

Project W: 2022 Executive Summary

Name of organization: Making a Change Group (MACG)

Focus Area: Family Type of grant requested: Program

Organization background and information

MACG is a young organization but has matured significantly over the last few years. Known as Team MAC and launched in 2004, this foundational youth development program served as a basis for establishing Making a Change Group (MACG), formally incorporated in 2016 as a 501c3 nonprofit. MACG's mission has evolved since its founding, as has the scope and scale of its services. They seek to support social, emotional, and economic change in the areas they serve, intervening at the program – as opposed to system—level. The Connected Visions (Family/Household Services) program offers direct services to thirty-five (35) low-income households. They serve adults and youth ages eight and older. They provide intensive engagement via case management (including needs assessment and goal planning) and access to workshops focusing on social-emotional skill-building, career and workforce development, healthy living, budgeting, communication, and emotional well-being. Their goal is to support households as they address trauma, break cycles of poverty and achieve healthier lives as individuals and household units. They endeavor to provide households with a system of consistent support and community resources to foster the well-being of the entire family unit. The program offers adult needs assessments, goal planning, intensive case management (including referrals), and other supportive services/workshops.

Their adult engagement focuses on:

Career and workforce development
 Budgeting and financial literacy
 Social-emotional skill building
 Basic needs
 Healthy living
 Parenting
 Communication

Summary of grant request/proposal

The grant monies will support MACG's Connected Visions program, which is designed to help low-and moderate-income families residing in Chester, PA, and surrounding communities. The program works holistically with families (the majority of whom are female-headed households) as they address trauma, break cycles of poverty and achieve healthier lives as individuals and household units using a case management-based approach. If awarded the top grant of \$30,000, it will be used entirely in Year 1.

MACG wants to build the women's skill level and resource access in the CV program, focusing on the female-headed households they serve. Connected Visions targets low-income Delaware County families (with an emphasis on Chester City and surrounding communities) that are traditionally underserved and lack access to the resources they need to live healthier lives. As already indicated, most households served are headed by single moms (20 of the 28 families currently receiving services), many of whom need substantial support to improve their quality of life and their children. A grant from Project W would help bridge the gap in funding for the Connected Visions (CV) program.

Why your committee chose this organization/grant request

Most of the Family committee members felt that MACG would be impacted the greatest by a Project W grant since the organization has a relatively smaller size operating budget serving the most vulnerable of Delaware County's women and their families. The site visit to MACG significantly impacted our decision since it allowed us to better understand the depth of their valuable work to support women in Delaware County. Our members also felt very strongly about their mission, the work that they have accomplished as a young organization, and the difference they are making in the community. Connected Visions deserves Project W's strong support as they continue to make an impact in the community they serve.

Link to organization's website: www.makingachangegroup.org

Making a Change Group: (Connected Visions) 4/5/22 5:30 pm

- 1. Who will be leading the Connected Visions (CV) program and what is the support structure in place? Will this person be leading other programs at MAC or only this one?
- Connected Visions is led by the program director, who is currently Michelle, along with a team of support.
- Michelle is leading two other programs as well, each with their own team of support.
- There are now 4 full-time members, upgraded from 2, which originally were Michelle and Cory.
- There are 6 part-time workers, currently.
- The group is looking into other support options such as long-term volunteers on projects to further support.
- 2. How do families enroll in the program? How do you conduct your outreach to prospective new families? Do families have to meet certain qualifications to enroll?
- Informally, the executive director is "one of the most popular people in Chester" and has a large outreach.
- The formal operation begins with either a referral or a planned recruitment effort.
- Outreach is conducted through program and community events.
- CV is an income-based program, with income requirements dictated by local poverty guidelines.
- Outreach is done through events.
- One example of an upcoming outreach event is as follows:
 - There will be an event with a local restaurant group 'Everybody Eats Philly', inviting students from MAC's after school program, their parents/guardians, existing CV parents, and some referrals.
 - The event will include inviting these individuals to come out to the restaurant, where stations will be set up with ingredients and chefs will teach the families to cook a healthy meal. This event will also incorporate information on CV's financial literacy program and how to prepare healthy meals under \$15.
 - For this event, CV has created a recipe book, printed and put together by the students, which is going to be handed out along with a coupon book.
 - o There are 30-40 participants expected at this event.
 - The main talking points at this event include the CV program and their resources.
- CV is also a contracted partner with Chester Upland School District, which is how most of the referrals are done.
- Additional question asked: Specific qualifications needed to meet in order to be enrolled?

- Required to live in Delco, majority of folks need to be under a certain income limit (usually these individuals are way below the set level), and majority of the enrollees live in Chester (although the program is not exclusive to this area).
- 92% of the families involved in the CV program are single, female-led households.
- 3. How do you convince/encourage families to participate in the CV Program? Can you provide some specific examples of success? (Talking points: example of someone who has gone on to college or finished their GED and now has a decent job or an example of improved parenting, etc)
- One specific example for this question:
- The way the program is introduced to potential participants is by asking questions.
- One of the big needs is improving employment, providing affordable, quality housing for participants.
- Other ways of introducing CV include fun activities that also provide some sort of support that is accessible and attractive.
- For example: for the parents/ guardians dropping their kids off at the MAC summer camp, a book club was created for these parents to meet and chat, and served as a peer-to-peer support group for these adults.
- Success story that CV has helped provide: Karen Wilson, grandmother.
 - Her son and her daughter both passed away within the past 6 months, unexpectedly.
 - Karen is now the primary caretaker of 3 girls: infant, elementary, middle school ages.
 - Karen lacks support, as she has not been a parent to young people in a long time.
 - The CV program has helped Karen secure food, toys, clothes, legal support for the custody process (which was foreign to her), trauma and mental health support to herself and the children.
- CV also has a partnership with public defender's office/ juvenile justice office
 - Referrals for young people and their families come from these places as well.
 - Example: 19 year old woman, pregnant, homeless, no medical cards or benefit cards in place, hopes to receive her high school GED, no benefits for food, was working but could not continue working here.
 - Since this young woman has been working with CV, they have found housing for her, are going to help her complete school, going to help her receive viable job training and resources, help her with medical care, and has provided her with emergency food stamps to help out with the emergency income in the short-term.
- 4. Please further define the program as to whether it is more of a youth development program or one that benefits women. Can the Project W grant

award be used specifically for women and children? How many women will benefit from the CV program going forward? (The current application mentions 35 households)

- Connected visions is their family-based program and was developed and still holds to supporting the families of the young people on their community.
- They are committed to supporting the entire family, not just the children.
- They take each family and individually decide what services they need, and they pull in resources as needed.
- CV is a holistic approach, but the focus is the head of the household.
- Of the 35 family capacity, CV is anticipating supporting 29-30 female-led households this year.
- There are 23 active families as of now. Since Michelle has started the program, she has had 10-12 families successfully complete the program, and now 4-5 more are in discharge status, having met their goals.
- Goals: CV defines family goals and personal goals, separately, so they are both achieved.
 - Usually, the family goal becomes the focus with the single female-led household, but CV makes sure personal goals are met as well.
 - A full intake and needs assessment performed by CV leads to personal goal setting and the goals are re-assessed each month.
 - How long does this needs-assessment take to sort-out? They are performed sensitively depending on the individual and where they are. The process may be adapted, so it may vary in length.
 - Initial screening is performed over the telephone and the conversation includes finances and predominant needs.
 - Then, an in-office interview is conducted if the family wants to move forward with the program. This usually takes 45-90 minutes.
- 5. Could you share a specific example of a program for a client? Perhaps following "Client A" for a 12-month period. What was the contact during that time and what were the results?
- Ms. Genesis Cardoza:
 - o Active member for 12 months, since the pandemic began.
 - Checks in weekly with their case manager (requirement for the program) virtual or in person.
 - There is a 3 event minimum per quarter in order to remain active in the program.
 - Genesis is a single mother of 2 boys, works full-time, and is enrolled in a nursing assistant program, for which she is now performing an externship.
 - Her goals are to: save money to purchase a home, improve her credit score, become a nursing assistant.
 - Since starting with CV, she has saved \$10,000 for her home, her credit score has been improved enough she is working with lone companies for her home, she currently in her nursing assistant program at the end

stages, and once she gets into her new role as a nursing assistant and she has the income necessary to help her finish qualifying for her home, the family is hoping to move in to their new home soon.

Additional question asked: What is the organizations main challenge (long-term)?

- Operations support.
- Securing enough funds to keep impactful programs running in the future.

Connected Visions

Organization Name: Making a Change Group

Organization website, if available: : https://www.makingachangegroup.org/

State your organization's mission: The Making a Change Group (MACG) is dedicated to empowering youth, strengthening families, and serving as a community connector in Chester, PA and its surrounding townships. We accomplish this mission by developing and implementing initiatives that increase access to resources for those we serve – supporting social, emotional, and economic change.

Briefly describe how the grant funds will be used in two to three sentences: : Making a Change Group (MACG) is applying for project support for its Connected Visions program, which is designed to support low- and moderate-income families residing in Chester, PA and surrounding communities. Using a case management-based approach, the program works holistically with families (the majority of whom are female-headed households) as they address trauma, break cycles of poverty and achieve healthier lives as individuals and household units.

Focus - 1st Choice : Family

Focus - 2nd Choice: Education

Type of Grant Requested: : Program

Program Name, (if general operating, please state "General Operating"): : Connected Visions

If you are awarded the top grant of \$30,000 how would you like the funds to be distributed? : Entirely in Year 1

Proposal Narrative:

Please provide organizational background and Information.: Cory Long felt called to make a change in his hometown of Chester, PA, recognizing that many of its residents face systemic socio-economic challenges that often make it difficult for them to flourish. He initially focused on mentoring youth. Known as Team MAC and launched in 2004, his foundational youth development program served as basis for establishing Making a Change Group (MACG), which was formally incorporated in 2016 as a 501c3 nonprofit. MACG's mission has evolved since its founding, as has the scope and scale of its services. As outlined further below, MACG now has four core programmatic initiatives. Expenses were \$186,110.22 in fiscal year 2020 and are budgeted at \$621,494.01 for fiscal year 2022. MACG has a small staff comprised of 2 FT and 8 PT/contract workers. Recognizing that no one entity, alone, can remedy the issues it seeks to address, MACG prioritizes establishing partnerships with other organizations and systems (schools, law enforcement, social service agencies, faith institutions, etc.) to accomplish its mission. Current key partners include: • The Chester Upland School District • Delaware County Office of the District Attorney • Chester Housing Authority • Chester Police Department • The Foundation for Delaware County • FUSE (Fellowship of Urban Suburban Engagement) • Amachi Program • Chester Community Coalition • Chester Boys and Girls Club • City Team • Maturity Works

List your organization's overall goals and objectives and give a brief summary of your organization's history, successes and challenges.: Our mission and brief history are outlined above. As noted elsewhere in this application, we seek to support social, emotional, and economic change in the area we serve, intervening at the program – as opposed to system – level. We are a young organization but have matured significantly over the last few years. Organizationally, MACG has established the following strategic goals: 1. While maintaining our foundational focus on youth development, recognize and address the environmental factors impacting young people including family and community. 2. As we grow, be mindful of establishing a strong infrastructure to sustain our work, managing future growth at a manageable pace. 3. Diversify and grow our funding base, incorporating corporate giving in addition to the individual donors and public/foundation investors we have already engaged. 4. Continue to build partnerships within our community - relying and recognizing the assets that do exist within the community. 5. Enhance our capacity to collect, track and analysis data in order to tell the story of our work 6. Board development 7. Operate within our core values of commitment, accountability, integrity, collaboration and service with an awareness of the importance of servant leadership and trauma-informed care. Our on-going direct services have reached approximately 120 individuals annually over the last two years; we anticipate those numbers will close to double in the coming year. MACG is proud that is was able to sustain its deeper touch programming through the COVID pandemic, utilizing virtual means and cautionary face-to-case engagement to maintain client contact. Over the last several

years, MACG has also engaged/impacted hundreds of other community members via other one-time/sorter-term initiatives, be that sponsoring community resource sharing broadcasts, addressing trash remediation issues, supporting COVID vaccine hesitancy initiatives, providing food and essential resources to those facing food insecurity, coordinating holiday toy/gift drives, etc. Our efforts have been recognized via additional funding opportunities that have begun to become available, most notably funding from Delaware County via Community Development Block Grant dollars and the Pennsylvania Commission on Crime and Delinquency. The challenges we face are connected to some of the goals we outlined above: securing sufficient revenues to scale our work - particularly revenues that are unrestricted and not cost-reimbursement-based; assuring that we focus on building out our own internal capacity as we grow; and securing and retaining talented staff.

Describe your current programs, activities, service statistics, especially as it pertains to the number of underserved women with a focus on the needs in Delaware County. : As already described, our services vary between circumstance-specific shortterm initiatives (e.g. census outreach and education; live broadcasts) and ongoing programming. MACG currently has four programmatic initiatives: 1. Family/Household Services - Connected Visions. We offer direct services to thirty-five (35) low-income households at any point in time, serving adults and youth ages 8 and older – providing intensive engagement via case management (that includes needs assessment and goal planning) and access to workshops focusing on such topics as: social-emotional skillbuilding, career and workforce development, healthy living, budgeting, communication, and emotional well-being. Our goal is to support households as they address trauma, break cycles of poverty and achieve healthier lives as individuals and household units 2. Youth Development – Team MAC. We provide program participants with relationships and real-world experiences as well as educational workshops and other resources that they would otherwise not have access to. Using the lens of the Search Institute's 40 Developmental Assets for youth, Team MAC supports participants in cultivating the skills needed to shape their own lives and learn how to engage with and contribute to their community. In the current fiscal year, we are currently reaching about 70 young people via this program, 3. Violence intervention/Prevention Services – GVINE (Gun Violence Intervention Network & Empowerment) is a new youth-centered juvenile justice and violence-prevention initiative focused on young people ages 14-24. This program provides: (1) street outreach and violence interruption: (2) identification and engagement of as well as tailored supports for individuals who are most likely to be perpetrators/victims of gun violence: and (3) trauma-informed care. Designed to conduct outreach to over 200 individuals annually, the program provides focused services to 40 youth at any point in time who are in the juvenile justice system, atrisk of committing a violent act or prior victims of violence and seeks to identify interrupters who can be trained as par of a community-wide effort to reduce violence. 4. Community-Based Resource Development - Connected Communities. Our communitybased initiatives focus on outreach, community education, resource generation, and critical needs. We build partnerships with other social-service organizations, schools, businesses, government officials and individuals that foster community-wide outreach, resource development and action. Recognizing that our size enables us to pivot quickly, we have addressed a variety of needs, including but not limited to: sponsoring community resource sharing broadcasts, addressing trash remediation issues, supporting COVID vaccine hesitancy initiatives, providing food an essential resources to those facing food insecurity, coordinating holiday toy/gift drives, etc. Our work supporting women and families is manifest throughout all our programming but is particularly evident in our Connected Visions program. The majority of currently enrolled families are female-headed households with children – most of whom are living in poverty.

How does your organization demonstrate its commitment to diversity, equity, inclusion and access?: Lack of equity, inclusion and access was one of the driving forces that led Cory Long to found the Making a Change Group. As noted below, people of color are especially at risk in Chester and many of the other communities MACG serves. This reality is complicated by the fact that robust services are often lacking in the communities most hard hit. Those involved in Making a Change Group are dedicated to trying to remedy these imbalances. We prioritize Chester city residents, particularly those of color, in our work but are open to those in need throughout the county, no matter their race or ethnicity. Our Board and Staff reflect the demographics of those we serve; wherever possible we seek to draw our staff and contract workers from the City itself.

Identify the need to be addressed providing evidence of size/severity with this grant.: MACG seeks to address the lack of equity, inclusion and access in Chester City and neighboring communities in Delaware County, PA. The vast majority of Chester residents identify as Black (68.92%) or Hispanic (11.63%). The median income is \$32,403. The poverty rate is 31.42%. The unemployment rate is 12.1%. Chester Upland School District has a 74% graduation rate; only 7% of students score proficient in math, 23% in reading. Although crime rates have been trending downward, the 2019 crime rate in Chester was still 628 (City-Data.com crime index), 2.3 times greater than the U.S. average - higher than in 98% of all cities across the U.S. The negative impacts of these realities are wide-ranging: social-emotional impacts on individuals, including trauma, as well as institutional impacts such as disincentives for businesses and home ownership, which negatively impacts the City's tax base and leads to more poverty and underfunding of services, including education. Among those currently enrolling in Connected Visions (CV), the vast majority are

unemployed or have family incomes that fall below the 30% Median Family Income rate for Delaware County. Many of the CV families are female-headed households; several are or have recently been homeless. Most identify as persons of color. Many households include three or more children; some of those struggle with disabilities.

Explain your objectives for the grant request.: A grant from Project W would help us bridge the gap in funding that remains for the Connected Visions (CV) program beyond what we hope to secure for next year's program from Delaware County (CDBG and DELCO Impact) and the Chester Upland School District. We want to build the skill level and resource access of the women who are in the CV program, with a particular, but not exclusive, focus on the female- headed households we serve. Specific program goals and objectives are enumerated below.

How does this grant specifically align with Project W's mission?: Project W is committed to enhancing and improving the quality of life for women in Delaware County. Connected Visions targets low-income Delaware County families (with an emphasis on Chester City and surrounding communities) that are traditionally underserved and/or lack access to the resources they need to live healthier lives. As already indicated, the majority of households served are headed by single moms (20 of the 28 households currently receiving services), many of whom need substantial support to improve their quality of life and that of their children.

How do you plan to accomplish these goals?: We endeavor to provide households a system of consistent support and community resources to foster the wellbeing of the whole family unit. The program offers needs assessments, goal planning, intensive case management (including referrals) and other supportive services/workshops to adults. Our adult engagement focuses on: • Career and workforce development • Basic needs • Educational attainment • Budgeting and financial literacy • Healthy living • Emotional wellbeing • Social-emotional skill building • Parenting • Communication Our youth services provide program participants with relationships and real-world experiences that they might otherwise not be exposed to, with the intent of encouraging them to reach their full potential and dissuading them from participating in crime, drugs, and violence. Services include: • social-emotional skill development • mentorship • career preparation • school engagement • group workshops addressing a range of topics, including financial literacy, health and wellness, etc.

Who will be responsible and what is their relevant experience?: Including leadership, the team is comprised of 10 FT, PT and contract workers. Cory Long – Executive Director. Cory founded MACG and has been responsible for shepherding it from a single youth development program launched in 2004 to a multi-service nonprofit certified as a 501c3 in 2016. Cory served as the Assistant Director for the Chester Police Activities League from 2007-2009 and as the City's Anti-violence Coordinator from 2009-2012. Michelle Jackson – Program Director. Michelle has worked in both the public and private sectors, with a focus on educational and social service settings. She is skilled in curricula development and has experience supporting clients with workforce development needs. She oversees all of MAC's program strands: Team MAC, Connected Visions, Connected Communities and GVINE. Michelle has a degree in liberal arts and communication from Villanova University. Brittani Halles – GVINE PT Project Coordinator. Brittani serves as the Project Coordinator both for MACG's GVINE program and a violence prevention/mentoring project sponsored by Amachi, working PT for both organizations. She has worked with at-risk youth throughout her career, with a focus on violence prevention since 2021. Brittani has a BS in Elementary Education, Special Education & Early Childhood Development from Eastern University. MACG's team is rounded out by a set of case managers, mentors and violence intervention specialists. Cory has also engaged two organizational consultants with expertise on the program and operations side of organizational development to help shepherd the organization through its recent growth spurt.

How will you measure the impact of the grant request?: We have established measurable outcomes to assess program impact. Family outcomes center around socio-emotional well-being, access to needed services (workforce development, education, healthy living, etc.) and increased financial security. Impact metrics are as follows: • 100% of families develop goal plans • 80% of families demonstrate progress in achieving their goals • 80% of families participate in workforce-development-related activities • 75% of families show increased wellbeing, as measured by survey responses and/or observations on the part of case managers Our youth outcomes focus on participants' academic success, socio-emotional wellbeing, and workforce readiness. We utilize the following metrics to gauge impact: • 80% of youth are in school and on-track for grade promotion/graduation or have a high school diploma or GED (based on family self-report) • 75% of youth demonstrate increased social-emotional skills (based on 40 Developmental Assets and pre-and post surveys) • 60% of high-school graduates pursue post-secondary activities • 20% of youth over 16 are employed or looking for work

Please indicate the number of women impacted by the grant request. : Direct services via the Connected Visions program will reach a minimum of 35 women.

What challenges do you anticipate?: One of the challenges we have been facing and will continue to face is constructively engaging with participants in the face of the COVID 19 pandemic. We have developed a range of solutions that are enabling us to productively engage with clients while adhering to health guidelines. If we meet with families in our offices, we do so one-on-one and adhering to mask and social distancing requirements. To create a sense of community, we are offering a set of socially distanced, outdoor events. The majority of our services are virtual. To facilitate virtual services, we have upgraded our own technology capacity and acquired tools that we can loan clients who lack technology access. Another challenge relates to staff. Given the realities of COVID and its impact on the employment market, we experienced more staff turn over last year then we would have hoped. We are building a strong team currently but need to have sufficient revenues to offer competitive salaries and benefits.

What will you do if you receive more or less funding than you have requested in this application? : MACG would curtail the # of youth/families served via this project should funding be insufficient; conversely, MACG would scale the project even further than projected if funding exceeds the current budget.

What is the anticipated timeline for implementing the grant request?: This program is ongoing. The following outlines key milestones for PY 2022-2023: - July 2022 (and ongoing as needed based on enrollment and program capacity): Conduct outreach to prospective new families - August 1, 2022 (and on-going as needed based on program capacity): Enrollment of new families - August 1, 2022 to June 30, 2023: On-going service provision - October 2022; January 2023; April 2023; July 2023: Quarterly assessment and reporting - July 2023: Year-end program evaluation

Detailed Budget of Grant Proposal - Please upload a PDF: Connected Visions - Draft Budget FY 2022-2023 Revised 2 5 22.pdf

Total Program Budget, if requesting program or capacity building: : \$220,787

Total Organizational Budget: : \$621,494

Please attach Most Recent IRS Form 990 and/or Audited Financial Statements: MACG 2020 990 and Unaudited 2021 Financial Statements.pdf

Fiscal Year End: : 2022-12-31

Are there volunteer opportunities available for our Project W members? If so, please describe how we can help - the number of volunteers, the nature of the project, etc.: MACG functions utilizing a small staff and relies on volunteer support to address some of our program and operational needs. We would welcome volunteer supports in the following areas: • Marketing and communications • Event support • Meeting client basic needs (food distribution etc.) • Volunteer Coordination

Have you received a grant from Project W in the past? : No

Project W is a program of The Community's Foundation. TCF supports many charitable organizations through our various grant programs. Please visit www.TCFhelps.org for more information. Have you received funding through any grant programs at TCF in the last three years? If yes, how much and when?: Yes. MACG received the following funding from The Community's Foundation: \$2,000 in FY 2020 (Restricted Grants Fund) \$725 in FY 2020 (Chester Business Association Community Fund) \$200 in Dec. 2021 (Donation made when Cory Long joined Marketing Committee) \$500 in June 2021 (General Operating Support)

List of five largest funders in the last fiscal year and grant amount, if applicable.: 1. Delaware County Community Development Block Grant - \$104,590.07 billed in 2021 over 2 contract periods for Connected Visions Program. 2. Foundation for Delaware County – two grants totaling \$52,551.60 \$25,000 for Connected Visions \$27,551.60 for Vaccine Hesitancy 3. Chester Upland School District - \$35,147.61 billed in 2021 over 2-contract periods for Team MAC program 4. Two Individual donors (who wish to remain anonymous) #1 - \$37,000 #2 - \$18,000 Independence Public Media Foundation - \$10,000

Current List of Board Members and their affiliations: Courtney A. Thomas-Wallace, Esq. General Counsel Defense Logistics Agency David J. Martin Treasurer; Member of the Board Compensation Committee President & CEO Education Enhancement Enterprises, Inc. (KnowledgePoints) Dr. David V. Rudd Board Chair and Member of the Board Budget Committee Emeritus Professor of Business Administration (Marketing) Emeritus Eugene C. Fish Distinguished Chair of Business Heidi Carp, MSW, LCSW Member of the Board Development Committee Gwen Miriam Sigler Member of the Board Budget Committee Educator, Multilingual Translator, Pharmaceutical Technician Tamara Wilson, Esq. Member of the Board Compensation Committee Chester County Program Manager CASA (Court Appointed Special Advocate) Youth Advocates, Inc. Veronica Woods Member of the Board Budget Committee Daniel Woods Realty

IRS 501(c)(3) Nonprofit? : Yes

IRS Designation / Fiscal Agreement : MACG 501c3.pdf

Federal ID #: : 80-0779697

AGREEMENT

I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

Date: 2022-02-10

Signature of Executive Director: Cory Long

Total Review Score: 0.00

Average Review Score:

Created by : nate@wizehive.com

Record ID # : 35260796

Last change : 2022-02-10T23:40:33+0000

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

, 2020, and ending , 20 For the 2020 calendar year, or tax year beginning Check if applicable: D Employer identification number MAKING A CHANGE GROUP Address change 80-0779697 PO BOX 1115 Telephone number Name change CHESTER, PA 19013 (610) 800-1520 Initial return Final return/terminated G Gross receipts \$ Amended return 227,318. F Name and address of principal officer: CORY LONG H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 501(c) (Website: ► WWW.MAKINGACHANGEGROUP.ORG H(c) Group exemption number Form of organization: X Corporation Trust L Year of formation: 2016 M State of legal domicile: PA Summary Briefly describe the organization's mission or most significant activities: THE MAKING A CHANGE GROUP (MACG) DEDICATED TO EMPOWERING YOUTH, STRENGTHENING FAMILIES, AND BUILDING HEALTHIER COMMUNITIES IN CHESTER, PA AND ITS SURROUNDING TOWNSHIPS. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b)..... 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 87,321 184,954. Program service revenue (Part VIII, line 2g) 35,756 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 13. 1. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 123,078 227,318 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 59,510 121,298 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... 11,456. **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 37,820 64,812. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 108,786. 186,110. Revenue less expenses. Subtract line 18 from line 12..... 14,292. 41,208. End of Year **Beginning of Current Year** Total assets (Part X, line 16)..... 71,193. 20 20,892. 21 Total liabilities (Part X, line 26)..... 1,880. 10,973. 22 Net assets or fund balances. Subtract line 21 from line 20..... 19,012. 60,220. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here CORY LONG EXECUTIVE DIR. Type or print name and title Print/Type preparer's name Preparer's signature CARLOS CARDOSO, EA CARLOS CARDOSO, EA P00513343 **Paid** self-employed Preparer ► ECO-TAX INC. Use Only Firm's address 2709 CONEY ISLAND AVE GROUND FL Firm's EIN $\rightarrow 43-1990034$ BROOKLYN, NY 11235 (347) 673-6360

May the IRS discuss this return with the preparer shown above? See instructions

Yes

| Part | t III | Statement of Program Service Accomplishments | 7 |
|------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| | الماء الماء | Check if Schedule O contains a response or note to any line in this Part III | 7 |
| 1 | - | y describe the organization's mission: | |
| | | MAKING A CHANGE GROUP (MACG) IS DEDICATED TO EMPOWERING YOUTH, STRENGTHENING | _ |
| | | ILIES, AND BUILDING HEALTHIER COMMUNITIES IN CHESTER, PA AND ITS SURROUNDING | _ |
| | 10W | NSHIPS. | _ |
| 2 | Did the | e organization undertake any significant program services during the year which were not listed on the prior | - |
| | | 990 or 990-EZ? | |
| | | s," describe these new services on Schedule O. | |
| | | ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No | |
| | | s," describe these changes on Schedule O. | |
| 4 | Descr | ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section | on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. | |
| | and re | evenue, if any, for each program service reported. | |
| | (0 1 . | \(\frac{1}{2} \cdot \cdo | _ |
| 4 a | (Code | |) |
| | | SUMMER 2020, MACG ORGANIZED FIVE MAJOR TRASH CLEAN-UPS THROUGHOUT THE CITY OF | _ |
| | CHE | STER. | _ |
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| | | | - |
| | | | - |
| | | | - |
| | | | - |
| | | | - |
| | | | _ |
| 4 b | (Code | e:) (Expenses \$ 9,772. including grants of \$) (Revenue \$ 6,050. |) |
| | | JULY AND AUGUST 2020, MACG TEAM MEMBERS DISTRIBUTED 1,000 RECREATIONAL BACKPACKS | • |
| | | PART OF OUR V-PRYDE INITIATIVE (VIOLENCE PREVENTION RECREATION YOUTH DEVELOPMENT | - |
| | | ENGAGEMENT). | _ |
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| | | | _ |
| | | | |
| 4 c | (Code | |) |
| | | G PROVIDED CRITICAL COVID RELIEF (FOOD, ESSENTIAL SUPPLIES, PPE) TO 40 FAMILIES AS | _ |
| | THE | PANDEMIC UNFOLDED. | _ |
| | | | _ |
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| | | | _ |
| | | | _ |
| ۸ ۸ | Other | program services (Describe on Schedule O.) SEE SCHEDULE O | _ |
| | (Expe | | |
| | | program service expenses ► 68.402. | _ |

Form 990 (2020) MAKING A CHANGE GROUP Part IV Checklist of Required Schedules

| | | | Yes | No |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | | Х |
| k | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> | 11 b | | Х |
| C | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| C | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | Х |
| 6 | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Χ | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| 12 a | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| k | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Χ |
| 14 a | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> . | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F. Parts III and IV</i> | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions. | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> | 20a | | Х |
| b | olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2020) MAKING A CHANGE GROUP 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 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> | 23 | | Х |
| 24 | a 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 | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i> | 26 | | Х |
| 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 |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | X |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i> | 33 | | Х |
| | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> | 37 | | Х |
| 38 | Note: All Form 990 filers are required to complete Schedule O. | 38 | Χ | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check if Schedule O contains a response of note to any lifte in this Part V | | Yes | No |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 163 | 110 |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | |
| D ^ | | 1 c | 000 | (2020) |
| BA. | ILLAVIOTE INVITED | rorm | 990 (| (ZUZU) |

Form 990 (2020) MAKING A CHANGE GROUP

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

| | | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|----|
| 2 a | 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 2 | | | |
| 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) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O | 3 b | | |
| | 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)? | 4 a | | Х |
| t | of Yes,' enter the name of the foreign country • | | | |
| 5 ~ | 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? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | 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? | 6 a | | Х |
| | of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | |
| · | services provided to the payor? | 7 a | | X |
| | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7с | | Х |
| , | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7.0 | | 21 |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | Х |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| ç | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | | | |
| | as required? | 7 g | | |
| ŀ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | , | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | 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? | 12 a | | |
| | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| | 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. | | | |
| | 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 | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14 b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 1-750 | | |
| 13 | excess parachute payment(s) during the year? | 15 | | X |
| 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. | | | |

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 officer, director, trustee, or key employee?..... Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8 2 **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Q..... 9 X **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **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 16_b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE 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) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

CORY LONG 19 7TH ST UPLAND PA 19015 (610) 800-1520

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any rela | ted organiz | ation | con | nper | sate | ed any | / cu | rrent officer, direct | or, or trustee. | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|----------|-----|-------------------------|---------------------------------------|--------|------|-------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted | or direc | dir | (do n box, n an cector) | ot che unles officer /truste | , | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) CORY LONGEXECUTIVE DIR. | 40 0 | - | Ř | X | | ited | | 44,350. | 0. | 0. |
| _(2)_RICKY_TAYLOR_ PROGRAM_COORDINATOR | $-\frac{17}{0}$ | | | | Х | | | 13,831. | 0. | 0. |
| (3) DAVID J MARTIN TREASURER | $-\frac{10}{0}$ | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Form 990 (2020) MAKING A CHANGE GROUP | | | | | | | | | 80-077969 | 7 | Page 8 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|---------------------------|-----------------------------------|---------------------------------|--------------|-----------------------------------------------|---------------------------------------------------------|---------------|---------------------------------------------------|
| Part VII Section A. Officers, Directors, Tru | | Key | En | | | es, | and | d Highest Com | pensated Emp | oyees | (continued) |
| (A) Name and title | Average hours per week | box | , unle | check ess pe nd a o | sition more erson direct | than is both or/trus | n an tee) | (D) Reportable compensation from | (E) Reportable compensation from related organizations | Estimat of | (F) ed amount other |
| | (list any hours for related organiza - tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | the org | sation from janization related nizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | 58,181. 0. 0. Intinuation sheets to Part VII, Section A. Solution list and fol. To individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation nization To action list any former officer, director, trustee, key employee, or highest compensated employee Tyes, complete Schedule J for such individual. Tyes No Tyes | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| | | | | | | | > | | | | |
| | | | | | | | > | | | | |
| 2 Total number of individuals (including but not limited | | | | | | | ved | | | ensation | |
| 3 Did the organization list any former officer, direct | tor. truste | ee. ke | ev e | mple | ovee | e. or | hiał | nest compensated | emplovee | | |
| on line 1a? If 'Yes,' complete Schedule J for suc | h individu | ıal | | | | | | | | . 3 | X |
| the organization and related organizations greate such individual | er than \$1 | 50,00 | 00'? | <i>lf '</i> \ | /es, | com | iple | te Schedule J for | | . 4 | X |
| Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes Section B. Independent Contractors | e comper s,' comple | satic te So | n fr chec | om dule | any <i>J fo</i> | unre <i>r suc</i> | late :h p | ed organization or erson | individual | . 5 | Х |
| 1 Complete this table for your five highest compen | sated indessation for | epen the c | den alen | t coi dar j | ntrad year | ctors endii | tha | nt received more the with or within the or | nan \$100,000 of ganization's tax year | | |
| (A) Name and business add | ress | | | | | | | Description (| of services | (C) Comper |) isation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including the \$100,000 of compensation from the organization | | ited to | o the | ose I | isted | d abo | ve) | who received more | than | | |
| ψτου, σου οι compensation from the organization | U | | | | | | | | | | |

Form 990 (2020) MAKING A CHANGE GROUP 80-0779697 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (C) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 184,954 **q** Noncash contributions included in h Total. Add lines 1a-1f 184,954 Program Service Revenue Business Code 2a PROGRAM SERVICE FEES 42,351 42,351 ${f f}$ All other program service revenue. . . g Total. Add lines 2a-2f 42,351 Investment income (including dividends, interest, and other similar amounts) 13 13 Income from investment of tax-exempt bond proceeds Royalties.... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less.... returns and allowances. 10a **b** Less: cost of goods sold. . . . 10b

| | c Net income or (loss) from sales of inve | ntory | | |
|---|-------------------------------------------|---------------|--|--|
| | | Business Code | | |
| ō | 11 a | | | |
| 롲 | 11 a b c d All other revenue | | | |
| Š | c | | | |
| ď | d All other revenue | | | |
| | e Total. Add lines 11a-11d | | | |

318

364

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

| Do r 6b, 7 | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|-------------------------------------|--------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | одрешее | general expenses | олроносс |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 58,181. | 28,910. | 14,636. | 14,635. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described | | | | |
| 7 | in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 58,268. | 21,454. | 36,814. | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 4,849. | 2,425. | 2,424. | |
| 11 | Fees for services (nonemployees): | , | , | , | |
| | Management | | | | |
| | Legal | | | | |
| | : Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| _ | (A) amount, list line 11g expenses on Schedule O.) | 2,463. | | 2,463. | |
| | Advertising and promotion | 3,292. | | 3,292. | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 17 | Occupancy | | | | |
| | 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 | 2 | | | |
| 23 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.). | 2,671. | | 2,671. | |
| а | EVENT EXPENSE | 21,946. | 6,570. | 3,441. | 11,935. |
| | OFFICE SUPPLIES | 8,152. | | 8,152. | |
| | PROGRAM EXP | 5,453. | 5,453. | | |
| | DONATIONS | 5,218. | 3,590. | | 1,628. |
| | All other expenses | 15,617. | | 15,617. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 186,110. | 68,402. | 89,510. | 28,198. |
| 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) | | | | |

| | | Check if Schedule O contains a response or note to ar | ny line in this Part X | | | |
|----------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 20,892. | 1 | 71,193. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or former | officer, director, | | | |
| | _ | Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these person | ntributor, or 35% | | _ | |
| | | | <u> </u> | | 5 | |
| | 6 | Loans and other receivables from other disqualified personal to the state of the st | | | | |
| | _ | section 4958(f)(1)), and persons described in section 495 | ` ' ' ' ' ' ' | | 6 | |
| | 7 | Notes and loans receivable, net | ⊢ | | 7 | |
| Assets | 8 | Inventories for sale or use | <u> </u> | | 8 | |
| SS | 9 | Prepaid expenses and deferred charges | | | 9 | |
| • | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | Da | | | |
| | b | Less: accumulated depreciation |) b | | 10 c | |
| | 11 | Investments – publicly traded securities | | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 20,892. | 16 | 71,193. |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of | | | 21 | |
| Ħ | 22 | Loans and other payables to any current or former office key employee, creator or founder, substantial contributor | r, director, trustee, | | | |
| Liabilities | | controlled entity or family member of any of these person | , or 35% ns | 1,880. | 22 | 1,880. |
| | 23 | Secured mortgages and notes payable to unrelated third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | · | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Comple | | | 25 | 9,093. |
| | 26 | Total liabilities. Add lines 17 through 25 | L | 1,880. | 26 | 10,973. |
| S | | Organizations that follow FASB ASC 958, check here ► | П | , | | • |
| ၓၘ | | and complete lines 27, 28, 32, and 33. | | | | |
| 쿌 | 27 | Net assets without donor restrictions | | | 27 | |
| <u>m</u> | 28 | Net assets with donor restrictions | | | 28 | |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. | here ► X | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| 515 | 30 | Paid-in or capital surplus, or land, building, or equipment | | | 30 | |
| Š | 31 | Retained earnings, endowment, accumulated income, or | ⊢ | 19,012. | 31 | 60,220. |
| t A | 32 | Total net assets or fund balances | | 19,012. | 32 | 60,220. |
| ž | 33 | Total liabilities and net assets/fund balances | | 20,892. | 33 | 71,193. |
| ВА | A | TEE | A0111L 10/07/20 | , | - | Form 990 (2020) |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|---------------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 227, | 318. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 186, | 110. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 41, | 208. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 19, | 012. |
| 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 | | 60 | 220. |
| Pai | rt XII Financial Statements and Reporting | | | - 00, | 220. |
| | <u> </u> | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | Yes | No |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 : | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | :a | Х |
| | 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 | ed on a | | | |
| ı | b Were the organization's financial statements audited by an independent accountant? | | 2 | b | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis | ite | | | |
| (| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | : c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | з | a | Х |
| ı | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 | b | |
| BAA | TEEA0112L 10/19/20 | | Fo | rm 990 | (2020) |

| | The Making A Change Group - Connected Visions Initiative - Budget - FY 2022-2023 | cted Visions Inii | iative - Budget - | FY 2022-2023 | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|-----------------------------------------|------------------------------------------------------|-----------------|---------------|
| Expense Categories | Budget Narrative | Budget Total | Delaware County CDBG Resources | Delco Impact Fund (partial match) | Chester Upland School District (partial match) | Other | Other Sources |
| | | 5 | | (1122) | (Feeders) | | |
| Executive Director | | | · · | | \$ 8,200.00 | | |
| Operations Manager \$50,000 annually; Program Director \$50,000 annually; | \$50,000 annually; 12.5% FTE \$50,000 annually; 66% FTE | \$ 6,250.00 \$ 33,000.00 | \$ 6,250.00 \$ 20,500.00 | \$ 12,500.00 | | | |
| \$12,00 Executive Assistant project | \$12,000 annual contract; 20% FTE for tecutive Assistant project | | | | | ₩. | 2,400.00 |
| \$12,00 Bookkeeper project | \$12,000 annual contract; 20% FTE for project | | | | | · \$ | 2,400.00 |
| Case Manager | \$40,000 annually; 100% FTE | \$ 45,000.00 | \$ 27,880.00 | \$ 17,120.00 | · \$ | | |
| Case Manager # 2 | | 1 | | \$ 4,000.00 | | ↔ | 8,000.00 |
| Family Support Specialist \$7.25 x 20 hours weekly | \$7.25 x 20 hours weekly X 52 weeks | | | | | | 7,540.00 |
| Team MAC Mentors | | 3 | \$ 13,000.00 | | \$ 19,000.00 | | 4,000.00 |
| Payroll laxes, workers Compensation, etc. | 11% of employee compensation | \$ 10,169.50 | | | ι (| | 4,160.20 |
| Subtotal | | \$ 162,959.50 | \$ 73,639.30 | \$ 33,620.00 | \$ 27,200.00 | \$ 28 | 28,500.20 |
| Program Costs | | | | | | | |
| Credit Counseling | households \times \$95 per session \times 2 sessions Credit Counseling per family (total of 70 sessions to allocate as | \$ 9,500.00 | | \$ 9,500.00 | | | |
| Incentives | Incentives \$50 per households x 40 | \$ 2,000.00 | ١ | · | - | \$ | 2,000.00 |
| Supplies | Books, budgeting notebooks and calculators; art supplies; cooking supplies; tee shirts; Supplies welcome packets | 2,000.00 | | Ω | | | |
| Events | | \$ 15,000.00 | \$ 7,000.00 | · V | \$ 1,730.00 | \$ | 6,270.00 |
| Outreach/Marketing | 1,000 brochures X \$1 per (\$1,000);designer (\$2,400 annually); printing of 1,000 flyers (\$510); digital advertising (\$300) | \$ 4,210.00 | \$ 4,000.00 | \$ | | ₩ | 210.00 |
| Workshops | | \$ 1,000.00 | · | ω | | v | 1,000.00 |
| Subtotal | | 33 | 13 | 6 | \$ 1,730.00 | 6 | 9,480.00 |
| Operating Costs | | | \$ 6,549.36 | | | \$ | 7,795.09 |
| DELCO Impact Fund | | | | \$ 4,545.45 | - \$ | | - |
| Total Costs | | \$ 220,786.95 | \$ 93,188.66 | \$ 50,000.00 | \$ 31,823.00 | \$ 45 | 45,775.29 |