PKF O'CONNOR DAVIES, LLP 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167

> OPENMIND PLATFORM, INC. 244 MADISON AVENUE, 1098 NEW YORK, NY 10016

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CLIENT'S COPY



NOVEMBER 11, 2022

OPENMIND PLATFORM, INC. 244 MADISON AVENUE 1098 NEW YORK, NY 10016

OPENMIND PLATFORM, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990

2021 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

EVA MRUK

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

OPENMIND PLATFORM, INC. 244 MADISON AVENUE 1098 NEW YORK, NY 10016

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED. (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see inst	tructions.		Taxpayer	identificatio	n number (TIN)
print	OPENMIND PLATFORM, INC.				83-33	88563
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box 244 MADTSON AVENUE 1098	, see instruct	ions.			
return. See instruction		a foreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for	(file a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) CAROLINE MEHL	07				
• If the • If this box 1 In th 2 If [the tax year entered in line 1 is for less than 12 months Change in accounting period	it Group Exe and atta NOVEI rganization's , an , check reaso	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>MBER 15, 2022</u> , to file return for: d ending on: Initial return	f this is fo all membe	r the whole o ers the exter upt organizat	group, check this
	this application is for Forms 990 PF, 990 T, 4720, or 60 ny nonrefundable credits. See instructions.	69, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990 PF, 990 T, 4720, or 60 stimated tax payments made. Include any prior year ove			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
instruct	 If you are going to make an electronic funds withdraw ions. For Privacy Act and Paperwork Reduction Act Notic 			453-TE and		-TE for payment 3868 (Rev. 1-2022)

123841 01-12-22

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 47-50-42

	Ω	Ω	Ω	
Form	J	J	U	

Department of the Treasury Internal Revenue Service

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.



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

AI	For th	e 2021 calendar year, or tax year beginning an	d ending		
Β	Check if applicab	le: C Name of organization		D Employer identified	cation number
	Addre	OPENMIND PLATFORM, INC.			
	Name			83-33885	63
	Initial		Room/suite	E Telephone number	
	 Final returr	244 MADISON AVENUE	1098	888-814-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	1,187,467.
	Amer returr	NEW YORK, NY 10018		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. CAROLINE METH		for subordinates	? Yes 🗶 No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
		ite: VWW.OPENMINDPLATFORM.ORG		H(c) Group exemption	
K	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2019	State of legal domicile: NY
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: OPEN			ICE-BASED
Š		EDUCATIONAL TOOLS TO HELP AMERICANS BRID			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	ets.
Š	3				4
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12
ĬŽİË	6	Total number of volunteers (estimate if necessary)			23
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		802,210. 65,993.	<u>875,508.</u> 310,218.
Revenue	9	Program service revenue (Part VIII, line 2g)			<u> </u>
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,101. 1,602.	1,651.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		871,906.	1,187,467.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		485,775.	1,431,814.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			0.
en:	104	Total fundraising expenses (Part IX, column (A), line 11e)	122	0.	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		418,303.	264,245.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		904,078.	1,696,059.
	19	Revenue less expenses. Subtract line 18 from line 12		-32,172.	-508,592.
or or	_			ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		2,522,877.	2,018,471.
Assets	21	Total liabilities (Part X, line 26)		86,374.	90,560.
Net		Net assets or fund balances. Subtract line 21 from line 20		2,436,503.	1,927,911.
P		Signature Block		, , , , , , , , , , , , , , , , , , , ,	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	·	
Sign	Signature of officer	Date
Here	NATHAN STELL, HEAD OF OPERATIONS	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	EVA MRUK EVA MRUK	11/11/22 self-employed P00543254
Preparer	Firm's name FKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945
Use Only	Firm's address 245 PARK AVENUE, 12TH FLOOR	
	NEW YORK, NY 10167	Phone no. 212-286-2600
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

	OPENMIND PLATFORM, INC. till Statement of Program Service Accomplishments	83-3388563 Page
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OPENMIND'S MISSION IS TO EQUIP THE NEXT GENERATION	WITH THE HABITS OF
	HEART AND MIND TO BRIDGE DIVIDES.	
2	Did the organization undertake any significant program services during the year which were not listed	l on the
2		
	1	
~	If "Yes," describe these new services on Schedule O.	services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	· · · · · · · · · · · · · · · · · · ·) (Revenue \$
	EDUCATIONAL PROGRAMMING FOR EDUCATIONAL INSTITUTION	
	EVIDENCE-BASED EDUCATIONAL TOOLS AND TEACHING STRAT	
	DIALOGUE AND UNDERSTANDING IN EDUCATIONAL ENVIRONME	
	THESE TOOLS TO COLLEGES AND HIGH SCHOOLS TO EQUIP S	
	SKILLS FOR CONSTRUCTIVE DIALOGUE. IN 2021, OPENMINE	
	ALL-TIME REACH TO NEARLY 40,000 COLLEGE STUDENTS, C	OVER 5,000 HIGH
	SCHOOL STUDENTS, AND OVER 2,000 EDUCATORS IN HIGH S	SCHOOL AND HIGHER
	EDUCATION.	
4b	(Code:) (Expenses \$242,774. including grants of \$) (Revenue \$ 79,500.
	RESEARCH AND THOUGHT LEADERSHIP: AS A RESEARCH-FOCU	
	OPENMIND IS COMMITTED TO CONDUCTING RIGOROUS ACADEM	
	ONGOING BASIS TO EVALUATE THE EFFECTIVENESS OF OUR	
	OPENMIND LAUNCHED TWO RANDOMIZED CONTROLLED TRIALS	
	THE EFFICACY OF THE PROGRAM. ONE RCT HAS SINCE CONC	
	RESULTS CONFIRMED THAT OPENMIND LEADS TO STATISTICA	· · · · · · · · · · · · · · · · · · ·
	IMPROVEMENTS IN INTELLECTUAL HUMILITY, AFFECTIVE PC	
	DICHOTOMOUS THINKING. THE SECOND RCT IS STILL ONGOI	
	CONDUCTED A RESEARCH PROJECT TO EXPLORE WHETHER IT	
	INCREASE INTELLECTUAL HUMILITY IN AN ONLINE ENVIRON	-
	THIS WOULD IMPACT MISINFORMATION SHARING BEHAVIORS.	
4c) (Revenue \$ 230,718.
	EDUCATIONAL PROGRAMMING FOR WORKPLACES: OPENMIND AL	
	DISSEMINATES EDUCATIONAL TOOLS FOR COMPANIES AND OF	
	FOSTER CONSTRUCTIVE DIALOGUE AND HELP WORKPLACES BU	
	INCLUSION AND BELONGING. IN 2021, OPENMIND'S ONLINE	E LEARNING PROGRAM
	WAS USED BY ALMOST 1,000 ADULTS IN 35 PROFESSIONAL	COHORTS. TO SUPPORT
	GLOBAL COMPANIES, WE ALSO CREATED A NEW VERSION OF	THE PROGRAM THAT CAN
	BE USED INTERNATIONALLY. TO COMPLEMENT THE SKILLS T	AUGHT IN ITS ONLINE
	LEARNING PROGRAM, OPENMIND ALSO DELIVERED 9 LIVE TR	
	WORKSHOPS TO PROFESSIONAL COHORTS.	
4 -1		
4d	Other program services (Describe on Schedule O.)	1
	(Expenses \$ including grants of \$) (Revenue \$)
)
	(Expenses \$ including grants of \$) (Revenue \$) Form 990 (202

Form	990	(2021)

Form 990 (2021) OPENMIND PLATFORM, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	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			х
7	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,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>	- 1		<u> </u>
8				х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, 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,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	12-09-21	⊢orm	33U (2021)

132003 12-09-21

 Form 990 (2021)
 OPENMIND PLATFORM, INC.
 83-3388563
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
	·		¥.	
00	Did the exception report more than \$5,000 of grants or other excitance to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			<u> </u>
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	23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	<u> </u>
24 a	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		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		<u> </u>
Ŭ	any tax-exempt bonds?	24c		
Ь	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete</i>	31		<u> </u>
32		32		x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		<u> </u>
54	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23 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	4.		
10000 1	(gambling) winnings to prize winners?	1c	990	<u> </u> (2021)
132004	12-09-21 F	LOUU	550	,2U21)

11531111 756359 1078292.001

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			103	
	filed for the calendar year ending with or within the year covered by this return	2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
b	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country	ccount)?	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	-	_		
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
0	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders	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			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		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	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				.,
	excess parachute payment(s) during the year?		15		X
•	If "Yes," see the instructions and file Form 4720, Schedule N.				v
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
7	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a		4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

Form 9	990 (2	021)
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Check if Schedule O contains a response or note to any line in this Part VI

8	3-3	38	856	53	Page 6
-					, age

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. X

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form §	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, 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	ar by the following	1:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing th	e form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		x
ь.	taxable entity during the year?			16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organ		ווכ			
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed \blacktrianglerightNY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (sectio	n 501(c)(3)s	only)	availal	hle
	for public inspection. Indicate how you made these available. Check all that apply.		11001(0)(0)0	only)	avana	010
		n on Schedule C))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			finano	cial	
	statements available to the public during the tax year.		,, and			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records	►			
	CAROLINE MEHL - 888-814-0006					
	244 MADISON AVENUE, 1098, NEW YORK, NY 10016					
						(202

Form 990 (2021) OPENMIND PLATFORM, INC.	83-3388563	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		X							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	dad	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploy	t con /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLINE MEHL, EXECUTIVE	60.00		_	0	-	<u> </u>				
DIRECTOR, SECRETARY	1.00	х		х				179,259.	0.	6,463.
(2) NATHAN STELL	60.00									
HEAD OF OPERATIONS	0.00			Х				162,128.	0.	6,957.
(3) ELIZABETH MCHUGH, DIRECTOR OF	60.00									
PRODUCT, THRU 10/1/21	0.00					Х		120,852.	0.	1,003.
(4) ELIZABETH LEE	60.00									
DIRECTOR OF LEARNING SOLUTIONS	0.00					X		105,621.	0.	6,279.
(5) JOSHUA FRIED	60.00									
VP OF GROWTH, THRU 6/25/21	0.00					х		105,334.	0.	314.
(6) JONATHAN HAIDT	1.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(7) JOSHUA KLIVAN	0.50									•
TREASURER	0.00	Х		Х				0.	0.	0.
(8) TAMAR REMZ	0.50									•
DIRECTOR	0.00	Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form **990** (2021)

	990 (2021) OPENMIND									83-33	88!	563	P	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp (B)	oloye	ees,			ghes	t C		, ,			(5)	
	Name and title Average hours per week			Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other pensa	of
	(list any hours for related organizations 1000 + 10000 + 1000 + 1000 + 10000 + 1000 + 1000 + 1000 + 1000 + 1000 + 100							fr org an	om th anizat d relat anizati	e ion ed				
1b	Subtotal								673,194.		0.	2	1,0	16.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 673,194.		0.		1,0	0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable				5
3	Did the organization list any former officer,	director, truste	e. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on]		Yes	No
	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su	ich individual								•		3		X
4	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." comp</i> tion B. Independent Contractors											5		Х
1	Complete this table for your five highest con	•	•							· ·	ensat	ion fro	om	
	the organization. Report compensation for the (A)					ith c	or wi	thin	(B)		C	((n
Name and business address NONE Description of services Compe										ompo	lioutio			
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	pre than			990 /	

132008 12-09-21

		(2021) OPENMIND PLA	TFORM, INC	•		83-3388	563 Page 9
Par							
		Check if Schedule O contains a response	e or note to any line	e in this Part VIII	(B)	(A)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns 1a					
	k						
δ, G	c	· · · · · · · · · · · · · · · · · · ·					
Contributions, Gifts, Grants and Other Similar Amounts	c	B Related organizations 1d					
)s, imi	e	3 () 					
er S	f		000 000				
2 E E E E		similar amounts not included above 1f	875,508.				
	ç	J Noncash contributions included in lines 1a-1f		875,508.			
שנ	r	Total. Add lines 1a-1f	Business Code	075,500.			
	0.0	SERVICES INCOME	900099	204,750.	204,750.		
Program Service Revenue	2 c t		900099	105,468.	105,468.		
Ine				100,1000	100,1000		
SVel 1							
Ъ,щ	e						
É	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		310,218.			
	3	Investment income (including dividends, inte					
		other similar amounts)	►	90.			90.
	4	Income from investment of tax-exempt bond	· · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	k	· · · · · · · · · · · · · · · · · · ·					
	0	A Net ventel income ev (loce)					
		Net rental income or (loss) Gross amount from sales of (i) Securities					
	1 6	assets other than inventory 7a					
	ł	Less: cost or other basis					
e		and sales expenses					
evenue	c	Gain or (loss)					
Hev		Net gain or (loss)					
Other		Gross income from fundraising events (not					
5		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8					
	k	b Less: direct expenses 8	~~				
		Net income or (loss) from fundraising events	▶				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9					
		Less: direct expenses 9					
		Net income or (loss) from gaming activities	····· ►				
	10 8	a Gross sales of inventory, less returns					
	ŀ	and allowances 10					
		 Less: cost of goods sold Net income or (loss) from sales of inventory 					
\neg		- net moome or (loss) nom sales of inventory	Business Code				
Revenue	11 =	A CASH BACK REWARDS	900099	1,651.			1,651.
Bevenue	t			,			, , , , , , , , , , , , , , , , , , , ,
eve	c						
٢œ		All other revenue					
2		• Total. Add lines 11a-11d	🕨	1,651.			
	12	Total revenue. See instructions	▶	1,187,467.	310,218.	0.	1,741.
32009	12.0						Form 990 (2021

11531111 756359 1078292.001

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¹⁰ 2021.05000 OPENMIND PLATFORM, INC.

Form 990	(2021)
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OPENMIND PLATFORM, INC. Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	254 007	202 145	44 021	17 621
_	trustees, and key employees	354,807.	293,145.	44,031.	17,631
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	947,873.	746,895.	181,335.	19,643
7	Other salaries and wages	541,013.	/40,090.	TOT, 222.	19,043
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	36,086.	17,774.	18,312.	
9	Other employee benefits	93,048.	72,874.	17,069.	3,105
0 1	Payroll taxes Fees for services (nonemployees):	JJ,040•	14,014.	±1,003•	5,105
a b	Management	16,837.	7,526.	9,311.	
	F	33,515.	7,520.	33,515.	
c d	0	55,515.			
u e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	81,283.	2,695.	78,588.	
2	Advertising and promotion	15,623.	_,	15,623.	
3	Office expenses	4,288.	1,192.	2,742.	354
4	Information technology	24,669.	11,599.	12,981.	89
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	9,781.		9,781.	
20	Interest	-		-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,138.	2,897.	41.	1,200
3	Insurance	7,005.		7,005.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RESEARCH ACTIVITIES EXP	48,128.	48,128.		
a b	LICENSES & COMPLIANCE	11,520.		11,520.	
с С	PROFESSIONAL DEVELOPMEN	7,458.	2,708.	4,750.	
d		.,100.	_,,		
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,696,059.	1,207,433.	446,604.	42,022
<u>5</u> 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 Time if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

2021.05000 OPENMIND PLATFORM, INC. 10782921

Form 990 (2021)

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

Form 990 (PLATFORM,	INC.	
Part X	Balance Sheet			

		Check if Schedule O contains a response of hot			(A)	T	(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing			809,762.	1	0.
	2	Savings and temporary cash investments			452,108.	2	1,254,519.
	3	Pledges and grants receivable, net	1,251,660.	3	754,318.		
	4	Accounts receivable, net		1,138.	4	2,133.	
	5	Loans and other receivables from any current or		,		,	
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	Ŭ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges			4,071.	9	7,501.
-		The second the state of the second	1 1		1,0,11	3	775010
	104	basis Complete Part VI of Schedule D	102	6 371			
	h	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	100	6 371.	4,138.	10c	0.
	11				1,2001	11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,522,877.	16	2,018,471.
	17	Accounts payable and accrued expenses			42,533.	17	20,205.
	18	Grants payable			/	18	
	19	Deferred revenue		43,841.	19	70,355.	
	20					20	
	21	Escrow or custodial account liability. Complete F		Г		21	
6	22	Loans and other payables to any current or form		· · · · · · · · · · · · · · · · · · ·			
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			86,374.	26	90,560.
		Organizations that follow FASB ASC 958, che	ck here				
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			117,581.	27	590,019.
Bal	28	Net assets with donor restrictions	2,318,922.	28	1,337,892.		
pu		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🗌			
μ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated ind	come, or	other funds		31	
Net	32	Total net assets or fund balances		L	2,436,503.	32	1,927,911.
_	33	Total liabilities and net assets/fund balances			2,522,877.	33	2,018,471.

Form **990** (2021)

Form	OPENMIND PLATFORM, INC.	83-33	88563	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,187		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,696		
3	Revenue less expenses. Subtract line 2 from line 1	3	-508		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,436	5,50	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,927	7,91	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2021)

132012 12-09-21

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
2021
Open to Public Inspection

Name of the organization

Name of t	ame of the organization Employer identification number									
		MIND PLATE					8	3-3388563		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	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 orga	anization described in s	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general i	oublic described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
	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	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12	An organization organized a	-	-				•			
	more publicly supported or	-						Check the box on		
	lines 12a through 12d that	• •					-			
a	Type I. A supporting orga	-	-	• • • •	-					
	the supported organization			i majority o	f the direc	tors or trustee	es of the su	ipporting		
	organization. You must o	-				-1	- (-)	·		
b	Type II. A supporting org	-				-		•		
	control or management o			ame perso	ns that col	ntroi or manaç	ge the supp	Dorted		
•	organization(s). You mus Type III functionally inte			in connoct	ion with a	and functional	lu intograto	d with		
с	its supported organization	• • • •					ly integrate	u with,		
d	Type III non-functionally						ted organi-	zation(s)		
u	that is not functionally int	• •					U U			
	requirement (see instruct			•		-	anatonti			
e	Check this box if the orga	-					I. Type III			
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , pe			
f Ente	er the number of supported of			0 0						
	vide the following informatior	•								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total										
								•		

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Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			3004600.	802,210.	875,508.	4682318.
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			3004600.	802,210.	875,508.	4682318.
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)						3466243.
	Public support. Subtract line 5 from line 4.						1216075.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			3004600.	802,210.	875,508.	4682318.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				2,101.	90.	2,191.
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.)				1,602.	1,651.	3,253. 4687762.
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	410,783.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported or	rganization	-	
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•		• •)
							(Form 990) 2021

 Schedule A (Form 990) 2021
 OPENMIND PLATFORM, INC.
 83-3388

 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.)

Schedule A				PLATFORM,	
Part III	Support	: Schedule for	r Organization	is Described in	Section 509(a)(2)

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

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						
	check this box and stop here		•				
	ction C. Computation of Publi						
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020 ction D. Computation of Invest		1			16	%
	Investment income percentage for 20		•	ing 12 column (f)		17	%
	Investment income percentage from a					18	% %
	33 1/3% support tests - 2021. If the			on line 14 and lin			
134	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2020. If the	-	-				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
13202	23 01-04-22					Sched	lule A (Form 990) 2021
			16				

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

		anizations (continue	2
Schedule A	(Form 990) 2021	OPENMIND	Ρ

2

			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

 1
 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
 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 managed

 1
 1

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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the orga	anization used to satisfy t	the Integral Part Test during	the year (see instructions).
•	Onech the box heat to the method that the orge		the integral i are rescuuning	

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 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.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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1 Check here if the organization satisfied the Integral Part Test as a qua All other Type III non-functionally integrated supporting organizations			Part VI). See instructions.
Section 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		
Section 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):			
a 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		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-function. 		Type III supporting orga	nization (see
instructions)	enany integrated		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 OPENMIND PLATFORM, INC.
 In

		<u>-//-/</u>					
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer		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	6	3				
4	Amounts paid to acquire exempt-use assets	mounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021

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

PART II, SECTION A, COLUMN (D), SHORT YEAR:

THE ORGANIZATION FILED A SHORT YEAR INITIAL RETURN FROM 01/31/2019 TO

12/31/2019.

Schedule A (Form 990) 2021

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the areasi---

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

83-3388	563
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Name of the organization	on	
	OPENMIND	PLATFORM,

Organization type (check one):

0	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

X 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

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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

Employer identification number

OPENMIND PLATFORM, INC.

OPENM	IND PLATFORM, INC.	83	-3388563
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>305,173.</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
2		\$128,200.	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
3		\$ <u>115,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>100,000.</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
5		\$ <u>50,000.</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
6		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Page 2

123452 11-11-21

Name of organization

Employer identification number

83-3388563

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 30,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 12,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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Name of organization

Page 3

Employer identification number

83-3388563

OPENMIND PLATFORM, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (C) FMV (or estimate)	(d) Date received (d) Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.) (c) (c)	Date received
Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
(b)	(c)	
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) (b) Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (b) \$

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Name of or	rganization			Employer identification number			
OPENMI	IND PLATFORM, INC.			83-3388563			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gift	 t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gif	t				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from							
Trom Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
	,,, _,						
123454 11-11	-21			Schedule B (Form 990) (2021			
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SCI	HEDULE D	Supplementa	al Financial St	atements		OMB No. 1545-0047
	n 990)		anization answered "Yes			2021
•		Part IV, line 6, 7, 8, 9, 10		e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and t	he latest information.		Inspection
Nam	e of the organizati	on OPENMIND PLATFORM,	TNC .			r identification number 33-3388563
Par	t I Organiza	ations Maintaining Donor Advise		milar Funds or Ac		
		n answered "Yes" on Form 990, Part IV, lin				
	-		(a) Donor advised	d funds (I	b) Funds ar	nd other accounts
1	Total number at e	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a	t end of year				
5		on inform all donors and donor advisors in	writing that the assets hel	d in donor advised fund	s	
	are the organization	on's property, subject to the organization's	exclusive legal control?			. Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used or	nly	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any	y other purpose conferri	ng	
	impermissible priv					Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization		1		
		n of land for public use (for example, recrea	tion or education)	Preservation of a histor		
		of natural habitat		Preservation of a certif	ied historic	structure
		n of open space				
2		through 2d if the organization held a qualit	fied conservation contribu	ition in the form of a con ا		
	day of the tax yea					at the End of the Tax Year
а					2a	
b	-				2b	
С		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
-		nal Register			2d	
3		vation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organiz	ation durin	ig the tax
	year ►					
4		where property subject to conservation eas		an handling of		
5		tion have a written policy regarding the per forcement of the conservation easements it				Yes No
6	,	er hours devoted to monitoring, inspecting,		d enforcing conservation		
0		a nours devoted to morntoning, inspecting,	nandling of violations, and	d enforcing conservation	reasement	is during the year
7	Amount of expens	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enf	orcina conservation eas	ements du	ring the year
•	► \$		ang of violations, and on	oroning conservation cas		
8		vation easement reported on line 2(d) abov	e satisfy the requirements	s of section 170(h)(4)(B)(i	i)	
•)(4)(B)(ii)?			-	Yes No
9						
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Trea	asures, or Other Si	milar As	sets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bala	nce sheet v	works
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education,	or research in furtherand	ce of public	
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that desc	cribes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	sheet work	ks of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or	research in furtherance	of public s	ervice,
	provide the follow	ing amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets include	ed in Form 990, Part X			▶ \$	
2		received or held works of art, historical tre			rovide	
		unts required to be reported under FASB A				
а		on Form 990, Part VIII, line 1			▶ \$	
		ı Form 990, Part X				
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.		Sche	edule D (Form 990) 2021

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21		000	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets generations a Using the organization societies, and other records, check any of the following that make significant use of its collection tens (check all that apply): a multic schedule b collection tens (check all that apply): a multic schedule b collection tens (check all that apply): a multic schedule b collection tens (check all that apply): a multic schedule b collection tens (check all that apply): a multic schedule b collection tens (check all that apply): b collect	Sche		D PLATFORM,				83-	3388563	3 р	age 2
collection time (check all that apply): a — Public exhibition b — Dreservation for future generations c — Other	Par	t III Organizations Maintaining C	ollections of Art	, Historical 1	Freasures, oi	r Other S	imilar As	sets _{(contir}	nued)	
a Public exhibition d □ con or exchange program b Scholarly research e Other c Preservation for future generations e Other c Preservation for future generation solitor creeves donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yee No Part IV Excove and Cutsofical Arrangements. Complete the organization answered 'Yes' on Form 990, Part X, line 9, 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 990, Part X? Yee No b 1'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1e	3	Using the organization's acquisition, accession	on, and other records	s, check any of t	he following that	make sign	ificant use of	its		
b Scholarly research c Preservation for hurse 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 solicit or receive donalons of art, historical treasures, or other similar assets to be solid to reade under after than to be maintened as part of their organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization's collection? 4 Provide a mount on form 900, Part X, line 21. 5 Beginning balance 5 Beginning balance 6 Beginning balance 7 Reported an anount on Form 900, Part X, line 21, for secrew or custodial account liability? 7 Yes 7 No 7 Provide the arrangement in Part XIII and complete the following table: 7 Beginning balance 8 Beginning balance 8 Beginning balance 8 Beginning balance 9 Beginning balance		collection items (check all that apply):								
c Previde acceptation of thur generations 4 Provide acceptation of the organization solicit or receive donations of art, historical treasure, or other similar assets Ves No 9 Provide acceptation of the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 14 Is the organization angent, threate, custodial or organizements: complete if the organization answered "Ves" on Form 990, Part X! No 0 If "res," explain the arrangement in Part XIII and complete the following table: Amount Image: collection of the organization and the part of t	а	Public exhibition	d	Loan or	exchange progra	am				
c Previde acceptation of thur generations 4 Provide acceptation of the organization solicit or receive donations of art, historical treasure, or other similar assets Ves No 9 Provide acceptation of the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 9 Provide acceptation and the organization's collection? Ves No 14 Is the organization angent, threate, custodial or organizements: complete if the organization answered "Ves" on Form 990, Part X! No 0 If "res," explain the arrangement in Part XIII and complete the following table: Amount Image: collection of the organization and the part of t	b	Scholarly research	е	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be minitaread as part of the organization answerd "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 980, Part X, Ine 21. 1 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 C Beginning balance 1 C Amount 1 G Additions during the year 2 Diff V Endowment In Part XIII and complete the following table: 1 W yes, balance 1 W S 2 No b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo 1 Mo 1 Mo 2 Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part XIII Ine 10. 2 Rot Vest balance 2 No b Other vegenetic Part XIII Complete if the organization answered "Yes' on Form 990, Part XIII Ine 10. 2 No 1 Mo 3 Mo 3 Contributions	с	Preservation for future generations								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be minitaread as part of the organization answerd "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 980, Part X, Ine 21. 1 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 C Beginning balance 1 C Amount 1 G Additions during the year 2 Diff V Endowment In Part XIII and complete the following table: 1 W yes, balance 1 W S 2 No b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo b If "Yes," explain the arrangement in Part XIII and complete the following table: 1 Mo 1 Mo 1 Mo 2 Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part XIII Ine 10. 2 Rot Vest balance 2 No b Other vegenetic Part XIII Complete if the organization answered "Yes' on Form 990, Part XIII Ine 10. 2 No 1 Mo 3 Mo 3 Contributions	4	Provide a description of the organization's co	ellections and explain	how they furthe	r the organizatio	n's exempt	purpose in l	Part XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrew and Custodial 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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization included Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No b Distributions during the year Is <	5		-	-	-	-				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, 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? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Include								Yes		No
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 800, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Id	Par					'Yes" on Fo	orm 990, Parl	IV, line 9, or		
on Form 990, Part X?				-						
b If "Yes," explain the arrangement in Part XII and complete the following table: Geginning balance Geginning balance Geditions during the year Geditions Gedition Geditions Gedition Geditions Gedition Geditio	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribut	ions or other ass	sets not inc	luded			
b If "Yes," explain the arrangement in Part XII and complete the following table: Geginning balance Geginning balance Geditions during the year Geditions Gedition Geditions Gedition Geditions Gedition Geditio								Yes		No
c Beginning balance Ic d Additions during the year Ic e Distributions during the year Ic e Distributions during the year Ic d Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'res,' explain the arrangement in Part XIII. Check here if the explanation nawserd 'Yes' on Form 990, Part XIII. Im Im Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Administrative expenditures for facilities (b) Current year (b) Current year (c	b									_
d Additions during the year id e Distributions during the year it 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b (f'yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment FundS. Complete if the organization answered 'Yes' on Form 900, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Administrative expenses (b) Contributions (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (f) Administrative expenses (f) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thands not in the possession of the organization that are held and administered for the organization by: (f) Uurelated organizations (f) Pert Yeas' on Form 990, Part X, line 10. iii Related organizations (f) Post or other (g) Cost or other (g) Cost or other <th></th> <th>, I 3</th> <th>ľ</th> <th>5</th> <th></th> <th></th> <th></th> <th>Amoun</th> <th>t</th> <th></th>		, I 3	ľ	5				Amoun	t	
d Additions during the year id e Distributions during the year it 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b (f'yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment FundS. Complete if the organization answered 'Yes' on Form 900, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Administrative expenses (b) Contributions (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (f) Administrative expenses (f) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thands not in the possession of the organization that are held and administered for the organization by: (f) Uurelated organizations (f) Pert Yeas' on Form 990, Part X, line 10. iii Related organizations (f) Post or other (g) Cost or other (g) Cost or other <td>с</td> <td>Beginning balance</td> <td></td> <td></td> <td></td> <td></td> <td>1c</td> <td></td> <td></td> <td></td>	с	Beginning balance					1c			
e Distributions during the year 1e f Ending balance 1f 20 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: 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 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Controbutions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Controbutions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Controbutions (f) Release or scholarships (f) Current year end balance (f) Release (f) Release or scholarships (f) Release or scholarships (f) Release or scholarships (f) Release or scholarships										
f Ending balance 11 2a Did the organization include an amount on Form 990, 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 on Part XIII Image: State Stat										
2a Did the organization include an amount on Form 990, 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 on Part XIII Ine 10. Part V In Boginning 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 b Contributions (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 b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Notestand (a) Current year (b) Prior year (c) Two years back (e) Four years back c Administrative expenses (a) Current year (b) Current year (c) Two years back	f									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Contributions C Net investment earnings, gains, and losses C Net earnings, gains, and losses C	2a						?	Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia 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 (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (c) Administrative earnings, gains, and losses (c) Administrative earnings, gains, and losses (c) Administrative expenses (c) Administrative expenses g End of year balance (c) Administrative expenses (c) Administrative expenses (c) Administrative expenses (c) Administrative expenses g End of year balance (c) Source % (c) Term endowment (c) Administrative expenses (c) Administrative expenses g End of year balance (c) Term endowment (c) Administrative expenses (c) Term endowment (c) Term endowent (c) Term endowment		-				-		·		Ī
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 b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (a) Current year (a) Current year (a) Current year c Other expenditures for facilities (a) Current year (a) Courrent year (a) Courrent year (a) Courrent year (b) Prior year c Other expenditures for facilities (a) Courrent year (a) Courrent year (a) Courrent year (c) Courrent year (a) Courrent year (a) Courrent year (a) Courrent year (a) Courrent year (b) Prior year (c) Two years back (c) Accumulated (c) A										
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs							Three years b	oack (e) Four	years	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1a	Beginning of vear balance								
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % f c Term endowment ▶ % f iii Related organizations (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations 3a(ii) b iii Yes" on line 3a(ii), are the related organization is 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. 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 b Buildings c c c d b Buildings c c c c d c d d d d d d d d d </td <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b									
d Grants or scholarships	c									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 ▶% r Term endowment ▶% r Term endowment ▶% in Percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds 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 organizations listed as required on Schedule R? 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 b Buildings c Leasehold improvements c Leasehold improvements c Leasehold improvements d Equipment 6, 371. 6, 371. 0.	d									
and programs f Administrative expenses g End of year balance 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 ▶ % 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 is ted as required on Schedule R? d 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 b Buildings c Land b b b b b b c Land b b b b b b b b b c Land b b b b b b <td>e</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	e									
f Administrative expenses	-									
g End of year balance	f									
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment ▶% (i) Unrelated organizations										
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	-			line 1a colum) (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:	- a									
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:	h									
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 (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (isted as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (e) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d) Equipment (e) Cost or other (f) Book value (f) Book value (f) Book value										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	•		, -							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) No. Version 10 (C) Accumulated (C) Accumul	3a		•	tion that are held	d and administer	ed for the c	organization			
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	00		solon of the organiza				gamzation]	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. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		-						3a(i)		
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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										
4 Describe in Part XII 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	b									
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										
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 answered	d "Yes" on Form 990	, Part IV, line 11	a. See Form 990	, Part X, line	e 10.			
basis (investment) basis (other) depreciation 1a Land		Description of property	(a) Cost or of	ther (b) C	ost or other	(c) Accu	umulated	(d) Boo	k valu	e
b Buildings				• •		• •		(-,		-
b Buildings	1a	Land								
c Leasehold improvements 6,371. 0. d Equipment 6,371. 0. e Other 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.										
d Equipment 6,371. 0. e Other										
e Other					6,371.		6,371.			0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					. ,		,			
				(column (R) lin	e 10c)		•			0.
Schedule D (Form 990) 2021			gaar om 000, i all /	<u>, oolanni (Dj. III</u>	<u> </u>		Sche	dule D (Forn	n 990)	-

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
art IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•••••	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			I
(8) (9)			
	25.)		

Schedule D (Form 990) 2021

132053 10-28-21

OPENMIND PLATFORM, INC. Schedule D (Form 990) 2021 Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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Sche	dule D (Form 990) 2021 OPENMIND PLATFORM, INC.			83-3	3388563 F	-age 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re		-	3-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.				
1	Total revenue, gains, and other support per audited financial statements			1	1,189,4	90.
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				
с	Recoveries of prior year grants					
d			2,023.			
е	Add lines 2a through 2d			2e	2,0	23.
3	Subtract line 2e from line 1			3	1,187,4	67.
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.)					
с	Add lines 4a and 4b			4c		Ο.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,187,4	67.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With B	Expenses per F	Returi	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.				
1	Total expenses and losses per audited financial statements			1	1,698,0	82.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)	·	2,023.			
е	Add lines 2a through 2d			2e	2,0	23.
3	Subtract line 2e from line 1			3	1,696,0	59.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · ·	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
с	Add lines 4a and 4b			4c		Ο.
5				5	1,696,0	59.
Pa	rt XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b ar	nd 2b: Part V. line 4	: Part)	K. line 2: Part XI.	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			,	, , , , ,	
PA	RT X, LINE 2:					
OPI	ENMIND RECOGNIZES THE EFFECT OF INCOME TAX	POSITIC	ONS ONLY I	F TI	HOSE	
					-	
POS	SITIONS ARE MORE LIKELY THAN NOT TO BE SUS'	TAINED.	MANAGEMEN	T HZ	AS	
DE	TERMINED THAT OPENMIND HAD NO UNCERTAIN TAX	X POSIT	IONS THAT	WOUI	LD REQUIR	E

FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. PERIODS SINCE INCEPTION

REMAIN OPEN TO EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PAYCHECK PROTECTION PROGRAM INTEREST INCOME NETTED AGAINST

EXPENSES

132054 10-28-21

REIMBURSABLE EXPENSES NETTED AGAINST INCOME

TOTAL TO SCHEDULE D, PART XI, LINE 2D

Schedule D (Form 990) 2021

375.

1,648.

2,023.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAYCHECK PROTECTION PROGRAM INTEREST INCOME NETTED AGAINST

EXPENSES	375.
REIMBURSABLE EXPENSES NETTED AGAINST INCOME	1,648.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,023.

Schedule D (Form 990) 2021

132055 10-28-21

SC	CHEDULE J		ormation	1	OMB No. 1545-0047		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Hig				0001			
-	Compensated Employees				2021		
-	Example to the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Open to Public		
	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				Inspe	ction	
Nan	•				dentificatio	on nur	nber
OPENMIND PLATFORM, INC. 83-3388563							
Part I Questions Regarding Compensation							
						Yes	No
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use			nal use			
	Travel for com	panions Payments	for business use of personal re-	sidence			
	Tax indemnifie		Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur,			ır, chef)			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				<u>1b</u>		
2	5 1 5 5 1 , , ,						
	trustees, and office	s, including the CEO/Executive Director, regarding the items	checked on line 1a?		2		
•							
3		y, of the following the organization used to establish the com					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract						
	·		nployment contract				
			ation survey or study				
	X Form 990 of o	ner organizations [A] Approval t	by the board or compensation c	ommittee			
л	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a related organization:						
а	a Receive a severance payment or change-of-control payment?				4a	х	
b	 Participate in or receive payment from a supplemental nonqualified retirement plan? 					x	
c	c Participate in or receive payment from an equity-based compensation arrangement?						x
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 						
а	-				5a		X
b	Any related organiz	ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
		ation?					X
		r 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III				7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section						
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 9							2021

132111 11-02-21

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(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) CAROLINE MEHL, EXECUTIVE	(i)	179,115.	0.	144.	0.	6,463.	185,722.	0.
DIRECTOR, SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NATHAN STELL	(i)	161,966.	0.	162.	0.	6,957.	169,085.	0.
HEAD OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 4A:

JOSHUA FRIED, VP OF GROWTH THROUGH JUNE 25, 2021, RECEIVED A SEVERANCE

PAYMENT OF \$22,878 WHICH WAS INCLUDED IN HIS REPORTABLE COMPENSATION IN

PART VII.

Schedule J (Form 990) 2021

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



83-3388563

OPENMIND PLATFORM, INC.

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

THE ORGANIZATION ALSO CONDUCTS AND DISSEMINATES RESEARCH TO CONTRIBUTE

TO THE FIELD OF BRIDGE-BUILDING AND CONSTRUCTIVE DIALOGUE. IN 2021,

OPENMIND ADVANCED THIS GOAL BY FORMING 8 NEW PARTNERSHIPS WITH RESEARCH

AND PRACTICE INSTITUTIONS AND PRESENTING RESEARCH AT THE ANNUAL

CONFERENCE FOR THE SOCIETY OF PERSONALITY AND SOCIAL PSYCHOLOGY.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD ACTED AS A WHOLE ON ALL MATTERS AND NO COMMITTEES WERE APPOINTED DURING THE YEAR.

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

DRAFTS OF THE FORM 990 ARE REVIEWED FIRST BY THE OPERATIONS MANAGER AND HEAD OF OPERATIONS. ONCE THE OPERATIONS TEAM DEEMS A DRAFT ACCEPTABLE, IT IS THEN PROVIDED TO OPENMIND'S GENERAL COUNSEL FOR REVIEW. THE DRAFT IS THEN SHARED WITH THE EXECUTIVE DIRECTOR AND VP OF GROWTH & DEVELOPMENT. ONCE OPENMIND'S INTERNAL FINANCE TEAM AGREES THAT THE DRAFT IS READY FOR BOARD REVIEW, IT IS SHARED WITH THE REMAINING THREE MEMBERS OF THE BOARD. THE BOARD WILL BE ASKED TO INDICATE THEIR APPROVAL OF THE DRAFT BY EMAIL.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL

DIRECTORS, OFFICERS AND KEY PERSONS OF THE CORPORATION. THE POLICY IS

ADMINISTERED BY THE BOARD OF DIRECTORS. PRIOR TO A PERSON'S INITIAL

ELECTION AND ANNUALLY THEREAFTER, EACH DIRECTOR SHALL SIGN A STATEMENT: (1)

 WHEREBY
 SUCH
 PERSON
 IDENTIFIES
 TO
 THE
 BEST
 OF
 SUCH
 PERSON'S
 KNOWLEDGE
 ANY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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Name of the organization OPENMIND PLATFORM, INC.	Employer identification number 83-3388563
ENTITY OF WHICH SUCH PERSON IS AN OFFICER, DIRECTOR, TRUST	EE, MEMBER,
OWNER, OR EMPLOYEE AND WITH WHICH THE CORPORATION HAS A RE	LATIONSHIP, AND
ANY TRANSACTION IN WHICH THE CORPORATION IS A PARTICIPANT	AND IN WHICH THE
PERSON MIGHT HAVE A CONFLICTING INTEREST; AND (2) WHICH AF	FIRMS SUCH PERSON
HAS RECEIVED A COPY OF THE POLICY AND AGREES TO COMPLY WIT	H THE POLICY.

IN ADDITION TO THE ANNUAL STATEMENTS, IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST OR ANY POTENTIAL RELATED PARTY TRANSACTION, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST, OR OTHER PERSONAL INTEREST THAT MAY GIVE RISE TO A CONFLICT OF INTEREST, AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD. AFTER DISCLOSURE OF THE FINANCIAL INTEREST OR OTHER PERSONAL INTEREST AND ALL MATERIAL FACTS, THE BOARD SHALL DETERMINE IF A CONFLICT OF INTEREST EXISTS IN ACCORDANCE WITH THE FOLLOWING:

A. AN INTERESTED PERSON MAY MAKE A PRESENTATION REGARDING THE ARRANGEMENT OR TRANSACTION INVOLVING THE POSSIBLE CONFLICT OF INTEREST TO THE BOARD. AFTER EXERCISING DUE DILIGENCE, THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED MEMBERS WHETHER A CONFLICT OF INTEREST EXISTS. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, THEN THE INTERESTED PERSON IS PROHIBITED FROM ATTEMPTING TO IMPROPERLY INFLUENCE ANY DELIBERATION OR VOTING RELATED TO THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST. FURTHER, THE INTERESTED PERSON MUST LEAVE A MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, ANY SUCH TRANSACTION OR ARRANGEMENT.

B. IF THE BOARD DETERMINES THAT A CONFLICT OF INTEREST DOES EXIST, THEN IT SHALL ALSO MAKE A DETERMINATION AS TO WHETHER THE TRANSACTION OR 132212 11-11-21 Schedule O (Form 990) 2021 37 11531111 756359 1078292.001 2021.05000 OPENMIND PLATFORM, INC. 10782921

Name of the organization	Employer identification number
OPENMIND PLATFORM, INC.	83-3388563
	1
ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST IS IN THE C	
ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST IS IN THE C	ORPORATION 5 DE51
INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	REASONABLE. THE
MINUTES OF THE BOARD SHALL INCLUDE THE DELIBERATIONS AND D	ECISION IN REGARD
TO ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.	

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

THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDES AN EVALUATION OF THEIR PERFORMANCE AND AN ANALYSIS OF SALARY DATA OF COMPARABLE POSITIONS. COMPARABLE DATA SOURCES INCLUDE PAYSCALE, SALARY.COM, GLASSDOOR, INDEED, AND FORM 990S OF SIMILAR ORGANIZATIONS. THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THIS INFORMATION DURING THE FOURTH QUARTER BOARD MEETING, AND VOTES TO APPROVE COMPENSATION FOR THE SUBSEQUENT YEAR. THE DETERMINATION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING. THE PROCESS LAST OCCURRED IN 2021.

THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE HEAD OF OPERATIONS INCLUDES AN EVALUATION OF THEIR PERFORMANCE AND AN ANALYSIS OF SALARY DATA OF COMPARABLE POSITIONS. COMPARABLE DATA SOURCES INCLUDE PAYSCALE, SALARY.COM, GLASSDOOR, INDEED, AND FORM 990S OF SIMILAR ORGANIZATIONS. DURING THE FOURTH QUARTER BOARD MEETING, THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE BUDGET FOR THE SUBSEQUENT YEAR, WHICH INCLUDES PROPOSED COMPENSATION FOR ALL STAFF, INCLUDING THE HEAD OF OPERATIONS. THE BOARD VOTES TO APPROVE THE ENTIRE BUDGET, AND THE APPROVAL IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING. THE PROCESS LAST OCCURRED IN 2021.

FORM 990, PART VI, SECTION C, LINE 19:THE ORGANIZATION MAKES ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OFINTEREST POLICY, FORM 1023, AND FINANCIAL STATEMENTS AVAILABLE TO THE132212 11-11-21Schedule O (Form 990) 2021382021.05000 OPENMIND PLATFORM, INC. 10782921

Schedule O (Form 990) 2021	Page 2
Name of the organization OPENMIND PLATFORM, INC.	Employer identification number 83-3388563
PUBLIC UPON REQUEST AT 244 MADISON AVENUE, SUITE 1098, NEW	YORK, NY 10016
OR BY CALLING 888-814-0006.	
FORM 990, PART VII, SECTION A AND PART IX, LINES 5-10	
THE ORGANIZATION CONTRACTED WITH JUSTWORKS, INC., A PROFES	SIONAL
EMPLOYER ORGANIZATION (PEO) FOR SERVICES, INCLUDING BUT NO	T LIMITED TO,
PAYROLL, TIMEKEEPING, EMPLOYEE BENEFITS, HR ADMINISTRATION	AND

WORKFORCE REGULATORY COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR

TAX PURPOSES, FORMS W-2 AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER

THE PEO'S FEDERAL EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE

ORGANIZATION IS THE COMMON LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION

IS REPORTED ON FORM 990, PART VII, SECTION A AND PART IX, LINES 5-10.

FORM 990, PART XII, LINE 2C

THE BOARD ASSUMES RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT

ACCOUNTANT AND FOR THE OVERSIGNT OF THE AUDIT. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

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

132161 11-17-21 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

83-3388563

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

OPENMIND PLATFORM, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	foreign country) section status (if section entity		Direct controlling	cont	512(b)(13) trolled tity?	
				501(c)(3))		Yes	No
CIVIL POLITICS INC 46-3643072							
12471 WAGNER ST	EDUCATE THE PUBLIC ABOUT						
LOS ANGELES, CA 90066	SOCIAL SCIENCE RESEARCH	CALIFORNIA	501(C)(3)	PF	N/A		х

Schedule R (Form 990) 2021



Schedule R (Form 990) 2021 OPENMIND PLATFORM, INC.

83-3388563 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Code V-UBI amount in box 20 of Schedule	
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
]										
	1										
	1										
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	pe of entity corp, S corp, income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) tion o)(13) rolled ity?
		country)		5. 1. 000				Yes	No
	1								

OPENMIND PLATFORM, INC. Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2021 OPENMIND PLATFORM, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproj tiona allocatio Yes I	por- te ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership

Schedule R (Form 990) 2021

OPENMIND PLATFORM, INC. 83-3388563 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

OPENMIND PLATFORM, INC. 244 MADISON AVENUE 1098 NEW YORK, NY 10016

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat						
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	and Ending (mm/dd/yyyy) 12/31/2	2021		
Check if Applicable:	Name of Organization: OPENMIND PLATE	ORM, INC.		Employer Identification Number (EIN): 83-3388563		
Name Change	Mailing Address: 244 MADISON AV	ENUE, NO. 1098	3	NY Registration Number: 47-50-42		
Final Filing	City / State / ZIP:	10016	-	Telephone: 888 814-0006		
Reg ID Pending	Website: WWW.OPENMINDPL			Email:		
		ATPORM. ONG				
Check your organization's registration category:	s 7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .		
2. Certification						
See instructions for certif two signatories.	ication requirements. Improper	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
	penalties of perjury that we revie e true, correct and complete in			best of our knowledge and belief, oplicable to this report.		
President or Authorized Officer: NATHAN STELL HEAD OF OPERATIONS						
	Signature					
Signature Print Name and Title Date JOSHUA KLIVAN						
Chief Financial Officer or Treasurer: TREASURER						
	Signature		Print Name and Title Date			
	Oignature		T THE NATIO	and file Date		
3. Annual Reporting	g Exemption					
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
categories (DUAL filers) th	nat apply to your registration, o	complete only parts 1, 2, ar	nd 3, and submit the certifie	ed Char500. No fee, schedules, or		
-				e exemption, you must file applicable		
	nts and pay applicable fees.		j			
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not						
	5,000 and the organization did	•		C		
contributions during the fiscal year.						
3b, FPTL	filing exemption: Gross receipt	s did not exceed \$25,000 ;	and the market value of ass	ets did not exceed \$25,000 at any time		
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4. Schedules and A	ttachments					
See the following page						
for a checklist of	Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund r	aising counsel or commercial co-venturer		
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to		along dolivity in the oldes	n yee, complete concoure	- - u .		
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
		ne organization receive gov	emment grants? If yes, co	mpiere Schedule 4b.		
5. Fee		[
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
next page to calculate yo	ur			payable to:		
fee(s). Indicate fee(s) you				"Department of Law"		
are submitting here:	\$ <u>25.</u>	\$ <u>250.</u>	\$ <u>275.</u>	Department of Law		
CHAR500 Annual Filing fo	r Charitable Organizations (Up	dated January 2022)				

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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<u></u>	
	Simply subm
CHAR500	- Your organi
Annual Filing Checklist	- Your organi
	- Your organi

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000 X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov *Is my Registration Category 7A, EPTL, DUAL or EXEMPT?* Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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2021.05000 OPENMIND PLATFORM, INC.

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