Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2021 and ending JUN 30,

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning $$	JUN 30, 202	2					
B	Check if pplicable:	C Name of organization	D Employer ident	ification number					
Г	Address	DEGREES OF CHANGE							
	Name change	Doing business as	45-3035382						
	□ Initial □ return □ Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s		E Telephone number					
return termir		PO BOX 1573	2536426						
	ated □Amende	City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98401	G Gross receipts \$	1,696,414.					
H	_lreturn □Applica			H(a) Is this a group return for subordinates? Yes X No					
	tion pending	1102 COMMERCE STREET, SUITE 400, TACOMA, WA	for subordinat	H(b) Are all subordinates included? Yes No					
_		mpt status: X 501(c)(3)		a list. See instructions					
		SHIPE STATUS. (22) 30 (10/5)	H(c) Group exemp						
				M State of legal domicile; WA					
		Summary	rour or formation, = = = =	TWO Otato or logar domining, 1122					
	1 8	Briefly describe the organization's mission or most significant activities: TO INCRE	ASE COLLEGE	SUCCESS FOR					
Governance	[JNDER-SERVED STUDENTS.							
rnai	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net a	assets.					
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3 8					
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4 8					
es &		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5 31					
Activities &		otal number of volunteers (estimate if necessary)		85					
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.					
	b N	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.					
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior Year	Current Year					
ne	1	Contributions and grants (Part VIII, line 1h)	2,855,354 266,710						
Revenue	1	Program service revenue (Part VIII, line 2g)	2,173						
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,449						
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,102,788						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0						
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0						
"	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,628,739						
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0	-					
ber	b T	otal fundraising expenses (Part IX, column (D), line 25) 356,773.							
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,008,166	980,860.					
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,636,905	. 3,055,773.					
	19 F	Revenue less expenses. Subtract line 18 from line 12	465,883	1,359,359.					
Net Assets or			Beginning of Current Yea	-					
Ssets	20 ⊺	otal assets (Part X, line 16)	3,784,586						
et A	21 ⊺	otal liabilities (Part X, line 26)	432,160						
	22 N art II	Net assets or fund balances. Subtract line 21 from line 20	3,352,426	. 1,993,067.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamente, and to the heet of	my knowledge and helief it is					
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep		iny knowledge and belief, it is					
truo	1	and complete. Social attent of property (early, than embery to become of an information of which prop	aror nas any knowledge.						
Sig	n	Signature of officer	Date						
Her	l l	TIM HERRON, CEO							
	_	Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Paid		JASON W. CLAPP	if self-em						
Prep	_	Firm's name ▶ JOHNSON STONE & PAGANO, P.S.	Firm's EIN	91-1623649					
Use	Only	Firm's address 1501 REGENTS BLVD., SUITE 100							
		FIRCREST, WA 98466	Phone no. (<u>253) 566-7070</u>					
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No					

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE PURPOSE OF THE ORGANIZATION IS TO DEVELOP AND PROVIDE LEADERSHIP
	TRAINING, COLLEGE ACCESS AND SUCCESS STRATEGIES, AND CAREER
	DEVELOPMENT SERVICES FOR UNDERREPRESENTED STUDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$698, 228 . including grants of \$) (Revenue \$\$ 416, 576 .)
4a	(Code:) (Expenses \$698,228including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$
	SUPPORT TO 6 AFFILIATE ORGANIZATIONS TO RECRUIT, SELECT, TRAIN AND
	SUPPORT 590 SCHOLARS AND 545 GRADUATES AT 17 PARTNER PRIVATE LIBERAL
	ARTS COLLEGES ON FULL SCHOLARSHIPS FROM SEATTLE-TACOMA, SPOKANE,
	YAKIMA, PORTLAND-SALEM, MINNEAPOLIS-ST. PAUL, CHICAGO AND INDIANAPOLIS.
4b	(Code:) (Expenses \$ 1,292,729 • including grants of \$) (Revenue \$)
	GUIDED INSIGHT: OPERATED A SOFTWARE WEB SERVICE TO HELP COLLEGE SUCCESS
	ORGANIZATIONS AND HIGH SCHOOLS EASILY VISUALIZE THEIR STUDENTS' COLLEGE
	ENROLLMENT AND QUICKLY CALCULATE PERSISTENCE AND COMPLETION METRICS.
4c	(Code:) (Expenses \$ 450,521 • including grants of \$) (Revenue \$)
	SEED: PROVIDED DIRECT SERVICE IN TACOMA-SEATTLE TO RECRUIT, SELECT,
	TRAIN AND SUPPORT 35 INTERNS WITH PAID, PROFESSIONAL SUMMER INTERNSHIPS
	AT 11 PARTNER EMPLOYERS IN PIERCE AND KING COUNTIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,441,478.

Form 990 (2021) DEGREES OF CHANGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			. v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			₩
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_ v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	امدا		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_
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			_ v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
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			
		1/16		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		1
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		125
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		y
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا		₩
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Ì	X

Form 990 (2021) DEGREES OF CHANGE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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? If "Yes," answer lines 24b through 24d and complete			,,
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۰. م	v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2021) DEGREES OF CHANGE

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 31								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		, .					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			v					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	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	7.		X					
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		1					
	Did the constitution of the distribution in the distribution of th	7e		х					
f	Did the appropriate of which the company of the propriate	7 6		X					
g									
_									
8									
sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	8							
а	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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	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 The the amount of receives an head								
	Enter the amount of reserves on hand Did the exceptation receive any payments for indeer tapping sentions during the tay year?	140		Х					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an exploration on School to Company of the service of the serv	14a 14b		 ^ `					
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ITO							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
. •	If "Yes," complete Form 4720, Schedule O.	.,							
17	Section 501(c)(21) organizations. Did the trust, 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?	17							
	If "Yes," complete Form 6069.								

Form 990 (2021) DEGREES OF CHANGE 45-3035382 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 28			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	i i i i i i i i i i i i i i i i i i i		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and 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	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MINDY NASH - 253 444-0004			
	PO BOX 1573, TACOMA, WA 98401			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

7 06 - 1 46 - 1 - 1 - 1 - 1 - 1

Check this box if neither the organization r	nor any related	organization compensate						ated any current officer, director, or trustee.					
(A)	(B)			_ (0	C)			(D)	(E)	(F)			
Name and title	Average	(do	Positio				one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bo officer and a director/tru			s both	n an	compensation	compensation	amount of			
	week		T	T		T	l	from the	from related	other			
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the			
	related	96 OF	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	truste	al tru:		yee	im per		1099-NEC)	10001120,	and related			
	below	Individual trustee or director	Institutional trustee	l la	Key employee	est co	le.	,		organizations			
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former						
(1) TIMOTHY HERRON	40.00												
CEO		Х		Х				130,800.	0.	13,197.			
(2) DANJUMA QUARLESS	1.00												
DIRECTOR		Х						0.	0.	0.			
(3) COURTNEY LUCAS	1.00												
SECRETARY		Х		Х				0.	0.	0.			
(4) MICHELLE BESS	3.00												
CHAIR		Х		Х				0.	0.	0.			
(5) ARTURO LUCATERO	2.00												
VICE CHAIR		Х		Х				0.	0.	0.			
(6) LILY COLON	1.00								_	_			
DIRECTOR		Х						0.	0.	0.			
(7) MELINDA ANDERSON	1.00								_	_			
DIRECTOR		Х						0.	0.	0.			
(8) MICHAEL CRUZ	2.00	1											
TREASURER		Х		Х				0.	0.	0.			
(9) YUSRA HAMADANI	1.00	ļ											
DIRECTOR		Х						0.	0.	0.			
		-											
		-											
			_										
		-											
		1											
		1											
							-						
		1											
	+					\vdash							
		1											
							-						
		1											
	1	<u> </u>		l		<u> </u>		I.	l	L			

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>j Hi</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F))
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estima	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		amoui	nt of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related		oth	er
	(list any	ector						the	organizations		compen	sation
	hours for	Individual trustee or director	au			rted		organization	(W-2/1099-MISC	;/	from	
	related	stee	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations below	al tru	onalt		loyee	l co		1099-NEC)			and re	
	line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
	11110)	Ĕ	Ë	5	χ.	ぎも	요			\rightarrow		
		-										
										\dashv		
		1										
						\vdash				+		
		1										
						\vdash				+		
		1										
										\top		
		1										
						\vdash				\dashv		
		1										
										\neg		
1b Subtotal								130,800.		0.	13,	197.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								130,800.		0.	13,	197.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												1
										_	Ye	s No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual		L	4	X
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							•	nsati	on from	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)				_				(B)		0-	(C)	L:
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		mpensat	lion
							-					
							-					
							\dashv					
							\dashv		+			
2 Total number of independent contractors (i	ncluding but p	ot lin	nited	d to	thor	e lic	ted	ahove) who received me	ore than			
\$100,000 of compensation from the organic		JE III	ııııec		(100		ieu	above, who received ille	Ji C li lai I			
Too, ooo or compensation from the organi.	Lation					-					- 001) (0001)

45-3035382

Form 990 (2021) DEGREES
Part VIII Statement of Revenue

		Check if Schedule O	contai	ins a response	or note to any lir	ne in this Part VIII			
				•		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
10.10	4 -	Forders to decrease above a		4-1					000110110111
nts						-			
Sra Dou	b					-			
S, (С	Fundraising events				-			
를 a	d	Related organizations		1d					
imi	е	Government grants (contr	ibutio	ons) 1e	404,758.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts,	grants	s, and					
the		similar amounts not included	above	e 1 f	873,506.				
ĒÖ	g	Noncash contributions included in	lines 1a	a-1f 1g \$					
Š	_	Total. Add lines 1a-1f				1,278,264.			
<u> </u>		Total Add lines la 11			Business Code				
	•	PROGRAM FEES			624100	416,576.	416,576.		
<u>i</u>	2 a				024100	410,370.	410,370.		
e S	b								
S c	С	·							
e a	d	·							
Program Service Revenue	е								
₫	f	All other program service	reven	nue					
	g	Total. Add lines 2a-2f)	416,576.			
	3	Investment income (includ	ling d	lividends, inter	est, and				
		other similar amounts)	Ŭ	,	, •	1,574.			1,574.
	4	Income from investment of				,			•
	5	Royalties							
	3	noyanies	Т	(i) Real	(ii) Personal				
	•	0	اما	(i) Fical	(ii) i croonar	-			
	_	Gross rents	6a			-			
	b		6b			-			
	С	, ,	6с						
	d	Net rental income or (loss)) <u></u>		<u></u>				
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
eu	С	Gain or (loss)	7c						
ě		Net gain or (loss)			•				
ther Revenue		Gross income from fundraisi							
₹	o u	including \$	-						
0		contributions reported on							
		•		, I					
		Part IV, line 18		I .		-			
		Less: direct expenses			<u> </u>				
		Net income or (loss) from		·	<u> </u>				
	9 a	Gross income from gamin		I .					
		Part IV, line 19				-			
	b	Less: direct expenses		9t	o				
	С	Net income or (loss) from	gamir	ng activities					
	10 a	Gross sales of inventory, I	ess re	eturns					
		and allowances		I .	а				
	b	Less: cost of goods sold		I .	b				
		Net income or (loss) from		·····	<u> </u>				
\dashv	U	THE INCOME OF (1033) HOTH	Juico	CITIVOLITOLY .	Business Code				
ns	44 -				Business Code				
e eo	11 a					+			
Miscellaneous Revenue	b			·					
3e	С					1			
ăis T		All other revenue				-			
	е	Total. Add lines 11a-11d			<u></u>	1 505 11:	14.6		
	12	Total revenue. See instruction	ns		•	1,696,414.	1 416.576.	0.	1,574.

Form 990 (2021) DEGREES OF CHANGE Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C)											
	not include amounts reported on lines 6b, 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											
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,	164 230	121,143.	16 925	26 271							
•	trustees, and key employees	164,239.	121,143.	16,825.	26,271.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
7	persons described in section 4958(c)(3)(B)	1,535,713.	1,132,736.	157,327.	245,650.							
7	Other salaries and wages	1,333,113.	1,154,150.	131,3410	443,030.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,746.	38,168.	5,301.	8 277							
9	Other employee benefits	199,265.	146,977.	20,414.	8,277. 31,874.							
		123,950.	91,425.	12,698.	19,827.							
10 11	Payroll taxes Fees for services (nonemployees):	123,330 •	71,443.	12,000	17,0410							
	Management											
a b	Legal											
	Accounting											
	Lobbying											
e	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
g g	Other. (If line 11g amount exceeds 10% of line 25,											
3	column (A), amount, list line 11g expenses on Sch O.)	589,153.	560,094.	25,267.	3,792.							
12	Advertising and promotion											
13	Office expenses	52,571.	39,560.	7,001.	6,010.							
14	Information technology	183,800.	177,076.	3,319.	3,405.							
15	Royalties	00 000	66.005	0.105	0.106							
16	Occupancy	82,379.	66,007.	8,186.	8,186.							
17	Travel	19,536.	19,331.	183.	22.							
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											
23	Insurance											
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)											
а	PROGRAM EXPENSES	37,782.	37,782.									
b	MEETINGS AND TRAINING	15,639.	11,179.	1,001.	3,459.							
c					<u> </u>							
d												
е	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	3,055,773.	2,441,478.	257,522.	356,773.							
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 if following SOP 98-2 (ASC 958-720)											
					Earm 990 (2021)							

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,725,394.	1	1,384,747.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	307,830.	4	171,901.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
ξ		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			29,800.	9	133,401.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	65,994.			
	b	Less: accumulated depreciation	41,412.	44,103.	10c	24,582.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	677,459.	14	377,958.		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	3,784,586.	16	2,092,589.		
	17	Accounts payable and accrued expenses		102,401.	17	99,522.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	lated thi	d parties		23	_
	24	Unsecured notes and loans payable to unrelate	ed third	parties	329,759.	24	0.
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			100 100	25	22 522
_	26				432,160.	26	99,522.
		Organizations that follow FASB ASC 958, ch	neck her	• ► X			
Š		and complete lines 27, 28, 32, and 33.			1 516 010		1 120 550
la l	27	Net assets without donor restrictions	1,546,213.	27	1,438,578.		
B	28	Net assets with donor restrictions			1,806,213.	28	554,489.
<u> </u>		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔲			
F F		and complete lines 29 through 33.					
ध	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			2 250 400	31	1 000 000
Ş	32	Total net assets or fund balances			3,352,426.	32	1,993,067.
\Box	33	Total liabilities and net assets/fund balances			3,784,586.	33	2,092,589.

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,05	5,7	73.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	, 35	9,3	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,35		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,99	3,0	67.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization DEGREES OF CHANGE 45-3035382 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 DEGREES OF CHANGE 45-3035382 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	190,172.	621,385.	987,333.	1279938.	1278264.	4357092.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	190,172.	621,385.	987,333.	1279938.	1278264.	4357092.
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)						688,457.
6	Public support. Subtract line 5 from line 4.						3668635.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	190,172.	621,385.	987,333.	1279938.	1278264.	4357092.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42.	12.	98.	-7.	1,574.	1,719.
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						4358811.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,513,363.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.17 %
	Public support percentage from 2020					15	67.81 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	~		• • •	-		▶□
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		•		▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ▶

Schedule A (Form 990) 2021 DEGREES OF CHANGE

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 DEGREES OF CH			4	5-3035382 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	d)	
Sect	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a direction of the second	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3				
7	-				
_	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

DEGREES OF CHANGE 45-3035382

Organization type (check one):

Filers of:		Section	on:
Form 990	or 990-EZ	X	501(c)(3) (enter number) organization
			4947(a)(1) nonexempt charitable trust not treated as a private foundation
			527 political organization
Form 990)-PF		501(c)(3) exempt private foundation
			4947(a)(1) nonexempt charitable trust treated as a private foundation
			501(c)(3) taxable private foundation
Note: On	ly a section 501(c)(7		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule		
	-	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ntributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules		
	sections 509(a)(1) a contributor, during t	nd 170 the yea	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $h(b)(1)(A)(vi)$, that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ar, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Complete Parts I and II.
	contributor, during t literary, or education	the yea nal pur	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I (entering d of the contributor name and address), II, and III.
	year, contributions of the checked, enter he purpose. Don't com	<i>exclusi</i> ere the aplete a	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the fively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box total contributions that were received during the year for an exclusively religious, charitable, etc., any of the parts unless the General Rule applies to this organization because it received nonexclusively contributions totaling \$5,000 or more during the year
			covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must s Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

DEGREES OF CHANGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KRESGE FOUNDATION 3215 W. BIG BEAVER ROAD TROY, MI 48084	\$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JULIA SENSENBRENNER 4319 43RD AVE. NE SEATTLE, WA 98105	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	RUSSELL FAMILY FOUNDATION PO BOX 2567 GIG HARBOR, WA 98335	\$30,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4 NATIONAL CHRISTIAN FOUNDATION 2025 FIRST AVE PH-A SEATTLE, WA 98121	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE BAMFORD FOUNDATION PO BOX 2274 TACOMA, WA 98401	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DISCUREN FOUNDATION 1201 3RD AVE SEATTLE, WA 98101	\$ 45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

DEGREES OF CHANGE

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STEWARDSHIP FOUNDATION PO BOX 1278 TACOMA, WA 98401	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF TACOMA 747 MARKET STREET TACOMA, WA 98402	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	STATE OF WASHINGTON PO BOX 9046 OLYMPIA, WA 98507	\$\$ \$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

DEGREES OF CHANGE

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

DEGREES	OF CHANGE

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of the contribution of the contribut	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)			
No. om art I	Use duplicate copies of Part III if additional s (b) Purpose of gift	c) Use of gift	(d) Description of how gift is held			
_						
_		(e) Transfer of gif	ft			
_	Transferee's name, address, an	dd ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
t I —						
_	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DEGREES OF CHANGE

Employer identification number 45-3035382

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		dvised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or		
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreat		n of a historically important land area
	Protection of natural habitat	· —	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	orm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Yea
а			2a
b			
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
<u> </u>	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
٠	year	based, extinguished, or terminated by	the organization during the tax
4	Number of states where property subject to conservation easi	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	of.
Ŭ	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ü	Land volunteer riedre devoted to morntening, inspecting, in	landing of violations, and officioning o	onsolvation casomonis daming the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conse	ervation easements during the year
•	\$	ing of violations, and emoreing conse	invalion casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(b)(4)(B)(i)
٠	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnote	•	
		ote to the organization's imancial state	ements that describes the
Pa	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		nt and halance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan-		-
b	If the organization elected, as permitted under FASB ASC 958		
b	art, historical treasures, or other similar assets held for public		
	•	exhibition, education, or research in h	urrierance or public service,
	provide the following amounts relating to these items:		L ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
•		voluros, or other cimilar coacts for finan	
2	If the organization received or held works of art, historical trea		iciai gairi, provide
	the following amounts required to be reported under FASB AS	SO 936 relating to these items:	
_	Devenue included on Farms 000, Dart VIII, Park 4		•
а	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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

	rt III Organizations Maintaining C	ollections of Ar	t. Historical T	reasures, or (Other S	imilar	Assets	3330	4 Pa	age ∠
3	Using the organization's acquisition, accession							COILLI	uea)	
3	collection items (check all that apply):	on, and other record	s, check any or th	e following that if	iake sigili	ilcarit u	se oi its			
а	Public exhibition	c	l Digar or e	xchange program						
b	Scholarly research	e		Acriange program						
C	Preservation for future generations	•								
4	Provide a description of the organization's co	lloctions and evalui	a how thoy further	the organization	s ovomnt	nurnos	o in Part	VIII		
5	During the year, did the organization solicit or	· ·	•	-	-		emran	ΛIII.		
3	to be sold to raise funds rather than to be ma		•	•				Yes		No
Par	rt IV Escrow and Custodial Arrang									<u> </u>
	reported an amount on Form 990, Par		cie ii trie organiza	tion answered T	01110	1111 000,	i aitiv, i	ii iC 3, 0i		
12	Is the organization an agent, trustee, custodia		liany for contribution	ons or other asset	e not incl	uded				
··u	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII							_ 103] 110
	ii 100, Oxpiaii tile arrangement ii i art xiii t	and complete the lo	nowing table.					Amoun		
_	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2а	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•			_		1
	rt V Endowment Funds. Complete it									
	·	(a) Current year	(b) Prior year	(c) Two years		Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	-								
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. column	(a)) held as:	l					
	Board designated or quasi-endowment	•	%	(//						
	Permanent endowment									
	_	 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administered	for the o	rganizat	tion			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule F	!?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a	. See Form 990, F	Part X, line	10.				
	Description of property	(a) Cost or o	other (b) Co	ost or other	(c) Accu	ımulate	d	(d) Boo	k value	Э
		basis (investr	nent) bas	is (other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			65,994.	4	1,41	.2.	2	4,58	32.
е	Other									
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. column (B). line	10c.)				2	4,58	32.

Schedule D (Form 990) 2021

(a) Book value (c) Method of valuation: Cost or end of year market v. (f) Financial derivatives (2) Closely held equity interests (3) Other (A) (2) Closely held equity interests (3) Other (A) (3) Other (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(1) Financial derivatives	(a) Descrip				d-of-year market value
2) Closely held equity interests		1.1.2.12	. ,		
(A)					
(A) (B) (C) (C) (D) (E) (E) (F) (G) (G) (H) (E) (F) (G) (G) (H) (E) (F) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H		Tiold oddity intorooto			
B					
(C) (D) (E) (F) (F) (F) (G) (G) (H) (F) (D) (D) (D) (D) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	` '				
(E) (F)					
(F) (G) (G) (H) (Total, (Col., (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 v. (d) Method of valuation: Cost or end-of-year market v. (e) Method of valuation: Cost or end-of-year market v. (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(G) (P) (P) (Dotal. (Col. (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 v. (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10tal. (Col. (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 (c) Method of valuation: Cost or end-of-year market v. (c) Method of valuation: Cost or end-of-year market v. (d) (e) Method of valuation: Cost or end-of-year market v. (d) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
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New Street Program Related.		b) must equal Form 990. Part X. col. (B) line 12.)			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book va (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 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 va (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		b) must equal Form 990. Part X. col. (B) line 13.)			
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(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 va (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
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(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4	-	on rolling ood, rait iv, line	7.70 G. 171. Occ 1 Gill 990, 1 ait A, Illie 20	
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(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII					

Sche	dule D (Form 990) 2021 DEGREES OF CHANGE			3035382 i	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ie per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,696,4	114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
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			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	1,696,4	114.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,696,4	114.
Par	t XII Reconciliation of Expenses per Audited Financial Sta		ses per Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements		1	3,055,7	773.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1			3,055,7	773.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	5	3,055,7	773.
Par	t XIII Supplemental Information.	,			
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.			

SCHEDULE 0 (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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

DEGREES OF CHANGE	45-3035382
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 E	BEFORE IT IS FILED
WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DIRECTORS AND OFFICERS ANNUALLY SIGN CONFLICT OF INTEREST	STATEMENTS AND
ARE ASKED TO DISCLOSE ANY CONFLICTS AT EACH ANNUAL BOARD M	MEETING. THE
POTENTIAL FOR CONFLICTS ARE DISCUSSED IN ANY TRANSACTION I	INVOLVING A
DIRECTOR OR OFFICER IN ACCORDANCE WITH THE CONFLICT OF INT	TEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DISCUSSED THE COMPENSATION ADJUSTME	ENT IN AN
EXECUTIVE SESSION. DOCUMENTATION OF COMPENSATION OF EXECUT	TIVES AT
COMPARABLE ORGANIZATIONS WAS REVIEWED AND DOCUMENTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	560,094.
MANAGEMENT AND GENERAL EXPENSES	25,267.
FUNDRAISING EXPENSES	3,792.
TOTAL EXPENSES	589,153.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	589,153.