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|---|---|---|
| efile Public Visual Render | ObjectID: 202242839349301424 - Submission: 2022-10-10 | TIN: 46-4860176 |
| Form 990 Department of the Treasury Internal Revenue Service | <h2 style="margin:0;">Return of Organization Exempt From Income Tax</h2> <p style="margin:0;">Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p style="margin:0;">▶ Do not enter social security numbers on this form as it may be made public.</p> <p style="margin:0;">▶ Go to www.irs.gov/Form990 for instructions and the latest information.</p> | OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green; text-align: center;">2021</div> <p style="text-align: center; font-weight: bold;">Open to Public Inspection</p> |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|-------------------|--|--|------------|---|-----------------------|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|---|--|---|
| A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SIXDEGREESORG</td> <td rowspan="2">D Employer identification number 46-4860176</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number (818) 821-0893</td> </tr> <tr> <td>107 S WEST STREET 548</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314</td> <td rowspan="2">G Gross receipts \$ 455,917</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: STACY HUSTON 107 S WEST STREET 548 ALEXANDRIA, VA 22314</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.</td> </tr> <tr> <td colspan="2"></td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.SIXDEGREES.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 2014 M State of legal domicile: VA</td> </tr> </table> | C Name of organization SIXDEGREESORG | | D Employer identification number 46-4860176 | Doing business as | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number (818) 821-0893 | 107 S WEST STREET 548 | | City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 | | G Gross receipts \$ 455,917 | | | F Name and address of principal officer: STACY HUSTON 107 S WEST STREET 548 ALEXANDRIA, VA 22314 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. | | | H(c) Group exemption number ▶ | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | J Website: ▶ WWW.SIXDEGREES.ORG | | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2014 M State of legal domicile: VA |
| C Name of organization SIXDEGREESORG | | D Employer identification number 46-4860176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doing business as | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number (818) 821-0893 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 S WEST STREET 548 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314 | | G Gross receipts \$ 455,917 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Name and address of principal officer: STACY HUSTON 107 S WEST STREET 548 ALEXANDRIA, VA 22314 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H(c) Group exemption number ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J Website: ▶ WWW.SIXDEGREES.ORG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2014 M State of legal domicile: VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Part I Summary | | | |
|--|---|----------------------------------|---------------------|
| | 1 Briefly describe the organization's mission or most significant activities: SIXDEGREES.ORG THROWS A VARIETY OF CHARITABLE CAMPAIGNS AND PLANS SURPRISE POP-UPS AND DROP-INS IN ORDER TO BOTH HELP SPREAD AWARENESS AND RAISE MONEY FOR LOCAL NON-PROFITS. | | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 1 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 6 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |
| Revenue | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 7,633,309 | 455,917 |
| | 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,633,309 | 455,917 | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,895,408 | 28,787 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 124,829 | 135,774 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 134,702 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,570,610 | 54,551 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 7,590,847 | 219,112 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 42,462 | 236,805 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 5,128,961 | 2,549,621 |
| | 21 Total liabilities (Part X, line 26) | 4,919,338 | 2,103,193 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 209,623 | 446,428 | |

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

Sign Here Signature of officer _____ Date 2022-06-03
 STACY HUSTON EXECUTIVE DIRECTOR
 Type or print name and title _____

Paid Preparer Use Only

| | | | | |
|---|----------------------|-----------------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date 2022-06-03 | Check <input type="checkbox"/> if self-employed | PTIN P01062953 |
| Firm's name ▶ ELLIN & TUCKER CHARTERED | | | Firm's EIN ▶ 52-0959934 | |
| Firm's address ▶ 400 EAST PRATT ST SUITE 200 BALTIMORE, MD 21202 | | | Phone no. (410) 727-5735 | |

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SIXDEGREES.ORG THROWS A VARIETY OF CHARITABLE CAMPAIGNS AND PLANS SURPRISE POP-UPS AND DROP-INS IN ORDER TO BOTH HELP SPREAD AWARENESS AND RAISE MONEY FOR LOCAL NON-PROFITS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**

Yes **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**

Yes **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 26,162 including grants of \$ 26,162) (Revenue \$)
PLAYON CAMPAIGN, A PRIMETIME BENEFIT CONCERT AMPLIFYING AWARENESS FOR TRANSFORMATIONAL RACIAL, SOCIAL, AND FOOD JUSTICE.

4b (Code:) (Expenses \$ 2,625 including grants of \$ 2,625) (Revenue \$)
LITTLE FREE LIBRARY READ IN COLOR INSTALLATION - INITIATIVE BRINGING DIVERSE BOOKS TO BOOK-SHARING BOXES AROUND THE WORLD.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 28,787

Part IV **Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

| | Yes | No |
|----------|-----|----|
| 1 | Yes | |
| 2 | Yes | |

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.

- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 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*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*
- 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.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
 - 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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*
- 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*
- 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*
- 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.
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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*

| | | |
|-----|-----|----|
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | | No |
| 11b | | No |
| 11c | | No |
| 11d | | No |
| 11e | | No |
| 11f | Yes | |
| 12a | Yes | |
| 12b | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |
| 21 | Yes | |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | No |

| | | | | |
|------------|--|------------|-----|----|
| 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 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? | 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? <i>If "Yes," complete Schedule L, Part I</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, Part I</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, Part III</i> | 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): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | | |
|-----------|--|-----------|-----|---|--|--|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | | 1 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | |

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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 | | | | | |
|-----------|---|--|--|--|--|--|

| | | | |
|---|---|------------|-----|
| | | 2a | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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 |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | 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). | | | |
| a | 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 | |
| c | 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 | |
| e | 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 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | 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 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 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? If "Yes," see the instructions and file Form 4720, Schedule N. | 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 | Section 501(c)(21) organizations. 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 | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee), 9 (Unreachable officer).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Annual disclosures), 12c (Policy enforcement), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO review), 15b (Other officers), 16a (Investment), 16b (Joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for filing), 18 (Public inspection), 19 (Schedule O disclosure), 20 (Books and records).

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c) with values 126,125, 0, 0.

Questions 2, 3, 4, 5 regarding compensation reporting. Question 2 asks for total number of individuals receiving more than \$100,000. Questions 3, 4, 5 ask about former officers, high compensation, and unrelated compensation.

Section B. Independent Contractors

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation.

Question 2: Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Value: 0.

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Part VIII Statement of Revenue

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

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|----------------------|--|---|--|
| 1a Federated campaigns . . . | | | | |
| 1b Contributions, Gifts, Grants, and Membership dues . . . | | | | |
| 1c OtherAmt and Similar fundraising events . . . | | | | |
| 1d Related organizations | | | | |
| 1e Government grants (contributions) | | | | |
| 1f All other contributions, gifts, grants, and similar amounts not included above | | | | |
| 455,917 | | | | |
| 1g Noncash contributions included in lines 1a - 1f:\$ | | | | |
| h Total. Add lines 1a-1f | 455,917 | | | |

| 2a | Business Code | | | |
|---|---------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| f All other program service revenue. | | | | |
| g Total. Add lines 2a-2f. | | | | |

| | | | | |
|---|--|---------------|--|--|
| 3 Investment income (including dividends, interest, and other similar amounts) | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | |
| 5 Royalties | | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | |
| | 6b Less: rental expenses | | | |
| | 6c Rental income or (loss) | | | |
| d Net rental income or (loss) | | | | |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | 7b Less: cost or other basis and sales expenses | | | |
| | | | | |

| | | | | | |
|---|--|---------------|---------|---|---|
| Other Revenue | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | |
| | 8b Less: direct expenses | | | | |
| | c Net income or (loss) from fundraising events | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | 9b Less: direct expenses | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | 10b Less: cost of goods sold | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| 11a Miscellaneous Revenue | | Business Code | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions | | | 455,917 | 0 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 28,787 | 28,787 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 126,125 | | 37,837 | 88,288 |
| 6 Compensation not included above, to disqualified persons (as 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 | | | | |
| 10 Payroll taxes | 9,649 | | 2,895 | 6,754 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 17,327 | | 3,818 | 13,509 |
| c Accounting | | | | |

| | | | |
|--|---------|--------|--------|
| d 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 O.) | | | |
| a DUES AND SUBSCRIPTIONS | 5,438 | 1,631 | 3,807 |
| 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 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | |

Form 990 (2021)

Part X **Balance Sheet**

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-----------|--------------------|
| Assets | 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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | 10c |
| | b Less: accumulated depreciation | 10b | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 88,035 | 14 | 63,315 |
| 15 Other assets. See Part IV, line 11 | | 15 | | |

| | | | | |
|--|--|-----------|-----------|-----------|
| Liabilities | 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 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | |
| | 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 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 209,623 | 27 | 446,428 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 209,623 | 32 | 446,428 |
| | 33 Total liabilities and net assets/fund balances | 5,128,961 | 33 | 2,549,621 |

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

| | |
|--|---------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 455,917 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 219,112 |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 236,805 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 209,623 |
| 5 Net unrealized gains (losses) on investments | |
| 6 Donated services and use of facilities | |
| 7 Investment expenses | |
| 8 Prior period adjustments | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 0 |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 446,428 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a 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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 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, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | |

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

| | | |
|-----------|--|----|
| 2c | | No |
| 3a | | No |
| 3b | | |

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)

Form 990 (2021)

Additional Data

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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Complete if the organization is a section 501(c)(3) organ 4947(a)(1) nonexempt charitable trust Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the I

Name of the organization SIXDEGREESORG

Part I Reason for Public Charity Status (All organizations must complete thi

The organization is not a private foundation because it is: (For lines 1 through 12, check only on

- 1 A church, convention of churches, or association of churches described in section 1
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990).)
4 A medical research organization operated in conjunction with a hospital described in name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
7 An organization that normally receives a substantial part of its support from a governmental unit or other organization described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in connection with a non-land grant college of agriculture. See instructions. Enter the name, city, and state.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, gifts, grants, or contracts from activities related to its exempt functions—subject to certain exceptions, and (2) investment income and unrelated business taxable income (less section 511 tax) from a governmental unit or other organization described in section 170(b)(1)(A)(vi) or (vii). See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2)(B).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to support one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)(B) on lines 12a through 12d that describes the type of supporting organization and control.
a Type I. A supporting organization operated, supervised, or controlled by its support organization(s) the power to regularly appoint or elect a majority of the directors or trustees. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its management of the supporting organization vested in the same persons that control the supported organization. You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with the supported organization(s) (see instructions). You must complete Part IV, Section D.
d Type III non-functionally integrated. A supporting organization operated in connection with the supported organization(s) (see instructions). The organization generally must satisfy a distribution requirement. You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 4 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in your governing document. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(i)-(vii) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please

Section A. Public Support

Table with 4 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019

| (or fiscal year beginning in) | | | |
|--|---------|---------|---------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 178,564 | 208,741 | 183,915 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | |
| 4 Total. Add lines 1 through 3 | 178,564 | 208,741 | 183,915 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . | | | |
| 6 Public support. Subtract line 5 from line 4. | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 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 income from similar sources. . . | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | |
| 11 Total support. Add lines 7 through 10 | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year, check this box and stop here | | | |

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . .
- 15** Public support percentage for 2020 Schedule A, Part II, line 14
- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is checked, the organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is checked, the organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. If the organization does not meet the "facts-and-circumstances" test, the organization does not qualify as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. If the organization does not meet the "facts-and-circumstances" test, the organization does not qualify as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 17a, or 17b, and if the organization is a private foundation, check this box and **stop here**. See the instructions

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(c)(3)
 (Complete only if you checked the box on line 10 of Part I or if the organization fails to qualify under the tests listed below, please check the appropriate box.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 |
|---|----------|----------|----------|
| 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 | | | |

furnished by a governmental unit to the organization without charge

6 Total. Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

c Add lines 7a and 7b.

8 Public support. (Subtract line 7c from line 6.)

Table with 3 columns and 5 rows for public support calculation.

Section B. Total Support

Table for Section B with columns for 2017, 2018, and 2019, and rows for various income categories.

Section C. Computation of Public Support Percentage

Table for Section C with 2 rows for public support percentage calculations.

Section D. Computation of Investment Income Percentage

Table for Section D with 4 rows for investment income percentage calculations.

Schedule A (Form 990) 2021

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

- 1 Are all of the organization's supported organizations listed by name...
2 Did the organization have any supported organization that does not have an IRS determin...
3a Did the organization have a supported organization described in section 501(c)(4), (5), or...
b Did the organization confirm that each supported organization qualified under section 501...
c Did the organization ensure that all support to such organizations was used exclusively for...
4a Was any supported organization not organized in the United States ("foreign supported or...

- b** Did the organization have ultimate control and discretion in deciding whether to make grant organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion 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) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year and 5c below (if applicable). *Also, provide detail in **Part VI**, including (i) the names and EINs of organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the organization's organizing document authorizing such action; and (iv) how the action was an amendment to the organizing document.*
- b Type I or Type II only.** Was any added or substituted supported organization part of a supported organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services) to (i) its supported organizations, (ii) individuals that are part of the charitable class being supported organizations, or (iii) other supporting organizations that also support or benefit the organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in Part I of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in section 4946) other than foundation managers and organizations described in section 4946? *provide detail in **Part VI**.*
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in a supported organization? *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 benefit from, a supported organization in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations? *answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, if the organization had excess business holdings).*

Schedule A (Form 990) 2021

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 described in Part I, the 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, 11b, or 11c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *Describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the supporting organization. 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 supported organizations described in Part I? *If "Yes," explain in **Part VI** how the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | |
|---|--|---|
| 4 | Cash deemed held for exempt use. Enter 0.035 on line 5 (or greater amount, see instructions). | 4 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 | Multiply line 5 by 0.035 | 6 |
| 7 | Recoveries of prior-year distributions | 7 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 |
| Section C - Distributable Amount | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 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 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated organization (see instructions) | |

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

| | | |
|-------------------|--|--|
| 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 Part VI</i> . See instructions. | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | |
| 8 | Breakdown of line 7: | |
| a | Excess from 2017. | |
| b | Excess from 2018. | |
| c | Excess from 2019. | |
| d | Excess from 2020. | |
| e | Excess from 2021. | |

Schedule A (Form 990) 2021

Part VI 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, Section A, lines 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100; Part IV, Section B, lines 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100; Part IV, Section C, lines 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part IV, Section F, lines 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100; and Part V, Section E, lines 2, 5, and 6. Also complete instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
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Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest info

Name of the organization
SIXDEGREESORG

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a priv
- 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 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 great 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.

Schedule B (Form 990) (2021)

Name of organization
SIXDEGREESORG

| | | |
|------------------------|--|--|
| - | | |
| (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 | |
| - | | |

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

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

Additional Data

Software ID:
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: SIXDEGREESORG Employer identification number: 46-4860176

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with columns 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e, Total.

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (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, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---------------------------------|----------------|
| (1) Federal income taxes | |
| | |

Additional Data

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2021

Open to Public Inspection

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Employer identification number 46-4860176

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation

Schedule I (Form 990) 2021

Additional Data

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Software Version:

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
SIXDEGREESORG

Employer identification number

46-4860176

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | BOARD REVIEWS RETURN PRIOR TO SUBMISSION |
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY DURING BOARD MEETING |
| FORM 990, PART VI, SECTION B, LINE 15A | COMPENSATION OF THE EXECUTIVE DIRECTOR IS COMPARED TO OTHER TAX EXEMPT ORGANIZATIONS AND DELIBERATED BY THE BOARD |
| FORM 990, PART VI, SECTION C, LINE 19 | ORGANIZATION PROVIDES FORM 990, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS UPON REQUEST |

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

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Schedule O (Form 990) 2021

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