efil	e Pu	ıblic Visı	ual Render	ObjectIo	d: 20224283	9349301424 -	Submissio	n: 2022-10	)-10	TI	N: 46-4860176
	00		Re	turn of	Organiza	tion Exem	ot From	Income	Tax	C	OMB No. 1545-0047
Form	95	<i>1</i> 0			•	-					2024
						) of the Internal R				ions)	2021
						numbers on this f					Open to Public
		f the Treasury nue Service	► G	o to <u>www.</u>	<u>irs.gov/Form9</u>	<u>90</u> for instruction	is and the la	atest inform	ation.		Inspection
			alendar vear, o	r tax vear l	peginning 01-0	01-2021 , and e	nding 12-31	-2021			
		applicable:	C Name of organiz	zation		<u>, 1021</u>	iunig 12 01		D Employe	er identif	ication number
		change	SIXDEGREESOR	G					46-4860	176	
		nange	Doing huginogo	20					40-4000	,170	
_	tial re	eturn rn/terminated	Doing business	dS							
_		d return	Number and str	eet (or P.O. bo	ox if mail is not deli	ivered to street addre	ss) Room/suit	e	E Telephon	e number	
		ion pending	107 S WEST ST				, , , , , , , , , , , , , , , , , , , ,		(818) 8	21-0893	
_					e, country, and ZIP	or foreign postal cod	2				
			ALEXANDRIA, V						G Gross ree	ceipts \$ 4	55,917
			F Name and a STACY HUSTOR		incipal officer:			H(a) Is this	s a group ret	urn for	
			107 S WEST S	TREET 548				subor H(b) Are al	dinates?	~~	🗌 Yes 🗹 No
<b>.</b>			ALEXANDRIA,	/A 22314 —			_	H(b) Are al includ		65	🗆 Yes 🗌 No
I la	x-exer	mpt status:	✓ 501(c)(3) (	□ 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527		," attach a l		
J M	ebsi	te: 🕨 WW	W.SIXDEGREES	.ORG				H(c) Group	exemption	number	►
								L Year of forma	tion: 2014	M State	of legal domicile: VA
K Fori	n of o	organization:	Corporation	U Trust U	Association	Other 🕨				•• State	
Pa	art I	Sum	mary								
						nificant activities:					
θ						LE CAMPAIGNS AND		PRISE POP-U	PS AND DRO	P-INS II	N ORDER TO BOTH
nc											
Ë											
Governance	2	Check thi	s box 🕨 🗌							_	_
	3	Number o	of voting membe	rs of the gov	verning body (Pa	art VI, line 1a) 🔒				3	5
es.	4	4 Number of independent voting members of the governing body (Part VI, line 1b)							•	4	5
Activities &	5	Total num	ber of individua	ls employed	in calendar yea	r 2021 (Part V, line	2a)	• • •	•	5	1
Acti				`					•	6	6
		7a Total unrelated business revenue from Part VIII, column (C), line 12								7a	0
	b	Net unrel	ated business ta	xable incom	e from Form 99	0-T, Part I, line 11		<u></u>	• •	7b	0
	_							Pri	or Year		Current Year
en en			ions and grants	•			• •		7,633,3		455,917
Revenue				. ,			• •			0	0
Вe						and 7d)	•			0	0
						9c, 10c, and 11e)	line (12)		7,633,3	0	0 455,917
						art VIII, column (A),	-			_	
						, lines 1–3) line 4)			4,895,4	00	28,787
		•				,			124,8	29	135,774
Sec				L5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10							
Exp enses			-	Doc (Dort IV	<ul> <li>6a Professional fundraising fees (Part IX, column (A), line 11e)</li> <li>b Total fundraising expenses (Part IX, column (D), line 25) ▶134,702</li> </ul>						
Ě					(D) line 25) 12						0
				art IX, <sub>column</sub>					2 570 6	510	
				art IX, <sub>column</sub> column (A),	lines 11a–11d,	11f-24e)			2,570,6 7,590,8		54,551
se se		<b>19</b> Revenue less expenses. Subtract line 18 from line 12							7,590,8	847	54,551 219,112
			enses. Add lines	art IX, <sub>column</sub> column (A), 13–17 (mus	lines 11a–11d, st equal Part IX,	11f–24e) column (A), line 2!	5)	Beginning		347 162	54,551
ancot			enses. Add lines	art IX, <sub>column</sub> column (A), 13–17 (mus	lines 11a–11d, st equal Part IX,	11f–24e) column (A), line 2!	5)	Beginning	7,590,8 42,4	347 162	54,551 219,112 236,805
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et Assets o			enses. Add lines less expenses. S	art IX, <sub>column</sub> column (A), 13–17 (mus subtract line	lines 11a–11d, st equal Part IX, 18 from line 12	11f–24e) column (A), line 2!	5)	Beginning	7,590,8 42,4 of Current Ye	847 62 ear	54,551 219,112 236,805 End of Year
Net Assets or Fund Balances	21	Total liabi	enses. Add lines less expenses. S ets (Part X, line 1 lities (Part X, lin	art IX, <sub>column</sub> column (A), 13–17 (mus subtract line 16) e 26)	lines 11a–11d, st equal Part IX, 18 from line 12	11f–24e) column (A), line 2!	5)	Beginning	7,590,8 42,4 of Current Yo 5,128,9	347 62 ear 961 338	54,551 219,112 236,805 End of Year 2,549,621

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.

								2022-06-03			
Sign		nature of officer						Date			_
ere	31/	ACY HUSTON EXECT									
	<b>V</b> iyp	Print/Type prepa		Dror	parer's signature		Date	_	PTIN		
aid	d						2022-06-03	Check if self-employed	P0106295	53	
re	parer	Firm's name 🕨	ELLIN & TUCKER	CHARTERED	)		•	Firm's EIN 🕨 5	52-0959934	÷	
se	Only	Firm's address 🕨	400 EAST PRATT S	ST SUITE 20	0			Phone no. (410	) 727-5735	5	
			BALTIMORE, MD	21202							
ay t	he IRS disc	uss this return w	ith the preparer	shown abo	ove? (see instructi	ions)				Yes 🗆 No	)
or P	aperwork	Reduction Act	Notice, see the	e separate	e instructions.		Cat. M	No. 11282Y		Form <b>9</b>	<b>90</b> (202
						2					
					Page 2	2					
orm	990 (2021)	)									Page
Par	rt III Sta	atement of Pr	ogram Servi	ce Accon	nplishments						_
					ete to any line in th	his Part III .					. 🗆
ן וחעז		cribe the organiz			MPAIGNS AND PLA		POP-LIPS AN				
		NESS AND RAISE				ANS SURFRISE	FOF-OF3 AN	D DROF-INS I		TO BOTT	ILLF
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		escribe these nev									
3	-				ficant changes in h	now it conducts	, any progra	m			
	services?								•	🗌 Yes	🗹 No
L	Describe th		program service	e accompli	shments for each						
	Describe th Section 50	he organization's 1(c)(3) and 501( ue, if any, for eac	program service (c)(4) organizatio	e accompli ions are re ice reporte	quired to report th	ne amount of g	rants and all				
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Checklist of Required Schedules (continued)

Form 990 (2021)

Part IV

9/13/23, 10:00 AM

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5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I <b>S</b> .	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <b>3</b>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a		No
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> <b>3</b>	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🐿	12a	Yes	
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 <b>**</b>	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
		F	orm 99	<b>0</b> (2021)

Page 4

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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.

No

No

3

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Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* 

**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* 

## Page 4

# Yes No

**22** No

3/31

- 19

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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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes,"</i> answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	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		No
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? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			0
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   1		res	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b> 0			1
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
				<b>0</b> (2021

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 Part V
 Statements Regarding Other IRS Filings and Tax Compliance (continued)

 2a
 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
 Image 1

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		_		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
U U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on Part VIII, line 12         10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         Image: Comparison of the state			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		N-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Form	990 (2021)			Page <b>6</b>
Pai	t VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 5	.		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records: EARL CREHAN 107 S WEST STREET 548 ALEXANDRIA, VA 22314 (818) 821-0893 20

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Part VII	Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	n A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
year.	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'	s tax
List al	Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount	

als 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, or 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. Т 

(A) Name and title	(B) Average hours per week (list any hours for related	Positio than c is b	on (de one be	<b>(כ</b> ס חס סx, נ ח of	) t ch unle: ficer	eck mess pers	ore son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) KEVIN BACON PRESIDENT	2.00	х		х				0	0	0
(2) MATT PEARCE DIRECTOR	2.00	х						0	0	0
(3) ERNEST LANZA SECRETARY	2.00	х		x				0	0	0
(4) JESSICA MORRIS TREASURER	2.00	х		x				0	0	0
(5) MARK ROBINSON VICE PRESIDENT	2.00	х		x				0	0	0
(6) STACY HUSTON EXECUTIVE DIRECTOR	40.00			x				126,125	0	0

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(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estima amount o compen from	ated of othe satior the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	MISC/1099-NEC)	organizat relat organiz	ed
Total from continuation sheet	s to Part VII, Section			· ·		* * *		126,125	0		
Total (add lines 1b and 1c) . Total number of individuals (inc of reportable compensation fro		to thos			bove	e) who	rece	· 1			
	5									Yes	N

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . . . . . . . . . . . . . . . • . . . 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person • . 5

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation 1 from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those listed above) who r	eceived more than \$100,000 of	

compensation from the organization **>** 0

No

No

				Page 9			
							-
Form 990 (2021) Part VIII Stateme	nt of	Revenue					Page <b>9</b>
			ponse or note to an	y line in this Part VII			🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns	5 <b>.</b> .	. 1a					012 011
Contributions,							
h Membership dues	•	1b					
OtherAmt Similar							
Moting events	•	1c					
<b>d</b> Related organizations	5	1d					
e Government grants (con	tributio	ons) <b>1e</b>					
<b>f</b> All other contributions, g and similar amounts not above	ifts, gr include	ants, ed <b>1f</b>					
455,917							
a Noncash contributions in	cluded						
lines 1a - 1f:\$		1g					
h Total. Add lines 1a-1	f.		• • 455,917				
			Business Code				
2a							
en							
ue ,							
Nice .							
Ser							
gram Service Revenue							
260,							
<b>f</b> All other program							
<b>9</b> Total. Add lines						I	
3 Investment income similar amounts)	e (incl	uding dividends, ir	iterest, and other				
<b>4</b> Income from inves			nd proceeds				
5 Royalties			<b>&gt;</b>				
		(i) Real	(ii) Personal				
6a Gross rents	6a						
<b>b</b> Less: rental expenses	6b						
c Rental income or (loss)	6c						
<b>d</b> Net rental incom	e or (l		-				
	I, J	(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of assets other than inventory	7a						
<b>b</b> Less: cost or other basis and sales expenses	7b						
a	7-						

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c Gain or (loss)	1		I	1	
d Net gain or (loss)	• • • •				
Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	ßb				
c Net income or (loss) from fundraising	events 🕨				
Gross income from gaming activities.	a				
	b				
c Net income or (loss) from gaming activ	vities 🕨				
10aGross sales of inventory, less returns and allowances	ОЬ				
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	🕨				
<b>12 Total revenue.</b> See instructions .					
	••••	455,917	0	0	(
		733,517	0	0	Form <b>990</b> (202

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## Form 990 (2021)

Partix Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations mu	st complete all columns	. All other organization	ons must complete col	lumn (A).
Check if Schedule O contains a response or note to	any line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	28,787	28,787		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreig governments, and foreign individuals. See Part IV, lines 15 and 16.	n			
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	126,125		37,837	88,288
6 Compensation not included above, to disqualified persons ( defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes	9,649		2,895	6,754
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	17,327		3,818	13,509
c Accounting				

https://projects.propublica.org/nonprofits/organizations/464860176/202242839349301424/full

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C	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	931		279	652
13	Office expenses	2,350		705	1,645
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,293		388	905
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,720		7,416	17,304
23	Insurance	1,173		352	821
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	a DUES AND SUBSCRIPTIONS	5,438		1,631	3,807
	<b>b</b> BANK CHARGES	1,319		302	1,017
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	219,112	28,787	55,623	134,702
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

### ------ Page 11 --

Form 990 (2021)

**Balance Sheet** 

Part X

Page **11** 

		Check if Schedule O contains a response or not	te to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			2,752,244	1	2,472,306
	2	Savings and temporary cash investments $\ .$		[		2	
	3	Pledges and grants receivable, net			2,288,682	3	14,000
	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	stantial o	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s				6	
2	7	Notes and loans receivable, net		[		7	
ssets	8	Inventories for sale or use		[		8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11 .	[		12	
	13	Investments-program-related. See Part IV, line	e11 .	. [		13	
	14	Intangible assets		[	88,035	14	63,315
	15	Other assets. See Part IV, line 11				15	

	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,128,961	16	2,549,621
	17	Accounts payable and accrued expenses	104,118	17	17,880
	18	Grants payable	4,815,220	18	2,085,313
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
Ť	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,919,338	26	2,103,193
lances	27	Organizations that follow FASB ASC 958, check here F International Action Complete lines 27, 28, 32, and 33. Net assets without donor restrictions	209,623	27	446,428
Ba	28	Net assets with donor restrictions		28	
or Fund Balances	29	Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	209,623	32	446,428
Net	33	Total liabilities and net assets/fund balances	5,128,961	33	2,549,621
					Form <b>990</b> (2021)

### Page 12

Form	990 (2021)				Page <b>12</b>
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			455,917
2	Total expenses (must equal Part IX, column (A), line 25)	2			219,112
3	Revenue less expenses. Subtract line 2 from line 1	3			236,805
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			209,623
5	Net unrealized gains (losses) on investments	5			2007020
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in 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			446,428
Pa	TXII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				$\square$
		-		Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a	2a		No
	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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	2b	Yes	
	consolidated basis, or both:				
	✓ 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				

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight https://projects.propublica.org/nonprofits/organizations/464860176/202242839349301424/full

of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c** If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)

No

No

Form 990 (2021)

## **Additional Data**

**Return to Form** 

3a

3b

## Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

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## Schedule A (Form 990) 2021

Part II	Support Schedule for Organizations Described in Sections 170(b
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if th
	If the organization failed to qualify under the tests listed below, please
Section /	A. Public Support

Calendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019
https://projects.propublica.org/nonprofits/organiza	tions/464860176/20	2242839349301424	/full

### 9/13/23, 10:00 AM

	tiscal year beginning in) 🖛 👘	1		
	Gifts, grants, contributions, and membership fees received. (Do not	178,564	208,741	183,915
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid			
	to or expended on its behalf The value of services or facilities			
	furnished by a governmental unit to			
	the organization without charge Total. Add lines 1 through 3	178,564	208,741	183,915
-	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)			
	Public support. Subtract line 5 from line 4.			
S	ection B. Total Support			
	endar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019
7	Amounts from line 4.	178,564	208,741	183,915
8	Gross income from interest, dividends, payments received on			
	securities loans, rents, royalties and			
9	income from similar sources Net income from unrelated business			
-	activities, whether or not the			
10	business is regularly carried on Other income. Do not include gain or			
	loss from the sale of capital assets (Explain in Part VI.).			
11	Total support. Add lines 7 through			
		etc. (see instructio	ons)	
12	<b>Total support.</b> Add lines 7 through 10	·		
12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, <b>6</b> <b>First 5 years.</b> If the Form 990 is for th	he organization's f	irst, second, third	, fourth, or fifth t
12 13 <b>S</b> (	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for th this box and stop here ection C. Computation of Public	ne organization's f	irst, second, third	, fourth, or fifth t
12 13 <b>S</b> (	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for th this box and stop here ection C. Computation of Public Public support percentage for 2021 (lin	he organization's f Support Perc ne 6, column (f) di	irst, second, third entage vided by line 11, o	, fourth, or fifth t
12 13 <u>S</u> 14 15	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for th this box and stop here ection C. Computation of Public Public support percentage for 2021 (lin Public support percentage for 2020 Sch	he organization's f <b>Support Perc</b> ne 6, column (f) di nedule A, Part II, I	irst, second, third entage vided by line 11, o ine 14	, fourth, or fifth t
12 13 <b>S</b> ( 14	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for the this box and stop here ection C. Computation of Public Public support percentage for 2021 (line Public support percentage for 2020 Sch 33 1/3% support test—2021. If the	he organization's f <b>Support Perc</b> he 6, column (f) di hedule A, Part II, l organization did n	entage vided by line 11, o ine 14 ot check the box o	, fourth, or fifth t column (f))  on line 13, and lin
12 13 5 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for the this box and stop here ection C. Computation of Public Public support percentage for 2021 (lin Public support percentage for 2020 Sch 33 1/3% support test—2021. If the and stop here. The organization qualit 33 1/3% support test—2020. If the	he organization's f <b>Support Perc</b> he 6, column (f) di hedule A, Part II, l organization did n fies as a publicly s organization did	entage vided by line 11, of ine 14 ot check the box of supported organiza not check a box of	, fourth, or fifth t column (f)) 
<b>S</b> ( 14 15 16a b	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for the this box and stop here ection C. Computation of Public Public support percentage for 2021 (lin Public support percentage for 2020 Sch 33 1/3% support test—2021. If the and stop here. The organization qualit	the organization's f <b>Support Perc</b> the 6, column (f) di the dule A, Part II, I organization did n fies as a publicly s organization did qualifies as a pub <b>-2021.</b> If the org	entage vided by line 11, of ine 14 ot check the box of upported organiza- not check a box of licly supported org- ganization did not	, fourth, or fifth t column (f)) on line 13, and lin ation n line 13 or 16a, ganization check a box on li
12 13 <u>5</u> 14 15 16a b	Total support. Add lines 7 through 10 Gross receipts from related activities, e First 5 years. If the Form 990 is for th this box and stop here ection C. Computation of Public Public support percentage for 2021 (lin Public support percentage for 2020 Sch 33 1/3% support test—2021. If the and stop here. The organization qualit 33 1/3% support test—2020. If the box and stop here. The organization 10%-facts-and-circumstances test	the organization's f <b>Support Perc</b> the 6, column (f) di the dule A, Part II, I organization did n fies as a publicly s the organization did qualifies as a pub- <b>2021.</b> If the organization est. The organization the organization did <b>2020.</b> If the organization <b>4</b>	entage vided by line 11, of ine 14 ot check the box of upported organiza- not check a box of licly supported org- ganization did not ces" test, check th ion qualifies as a p rganization did not	, fourth, or fifth t
12 13 50 14 15 16a b 17a b	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, e <b>First 5 years.</b> If the Form 990 is for the this box and <b>stop here</b> <b>ection C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage for 2020 Sch <b>33</b> 1/3% <b>support test</b> — <b>2021.</b> If the and <b>stop here.</b> The organization qualit <b>33</b> 1/3% <b>support test</b> — <b>2020.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact <b>meets the "facts-and-circumstances" to</b> <b>10%-facts-and-circumstances test</b>	the organization's f <b>Support Perc</b> The 6, column (f) di nedule A, Part II, I organization did n fies as a publicly s organization did qualifies as a pub <b>-2021.</b> If the organizat the organization the "facts-and-circum- test. The organizat	entage vided by line 11, of ine 14 ot check the box of upported organiza- not check a box of licly supported org- ganization did not ces" test, check th ion qualifies as a p rganization did not umstances" test, co tion qualifies as a p	, fourth, or fifth t
12 13 <u>Sa</u> 14 15 16a b 17a b	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, e <b>First 5 years.</b> If the Form 990 is for the this box and <b>stop here</b> <b>ection C. Computation of Public</b> Public support percentage for 2021 (lin Public support percentage for 2020 Sch <b>33</b> 1/3% <b>support test</b> — <b>2021.</b> If the and <b>stop here.</b> The organization qualit <b>33</b> 1/3% <b>support test</b> — <b>2020.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact meets the "facts-and-circumstances" to <b>10%-facts-and-circumstances</b> test more, and if the organization meets the meets the "facts-and-circumstances" to meets the "facts-and-circumstances" to meas the "facts-and-circumstances	the organization's f <b>Support Perc</b> The 6, column (f) di hedule A, Part II, I organization did n fies as a publicly s organization did qualifies as a publicly s-and-circumstance tot-2021. If the org s-and-circumstance tot-2020. If the organization tot-2020. If the or	entage vided by line 11, of ine 14 ot check the box of ot check the box of licly supported org panization did not ces" test, check th ion qualifies as a p ganization did not umstances" test, c tion qualifies as a box on line 13, 10	, fourth, or fifth t column (f)) on line 13, and line tion n line 13 or 16a, ganization check a box on li is box and <b>stop l</b> publicly supported theck this box and theck this box and publicly supported for the for the form
12 13 <u>Sa</u> 14 15 16a b 17a b	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, e <b>First 5 years.</b> If the Form 990 is for the this box and <b>stop here</b>	the organization's f <b>Support Perc</b> The 6, column (f) di hedule A, Part II, I organization did n fies as a publicly s organization did qualifies as a publicly s-and-circumstance tot-2021. If the org s-and-circumstance tot-2020. If the organization tot-2020. If the or	entage vided by line 11, of ine 14 ot check the box of ot check the box of licly supported org panization did not ces" test, check th ion qualifies as a p ganization did not umstances" test, c tion qualifies as a box on line 13, 10	, fourth, or fifth t

Schedule A (Form 990) 2021

 
 Part III
 Support Schedule for Organizations Described in Section 509( (Complete only if you checked the box on line 10 of Part I or if the o the organization fails to qualify under the tests listed below, please c

 Section A. Public Support

- 56	Section A. Public Support						
	endar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019			
<b>`</b> 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities						

13/23,	10:00 AM	S	SIXDEGREES ORG	3 - Full Filing- Nonprofit
	furnished by a governmental unit to	l	1	1 I
	the organization without charge			
6	Total. Add lines 1 through 5			
7a	Amounts included on lines 1, 2, and			
	3 received from disqualified persons			
b	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.			
8	Public support. (Subtract line 7c			
	from line 6.)			
Se	ction B. Total Support			
	ndar year	(a) 2017	<b>(b)</b> 2018	(c) 2019
-	fiscal year beginning in) 🕨	. ,		
9	Amounts from line 6 Gross income from interest,			
10a	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	<b>Total support.</b> (Add lines 9, 10c,			
_	11, and 12.).			
14	First 5 years. If the Form 990 is for the	he organization	's first, second, tl	nird, fourth, or fifth
	this box and <b>stop here</b>			
Se	ction C. Computation of Public			
15	Public support percentage for 2021 (lir	ne 8, column (f	) divided by line 1	.3, column (f)) .
16	Public support percentage from 2020 S	Schedule A, Par	t III, line 15	
Se	ction D. Computation of Invest	ment Incom	e Percentage	
17	Investment income percentage for 202			by line 13, column (
18	Investment income percentage from 2	020 Schedule	A, Part III, line 17	1
	33 1/3% support tests-2021. If the	organization di	d not check the b	ox on line 14, and li
	more than 33 1/3%, check this box and			
b	<b>33</b> 1/3% support tests—2020. If the			
-	not more than 33 1/3%, check this box	and stop here	. The organizatio	n qualifies as a pub

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, chec

Page 4 -

Schedule A (Form 990) 2021

ç

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's g 1 If "No," describe in **Part VI** how the supported organizations are designated. If designated describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determin 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the su described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or 3a 3c below.
- Did the organization confirm that each supported organization qualified under section 501 b the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and h determination.
- Did the organization ensure that all support to such organizations was used exclusively for с If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported org 4a 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 gran organization? If "Yes," describe in **Part VI** how the organization had such control and disc supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization to the foreign supported organization was used exclusively for section 170(c)(2)(B) purpos
- 5a Did the organization add, substitute, or remove any supported organizations during the ta and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and E. organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) th organization's organizing document authorizing such action; and (iv) how the action was a amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a c organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's
- 6 Did the organization provide support (whether in the form of grants or the provision of ser than (i) its supported organizations, (ii) individuals that are part of the charitable class bei supported organizations, or (iii) other supporting organizations that also support or benefit 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 su section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled 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 complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by on defined in section 4946 (other than foundation managers and organizations described in su provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in a 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 a in which the supporting organization also had an interest? If "Yes," provide detail in Part I
- **10a** Was the organization subject to the excess business holdings rules of section 4943 becaus certain Type II supporting organizations, and all Type III non-functionally integrated supportant answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, the organization had excess business holdings).

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Schedule A (Form 990) 2021

VI

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- **a** A person who directly or indirectly controls, either alone or together with persons describe governing body of a supported organization?
- **b** A family member of a person described on 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 1

#### Section B. Type I Supporting Organizations

- 1 Did the officers, directors, trustees, or membership of one or more supported organization appoint or elect at least a majority of the organization's directors or trustees at all times d describe in **Part VI** how the supported organization(s) effectively operated, supervised, or activities. If the organization had more than one supported organization, describe how the remove directors or trustees were allocated among the supported organizations and what applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the s operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part l** carried out the purposes of the supported organization(s) that operated, supervised or cor organization.

#### Section C. Type II Supporting Organizations

**1** Were a majority of the organization's directors or trustees during the tax year also a majorieach of the organization's supported organization(s)? If "No," describe in **Part VI** how con supporting organization was vested in the same persons that controlled or managed the support of the

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Te
  - 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**
  - c 🕥 The organization supported a governmental entity. Describe in Part VI how you su
- 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 supported organization(s) to which the organization was responsive? If "Yes," then in Parl organizations and explain how these activities directly furthered their exempt purposes responsive to those supported organizations, and how the organization determined that th substantially all of its activities.
  - **b** Did the activities described on line 2a, above constitute activities that, but for the organizat of the organization's supported organization(s) would have been engaged in? *If "Yes," exp the organization's position that its supported organization(s) would have engaged in these 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 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 supported organizations? If "Yes," describe in **Part VI**. the role played by the organization

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Schedule A (Form 990) 2021

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organization:

#### Section A - Adjusted Net Income

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

-		_		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
C	c Fair market value of other non-exempt-use assets			
c	I 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		

**1** Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see https://projects.propublica.org/nonprofits/organizations/464860176/202242839349301424/full

9/13/23, 10:00 AM

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4	cash deemed ned for exempt use. Lifter 0.015 of lifte 5 (for greater amount, see instructions).					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)					
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions	7				
8	8 Minimum Asset Amount (add line 7 to line 6)					
	Section C - Distributable Amount					
1	Adjusted net income for prior year (from Section A, line 8, Column A)					
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegr				

Page 7

Schedule A (Form 990) 2021

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Section D - Distributions

- **1** Amounts paid to supported organizations to accomplish exempt purposes
- **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organ excess of income from activity
- **3** Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required provide details in Part VI)
- 6 Other distributions (describe in Part VI). See instructions
- 7 Total annual distributions. Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (*p* details in **Part VI**). See instructions
- **9** Distributable amount for 2021 from Section C, line 6

**10** Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	U	
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<ol> <li>Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>).</li> <li>See instructions.</li> </ol>			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
<ul> <li>Carryover from 2016 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<ul> <li>5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions</li> </ul>			

9/13/23, 10:00 AM See instructions.

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	See instructions.	
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.	
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	
8	Breakdown of line 7:	
	a Excess from 2017	
	<b>b</b> Excess from 2018	
	<b>c</b> Excess from 2019	
	<b>d</b> Excess from 2020	
	<b>e</b> Excess from 2021	

— Page 8 —

Schedule A (Form 990) 2021

**Supplemental Information.** Provide the explanations required by Part II, line 10, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, § Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Pai Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete instruction Part VI instructions).

	Facts And Circumstances Test
Return Reference	Explan

**Additional Data** 

Software ID: Software Version:

,,			
efile Public Visual Rende	er Objectld: 202242839349301424 - Submission: 2022-10-10		
Schedule B	Schedule of Contributors		
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, 990-EZ, or 990-PF</li> <li>Go to <u>www.irs.gov/Form990</u> for the latest info</li> </ul>		
Name of the organization SIXDEGREESORG			
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	$\Box$ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a		
	527 political organization		
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation		

4947(a)(1) nonexempt charitable trust treated as a priv

 $\Box$  501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:**Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Gen

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the money or other property) from any one contributor. Complete Parts I and II. See contributions.

#### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that I under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 received from any one contributor, during the year, total contributions of the greate 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 during the year, total contributions of more than \$1,000 *exclusively* for religious, cl purposes, or for the prevention of cruelty to children or animals. Complete Parts I,
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or € during the year, contributions *exclusively* for religious, charitable, etc., purposes, t If this box is checked, enter here the total contributions that were received during purpose. Don't complete any of the parts unless the **General Rule** applies to this religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

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

Cat.

Page 2

Schedule B (Form 990) (2021)

Name of organization SIXDEGREESORG

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is
(a) No.	(b) Name, address, and ZIP + 4	т
RESTRICTED		
(-)		
(a) No.	(b) Name, address, and ZIP + 4	<u>т</u>
(a)	(b) Name, address, and ZIP + 4	<u></u> т
No.	Name, autress, and zir + 4	<u> </u>
-		_
(a) No.	(b) Name, address, and ZIP + 4	т
-		
(a)	(b)	
Ňó.	Name, address, and ZIP + 4	<u>т</u>
-		
(a) No.	(b) Name, address, and ZIP + 4	
	· · ·	

– Page 3 –

## Schedule B (Form 990) (2021)

 Name of organization

 SIXDEGREESORG

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

 (a)
 (b)

 No. from
 Description of noncash property given

.

-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given
-	
(a) No. from Part I	(b) Description of noncash property given

#### - Page 4

### Schedule B (Form 990) (2021)

Name of organization SIXDEGREESORG

Part III Exclusively religious, charitable, etc., contributions to organizations describe than \$1,000 for the year from any one contributor. Complete columns (a) thro organizations completing Part III, enter the total of exclusively religious, char year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift		(c) Use of gift
-			
	Transferee's name, address, and		) Transfer of gift Re
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	
-	Transferee's name, address, and		) Transfer of gift Re
(a) No. from			
Part I	(b) Purpose of gift		(c) Use of gift

	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Rel
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift
·	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Rel

## **Additional Data**

Software ID: Software Version:

efile Public Visual Render ObjectId: 202				242839349301424 - Submission: 2022-10-10			TIN: 46-4860176
SCHEDULE D Sun			Sunnlemer	tal Financial Statem	onte		OMB No. 1545-0047
(Form 990)						2021	
				ganization answered "Yes," on F LO, 11a, 11b, 11c, 11d, 11e, 11f,			
Department of the Treasury				Attach to Form 990.			Open to Public
	me of the organ		o to <u>www.irs.gov/Porn</u>	1990 for instructions and the lat			Inspection tification number
	DEGREESORG					-4860176	
Pa	rt I Organi	zations Mai	intaining Donor Advi	sed Funds or Other Similar F	-		
				s" on Form 990, Part IV, line 6.			
				(a) Donor advised funds		(b) Funds	and other accounts
1 2			 ns to (during year)				
23	Aggregate value						
4		-	·				
5				rs in writing that the assets held in	donor advise	d funds are th	e
				clusive legal control?			🗆 Yes 🗌 No
6				onor advisors in writing that grant fu			
				or donor advisor, or for any other p		rring imperm	
Pa	rt II Conser	vation Ease	ements.				
	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 7.			
1	Purpose(s) of co	onservation ea	sements held by the orga	nization (check all that apply).			
	Preservatio	on of land for	public use (e.g., recreation	n or education) U Preservat	ion of an hist	orically impor	tant land area
	Protection	of natural hat	itat		ion of a certif	ied historic st	ructure
	Preservation	on of open spa	ice				
2	Complete lines 2 easement on the	2a through 2d e last dav of tl	if the organization held a ne tax year.	qualified conservation contribution	in the form of		on the End of the Year
а					2a		the End of the Year
b	Total acreage res	stricted by cor	servation easements				
с	Number of conse	ervation easen	nents on a certified histori	c structure included in (a)	. 2c		
d	Number of conse structure listed i	ervation easen n the National	nents included in (c) acqu Register	red after 7/25/06, and not on a his	toric 2d		
3	Number of constax year	ervation easer	nents modified, transferre	d, released, extinguished, or termir	nated by the o	organization d	uring the
4	Number of state	s where prope	erty subject to conservation	n easement is located <b>&gt;</b>			
5	Does the organi and enforcemen	zation have a It of the conse	written policy regarding the real of the r	ne periodic monitoring, inspection, h s?	nandling of vio		Yes No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enf	forcing consei	rvation easem	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcin	g conservatio	n easements	during the year
8				above satisfy the requirements of s			🗌 Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan ts.			
Par				of Art, Historical Treasures,		Similar Ass	ets.
				s" on Form 990, Part IV, line 8.		d balanco cho	et works of art
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.						
b	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
(	(i) Revenue included on Form 990, Part VIII, line 1						
(i	i)Assets included	in Form 990,	Part X			►\$	
2	following amour	nts required to	be reported under FASB	cal treasures, or other similar asset ASC 958 relating to these items:			the
а							
b							
For I	Paperwork Redu	iction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 522	83D Sched	lule D (Form 990) 2021

Sche	dule D	(Form 990) 2021									Page 2
	t III	Organizations Maintaining Col	lections of Ar	t, Histo	rical Ti	reas	ures, o	r Other	Similar A	ssets (	-
3		the organization's acquisition, accession (check all that apply):	n, and other reco	rds, checl	k any of	the f	ollowing t	that are a	a significant u	use of its	s collection
а		Public exhibition		d		Loa	n or exch	ange pro	grams		
b		Scholarly research		e		Oth	er				
с		Preservation for future generations									
4	Provid Part >	de a description of the organization's col	lections and expla	ain how t	hey furth	ner th	ne organiz	zation's e	xempt purpo	se in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to								□ Ye	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		Form 99	0, Part	IV, I	ine 9, or	r reporte	ed an amou	nt on F	form 990, Part X,
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?								□ Ye	es 🗌 No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the	e followin	q table:				A	mount	
с		ining balance			-			1c			
d	-	ions during the year						1d			
е	Distri	butions during the year						1e			
f	Endin	ıg balance						1f			
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, li	ine 21, fo	r escrow	or c	ustodial a	account li	ability?	🗌 Ye	s 🗌 No
b		s," explain the arrangement in Part XIII								_	
Pa	rt V	Endowment Funds.									
		Complete if the organization answ									
1a	Beainn	ing of year balance	(a) Current year	(6)	Prior yea	r	(C) 100 y	ears back	(d) Three ye	ars Dack	(e) Four years back
	-	putions									
		vestment earnings, gains, and losses									
		or scholarships									
е		expenditures for facilities ograms									
f	Admini	strative expenses									
g	End of	year balance									
2 a		de the estimated percentage of the curre d designated or quasi-endowment <b>&gt;</b>	ent year end bala	nce (line	1g, colu	mn (a	a)) held a	as:	•		
b	Perm	anent endowment <b>&gt;</b>									
c	Term	endowment 🕨									
-		percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a		here endowment funds not in the posses nization by:	sion of the organ	ization th	at are h	eld a	nd admin	istered fo	or the		Yes No
	• • •	nrelated organizations			• •	•					a(i)
L.	• •	lelated organizations									a(ii) 3b
ь 4		ribe in Part XIII the intended uses of the				· •	• •	• •			30
	rt VI	Land, Buildings, and Equipme	-	luowinen	c runus.						
T GI	C VI	Complete if the organization answ		Form 99	0, Part	IV, I	ine 11a.	See Fo	rm 990, Pai	rt X, lin	e 10.
	Descri	ption of property (a) Cost or oth (investme		Cost or oth	er basis (o	other)	(c) Acc	cumulated	depreciation	(	d) Book value
1a	Land		Ī								
b	Buildin	gs									
с	Leaseh	old improvements									
d	Equipn	nent									
Tota	I. Add	lines 1a through 1e. (Column (d) must e	equal Form 990, F	Part X, co	lumn (B)	), line	e 10(c).)		•		0

Schedule D (Form 990) 2021

— Page 3 –

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV	line 11h See For	m 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of val c or end-of-year m	luation:
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV,	line 11c. See Fo	rm 990, Part X,	line 13.
(a) Description of investment	,	(b) Book value	(c) Metho	od of valuation: f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	►			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, l	ine 11d. See For	m 990, Part X,	line 15.
(a) Description (1)				(b) Book value
(2) (3)				
(4) (5)				
(6)				
(3)				
(7) (8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)			<b>b</b>	
Part X Other Liabilities.	•••			
Complete if the organization answered 'Yes' on Form 990, P 1. (a) Description of liabilit		ine 11e or 11f.S	ee Form 990, Pa	art X, line 25. (b) Book value
(1) Federal income taxes				

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule	D (Form	0001	2021
Scheuule	и (гопш	<b>990</b>	2021

ar	t XI Reconciliation of Revenue per Audited Financial Statem	onte	With Povenue ner P	oturn	Page <b>4</b>
aı	Complete if the organization answered 'Yes' on Form 990, Par		•	eturn.	
	Total revenue, gains, and other support per audited financial statements			1	451,006
	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	2c			
d	Other (Describe in Part XIII.)	2d	-4,911		
е	Add lines <b>2a</b> through <b>2d</b>			2e	-4,911
	Subtract line <b>2e</b> from line <b>1</b>			3	455,917
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	455,917	
ar	XII Reconciliation of Expenses per Audited Financial Staten	ents	With Expenses per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Par	: IV, li	ne 12a.		
	Total expenses and losses per audited financial statements $\ldots$	• •		1	214,201
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
9	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>	•		2e	0
	Subtract line <b>2e</b> from line <b>1</b>	• •		3	214,201
	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.)	4b	4,911		
С	Add lines <b>4a</b> and <b>4b</b>	•		4c	4,911
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18	).		5	219,112
ar	t XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			: V, line 4; Par	t X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y addi	tional information.		
	Return Reference		Explanation		
.RT	X, LINE 2: THE ORGANIZATION FOLLO TAXES UNDER THE INCOM THE EVALUATION OF TAX F EXEMPT STATUS AND THE ALLOW RECOGNITION OF THRESHOLD OF BEING SU	E TAXE OSITI TAXAB TAX PC STAINE	S TOPIC OF THE CODIFIC ONS, WHICH INCLUDE MA ILITY OF ANY UNRELATED SITIONS WHICH DO NOT D BY THE APPLICABLE TA	CATION. THE AINTAINING T D BUSINESS I MEET A "MO AX AUTHORIT	CODIFICATION REQ THE ORGANIZATION NCOME, AND DOES RE-LIKELY-THAN-NC

PART XI, LINE 2D - OTHER ADJUSTMENTS: PLAYON BENEFIT CONCERT FUNDRAISING EXPENSES NETTED WITH CONTRIBUTIONS ON FINANCIAL STATEMENT -4,911.

Schedule D (Form 990) 2021

## **Additional Data**

**Return to Form** 

Software ID: Software Version:

Does the organization main the selection criteria used to Describe in Part IV the organization Part II Grants and Other A	ation on Grants ntain records to sub to award the grants anization's procedu	Grants and Government omplete if the organ Go to y and Assistance stantiate the amount	Other Assistance s and Individuals ization answered "Yes," o Attach to Form www.irs.gov/Form990 for	to Organiza in the United on Form 990, Part IV, 990.	ations, d States line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection
(Form 990) Department of the Treasury Internal Revenue Service Wame of the organization SIXDEGREESORG Part I General Inform 1 Does the organization main the selection criteria used the 2 Describe in Part IV the organization Part II Grants and Other A that received more that rece	ation on Grants tain records to sub to award the grants anization's procedu	Government omplete if the organ For the organ Government For the organ For the organ F	S and Individuals ization answered "Yes," o ▶ Attach to Form www.irs.gov/Form990 for	s in the United In Form 990, Part IV, 990.	d States line 21 or 22.		
rreasury Name of the organization SIXDEGREESORG Part I General Inform 1 Does the organization mair the selection criteria used the 2 Describe in Part IV the organization Part II Grants and Other J that received more that (a) Name and address of organization	ation on Grants tain records to sub to award the grants anization's procedu	S and Assistance	iization answered "Yes," o ▶ Attach to Form <u>www.irs.gov/Form990</u> for	n Form 990, Part IV, 990.	line 21 or 22.		
reasury reasury reasury reasury remain Revenue Service remain remain Revenue Service remain r	ation on Grants ntain records to sub to award the grants anization's procedu	► Go to v s and Assistance	► Attach to Form <u>vww.irs.gov/Form990</u> for	990.			
Internal Revenue Service       Iame of the organization SIXDEGREESORG       Part I     General Inform       1     Does the organization main the selection criteria used f       2     Describe in Part IV the organization that received more to that received more to that received more to organization	ntain records to sub to award the grants anization's procedu	s and Assistance					
BIXDEGREESORG           Part I         General Inform           1         Does the organization main the selection criteria used to cr	ntain records to sub to award the grants anization's procedu	stantiate the amount				Employer identifie	cation number
Does the organization main the selection criteria used to pescribe in Part IV the organization Part II Grants and Other that received more to (a) Name and address of organization	ntain records to sub to award the grants anization's procedu	stantiate the amount				46-4860176	
the selection criteria used to 2 Describe in Part IV the org: Part II Grants and Other to that received more to (a) Name and address of organization	to award the grants anization's procedu	stantiate the amount or assistance? .					
Part II Grants and Other A that received more to (a) Name and address of organization			of the grants or assistance, t	he grantees' eligibility	for the grants or assistance,	and	🗌 Yes 🛛 🔽 No
(a) Name and address of organization	Assistance to Don		use of grant funds in the Un				
organization	han \$5,000. Part I		s and Domestic Governme additional space is needed.	nts. Complete if the or	ganization answered "Yes" o	n Form 990, Part IV, line	21, for any recipient
	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NAACP LEGAL DEFENSE & EDUCATIONAL FUND 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	13-1655255	501(C)	(3) 12,412	0			TO SUPPORT RACIAL, SOCIAL, AND ECONOMIC JUSTICE.
(2) WHYHUNGER INC 505 EIGHTH AVENUE SUITE 2100 NEW YORK, NY 10018	13-2805575	501(C)	(3) 12,412	0			TO SUPPORT SOCIAL, ENVIRONMENTAL, RACIAL AND ECONOMIC JUSTICE.
		-	ons listed in the line 1 table .			🕨 👝	2
3 Enter total number of other or Paperwork Reduction Act Notic				Cat. No. 50055			nedule I (Form 990) 2021
or Paperwork Reduction Act Notic	e, see the Instruction	ins for Form 990.		Cat. No. 50055	r	30	leddie 1 (Form 990) 2021
		Pa	ge 2				
chedule I (Form 990) 2021 Part III Grants and Other A Part III can be dupli			Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 22.		Page <b>2</b>
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (bo FMV, appraisal, other)	ook, (f) Description	of noncash assistance
1)							
2)							
3)							
4)							
5)							
5)							
7)							
Part IV Supplementa	I Information.	Provide the informa	ation required in Part I, lin	ne 2; Part III, colum	n (b); and any other add	itional information.	
Return Reference	Explanation						ule I (Form 990) 2021

## Additional Data

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efile Public	Visual	Render	ObjectId: 20224283	39349301424	- Submission: 2022-	10-10	TIN: 46-4860176
SCHEDUL (Form 990) Department of the Trea Internal Revenue Serv	asury	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.					OMB No. 1545-0047
Name of the org	anizatio	n				Employer ident	ification number
						46-4860176	
Return Reference				Ex	planation		
FORM 990, BO PART VI, SECTION B, LINE 11B		ARD REVIEWS RETURN PRIOR TO SUBMISSION					
FORM 990, PART VI, SECTION B, LINE 12C	CONFI	LICT OF INT	TEREST POLICY IS REVIE	EWED ANNUALL	Y DURING BOARD MEET	ING	
FORM 990, PART VI, SECTION B, LINE 15A			OF THE EXECUTIVE DIRI ( THE BOARD	ECTOR IS COMI	PARED TO OTHER TAX E	XEMPT ORGANIZ#	ATIONS AND
FORM 990, PART VI, SECTION C, LINE 19	ORGA	NIZATION F	PROVIDES FORM 990, CO	DNFLICT OF INTI	EREST POLICY AND GOV	ERNING DOCUME	NTS UPON REQUEST
For Paperwork Redu	ction Act N	lotice, see the Ir	nstructions for Form 990 or 990-EZ.		Cat. No. 51056K		Schedule O (Form 990) 2021

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