           1a Land		Complete if the organization answere	ed "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990,	Part X,	line 10.				
b Buildings		Description of property					• •		ed	(d) Bool	k value	e
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment         48,109.         23,714.         24,395.           e Other         9,386.         12,384.         -2,998.	с											
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						9,386.		12,3	84.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10c</u>	c, column	<u>(B))</u>				21	L,39	97.

Schedule D (Form 990) 2023

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	) (Form 990) 2023	
Part VII	Investments	- Other Securities

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) DUE FROM RELATED PARTIES			488,771.
			44,099.
(3) SECURITY DEPOSITS			2,433.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i> )		535,303.
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) REFUNDABLE ADVANCES			48,195.
(3) LEASE LIABILITY			44,099.
(4)			,000
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	<i>(B))</i>		92,294.

INC.

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 STRONGMINDS INC.			46-	2090059 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn		_
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	8,756,440	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	19,500.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	19,500	•
3	Subtract line 2e from line 1			3	8,736,940	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,736,940	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 202 257	
1	Total expenses and losses per audited financial statements			1	9,302,257	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	10 500			
а	Donated services and use of facilities		19,500.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)	· · · · · ·			10 500	
е	Add lines 2a through 2d			2e	19,500	
3	Subtract line <b>2e</b> from line <b>1</b>			3	9 282 757	
		•••••			9,282,757	<u>•</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				5,202,151	•
а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			5,202,151	•
a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	. 4a			5,202,151	•
a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b		4c	0	•
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			0 9,282,757	•

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

Nam	e of the organization					Employer iden	tification number
STI	RONGMINDS I	NC.				46-20900	59
Pa	rt I General I	nformation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	"Yes" on
		Part IV, line 14b.					
1	For grantmakers.	Does the organizatior	n maintain record	Is to substantiate the amount of its gra	nts and other a		
	the grantees' eligib	ility for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes 🗌 No
-	<b>_</b>						
2	For grantmakers. United States.	Describe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oti	ner assistance ou	tside the
3		n (The following Part	I line 3 table ca	n be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
		in the region	Independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
SUB-	SAHARAN AFRICA	0	0	GRANTMAKING			6,262,294.
3 a	Subtotal	0	0				6,262,294.

I HA	332071 11-29-23	
<b>E</b> 1 <i>0</i> <b>v</b>	002011 11 20 20	

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

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6,262,294.

Schedule F (Form 990) 2023

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and 3b)

**b** Total from continuation

sheets to Part I \_\_\_\_\_ c Totals (add lines 3a

## Statement of Activities Outside the United States

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

Attach to Form 990.

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

States



SCHEDULE	
(Form 990)	
(	

Department of the Treasury

Internal Revenue Service

STRONGMINDS INC.

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TREAT PEOPLE WITH					
		AFRICA	DEPRESSION	5403511.	WIRE	0.		
			TREAT PEOPLE WITH DEPRESSION	858,783.	WIRE	0.		

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

2

3 Enter total number of other organizations or entities .

Page 2

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

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.

### Part III can be duplicated if additional space is needed.

Page 3

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	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 the 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

STRONGMINDS INC. Schedule F (Form 990) 2023 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION REGULARLY INTERACTS WITH THE FOREIGN ORGANIZATIONS AS TO

PROJECTS AND THE STATUS OF WORK PERFORMED. A BUDGET IS DEVELOPED JOINTLY.

SUPPORTING DOCUMENTATION FOR EXPENDITURES MADE BY THE FOREIGN

ORGANIZATIONS ARE PROVIDED. THE CEO OF THE ORGANIZATION TRAVELS TO UGANDA

AND ZAMBIA TO OBSERVE THE PROGRESS OF PROJECTS.

332075 11-29-23

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SC	HEDULE J	Compensation Information		1	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	Hiahest		00	<b>n</b> n	<u> </u>
•	•	Compensated Employees	-		20	Ľ٦	j –
-		Complete if the organization answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspe		
Nam	ne of the organization	<u>-</u> ו		Employer i	identificatio	on nui	mber
		STRONGMINDS INC.		46-2	209005	9	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person list	ed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these iter	ns.				
	First-class or c	harter travel Housing allowance or residen	ice for perso	nal use			
	Travel for com	panions Payments for business use of	f personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or	initiation fee	S			
	Discretionary s	spending account Personal services (such as ma	aid, chauffeu	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding pay					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to exp	olain		<b>1</b> b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a	l?		2		
3		ny, of the following the organization used to establish the compensation of the or	-				
		ector. Check all that apply. Do not check any boxes for methods used by a relate	d organizatio	on to			
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant X Compensation survey or stud	•				
	Form 990 of o	ther organizations	pensation c	ommittee			
4	During the year dia	any nerson listed on Ferm 000 Part VII. Section A line to with respect to the f	iling				
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	liing				
•	organization or a re				4a		x
b							X
	-				4.		X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Pa			····· <b>···</b>		
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any o	compensatio	n			
-	contingent on the r		,				
а	0						X
		ation?					X
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any o	compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
		ation?					X
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe	ed payments				
		nes 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part			8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described i	n				
	Regulations section	1 53.4958-6(c)?			9		
For		ion Act Notice, see the Instructions for Form 990.			lule J (Forn	n <b>990</b> )	) 2023

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Schedule J (Form 990) 2023

### 46-2090059

Page 2

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

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

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

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEAN MAYBERRY	(i)	243,577.	0.	0.	6,749.	768.	251,094.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIM VALENTE	(i)	191,502.	0.	0.	5,187.	768.	197,457.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RASA DAWSON	(i)	173,232.	0.	0.	5,128.	11,818.	190,178.	0.
CHIEF DEVEL. & COMMS. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number 46-2090059

STRONGMINDS INC.

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 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 ENGAGES A COMPENSATION CONSULTANT TO CONSTRUCT SALARY GRADES AND PROVIDE SALARY SURVEY DATA. THE CEO COMPENSATION REVIEW COMMITTEE OF THE BOARD REVIEWS 3RD PARTY COMPENSATION STUDIES AND TAKES 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 WHICH ALSO TAKES INTO ACCOUNT COMPENSATION STUDIES AND MARKET RATES. THE LAST COMPENSATION REVIEW FOR THE CEO TOOK PLACE IN AUGUST 2023.

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Name of the organization STRONGMINDS INC.	Employer identification numbe 46-2090059
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	REST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN CURRENCY TRANSLATION LOSS	-1,179.
32212 11-14-23	Schedule O (Form 990) 202

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