Northshore Education Consortium

Uniform Financial Report

June 30, 2019

UNIFORM	FINANCIAL STATEMENTS AND INDEPENDENT	AUDITOR'S REPORT	COVER PAGE - Page 1 of	1		Feder	al Employer Identification Number (FEIN) for Filing Entity - 9 digit	s: 042576982
				Other corporate names	& FEINs			
	For the Year Ended : 6/30/2019	Filed Electronically? (Y/N):	((Use for consolidated finance				
	(M/D/YYYY)	· ···· = ·····························	<u> </u>	(,		
	Filing Organization: NORTHSHORE EDUC	ATION CONSORTHIM						
	(legal name)	WITHOUT CONCORTION	(Doing Business As name, if applicable)					
	(legar name)		(Boiling Business / to Hame, il applicable)				Massachusetts Vendor Code Numbe	
	O. Public Observing Assault	Dunings Address	440 COLUED DOAD	DEVEDIN		04045	Massachusells Vehuor Code Numbe	
A	.G. Public Charities Acct.#	Business Address:	112 SOHIER ROAD	BEVERLY	MA	01915		
			(Street)	(City)	(State)	(Zip)		
	CEO or CFO : GLENN	BERGEVIN	CFO	(978) 232-9755	E-n	nail address	s: GBERGEVIN@NSEDU.ORG	
	(First Name)	(Last Name)	(Title)	(Phone : Area Code / Number)				
	CPA : FRITZ DEGUGLIELMO	oue	CPA Firm's Current Mass. License	#· 3	PΔ's F _{-m}	ail Address	STEPHEND@FD-CPA.COM	
	or At. Third Beodocice in		CPA Firm's Federal Employer Id. (FEIN)			iaii 7 taar coc	A-133 Audit Submitted? (Y/N):	NI.
Man	annual Company Names		CFAT IIII ST ederal Employer Id. (I Eliv	#. 043447307			Have basic F/S been audited? (Y/N):	
iviai	nagement Company Name:							
							UFR Exemption/Exception Code	
	Organization Type Code : <u>E</u>	C For-Profit Organization	NO NO	Date of Org./Incorp.:		/1974	Special Education (SPED) Contractor (Y/N):	
						YYYY)	Principal Purch. Agenc	y: DPH
	501(c)(3) Federal Tax Exempt (Y/N):	If Yes, Date of Exemption		Cost Allocation Method Code :	MD	F	Program Performance Report (Internet system) is not required:	
			(M/D/YYYY)				Primary Contractor(s	s):
Drogram			D-	ogram Address			,	MMARS
Program	Program Nama	Cubcontractor Name	Street	ogram Address	Ctete	Zin Cad	Drogram Description	
Number	Program Name	Subcontractor Name		City	State	Zip Code	Program Description	Prog.Code
100	KEVIN O'GRADY SCHOOL		112 SOHIER ROAD	BEVERLY	MA	01915	KEVIN O'GRADY SCHOOL	
200	NORTHSHORE ACADEMY - UPPER SCHOOL		126 SOHIER ROAD	BEVERLY	MA	01915	NORTHSHORE ACADEMY - UPPER SCHOOL	
300	NORTHSHORE ACADEMY - LOWER SCHOOL		83 PINE STREET, SUITE 103	PEABODY	MA	01960	NORTHSHORE ACADEMY - LOWER SCHOOL	
400	NORTHSHORE RECOVERY HIGH SCHOOL		112 SOHIER ROAD	BEVERLY	MA	01915	RECOVERY HIGH SCHOOL	
500	TRANSITIONS		121 LORING AVENUE	SALEM	MA	01970	TRANSITIONS	
700	CONTRACTED SERVICES		112 SOHIER ROAD	BEVERLY	MA	01915	CONTRACTED SERVICES	
728	GRANTS AND OTHER SERVICES		112 SOHIER ROAD	BEVERLY	MA	01915	GRANTS AND OTHER SERVICES	
800	TOPSFIELD VOCATIONAL ACADEMY		248 BOSTON STREET	TOPSFIELD	MA	01963	VOCATIONAL TRAINING	
	ote: If your agency is exempt from filling this re	anort (see instructions) complete this cover	nage only and submit it along with a	locumentation to support the	acie of t	ho ovomnt	ion	

	ORGANIZATION : N	IORTHSHORE EDU	JCATION CONSOF	RTIUM	FEIN : 042576982				
	STATEMENT OF FINANCIAL POSITION AS OF	06/30/2019	\A/I-	TH COMPARATIVE	E TOTAL S AS OF	6/30/2018			
		00/30/2019	VVI	IN COMPARATIVE	E IUIALS AS OF	6/30/2018			
	(BALANCE SHEET)								
		CURRENT				TOTAL	TOTAL		
		OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	THIS YEAR	LAST YEAR		
	ASSETS	OI LIVIIIOITO	. 2, 441	LINDOWINLIN	0001001111	11110 1211	2.01.12.11		
		6,506,088				6,506,088	7,129,188		
		634,203				634,203	932,121		
		(30,000)				(30,000)	(35,000)		
4	Net Accounts Receivable, Program Services	604,203				604,203	897,121		
į	Contributions Receivable								
(Notes Receivable								
-		107,333				107,333	174,741		
8	B Other Accounts Receivable								
9									
10									
1		7,217,624				7,217,624	8,201,050		
12			17,850,673			17,850,673	15,921,724		
13	the state of the s		(7,977,836)			(7,977,836)	(7,299,782)		
14	, , , , , ,		9,872,837			9,872,837	8,621,942		
15	•								
16									
17		7.047.004	0.070.007			17.000.404	10,000,000		
18	TOTAL ASSETS	7,217,624	9,872,837			17,090,461	16,822,992		
	LIABILITIES AND NET ASSETS								
19		401,474				401,474	234,782		
20									
2.	,	1,668,717				1,668,717	1,553,666		
22	2 Current Notes Payable								
23	Current Portion Long-Term Debt		393,947			393,947	381,060		
24	Deferred Revenue								
25									
26		2,070,191	393,947			2,464,138	2,169,508		
27			6,426,668			6,426,668	6,816,740		
28		19,386,162				19,386,162	17,886,032		
29									
30	TOTAL LIABILITIES	21,456,353	6,820,615			28,276,968	26,872,280		
	NET ASSETS								
3.		(14,272,419)	3,052,222			(11,220,197)	(10,082,978)		
32		33,690				33,690	33,690		
33									
34		(14,238,729)	3,052,222			(11,186,507)	(10,049,288)		
35	TOTAL LIABILITIES AND NET ASSETS	7,217,624	9,872,837			17,090,461	16,822,992		
	See Accompanying Notes to the Financial Statements	•							
	occ / ccompanying Notes to the Financial Statements	,							

	ORGANIZATION: NORTHSHORE EDU	CATION CONSOR	FEII	N: 042576982		
	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	06/30/2019 VI	ΓΗ COMPARATIV	E TOTALS FOR TH	E YEAR ENDED	06/30/2018
		Without Donor	With Donor		TOTAL	TOTAL
	REVENUES, GAINS, AND OTHER SUPPORT	Restrictions	Restrictions		THIS YEAR	LAST YEAR
1	Contributions, Gifts, Legacies, Bequests & Special Events	256,370			256,370	195,597
2	In-Kind Contributions					
3	Grants					
4	Program Service Fees	24,310,105			24,310,105	23,154,479
5	Federated Fundraising Organization Allocation					
6	Investment Revenue	33,762			33,762	12,087
7	Revenue from Commercial Products & Services	4 750 504			4 750 504	4 4 4 0 = 4 0
8 9	Other Net Assets Released From Restrictions:	4,753,591			4,753,591	4,146,719
10	Satisfaction of Program Restrictions					
11	Satisfaction of Equipment Acquisition Restrictions					
12	Expiration of Time Restrictions					
13	TOTAL REVENUE, GAINS, AND OTHER SUPPORT	29,353,828			29,353,828	27,508,882
	EXPENSES AND LOSSES					
14	Administration (Management & General)	1,533,659			1,533,659	1,253,365
15 16	Fundraising Total Program Services	27,457,258			27,457,258	25,646,564
17	TOTAL EXPENSES	28,990,917			28,990,917	25,646,564 26,899,929
18	Losses	20,990,917			20,330,311	20,033,323
10	200000					
19	TOTAL EXPENSES AND LOSSES	28,990,917			28,990,917	26,899,929
	CHANGES IN NET ASSETS:					
20	Property & Equipment Acquisitions from Unrestricted Funds					
21	Transfer of Realized Endowment Fund Appreciation					
22	Return to Donor					
23	Other Increases (Decreases)	(1,500,130)			(1,500,130)	(11,287,699)
24	TOTAL CHANGES IN NET ASSETS	(1,137,219)			(1,137,219)	(10,678,746)
25	NET ASSETS AT BEGINNING OF YEAR	(10,082,978)	33,690		(10,049,288)	629,458
26	NET ASSETS AT END OF YEAR	(11,220,197)	33,690		(11,186,507)	(10,049,288)
٩	See Accompanying Notes to Financial Statements					
	. , 3					

ORGANIZATION: NORTHSHORE EDUCATION CONSC FEIN: 042576982

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2019

INDIRECT METHOD

	Cash Flows from Operating Activities:	TOTAL
1	Changes in Net Assets	(1,137,219)
	Adjustments to Reconcile Change In Net Assets to Net	
	Cash provided by/(used in) Operating Activities:	
2	Depreciation	678,054
3	Losses	25,080
4	Increase/Decrease in Net Accounts Receivable	267,838
5	Increase/Decrease in Prepaid Expenses	67,408
6	Increase/Decrease in Contributions Receivable	
7	Increase/Decrease in Accounts Payable	166,692
8	Increase/Decrease in Accrued Expenses	115,051
9	Increase/Decrease in Deferred Revenue	
10	Increase/Decrease in Subcontract Payable	
11	Contributions Restricted for Long-Term Investment	
12	Net Unrealized and Realized Gains on Long-Term Investments	
13	Other Cash Used in/Provided by Operating Activities	1,750,668
14	Net Cash Provided by/(used in) Operating Activities	1,933,572
	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(248,894)
17	Proceeds from Sale(s) of Investments	
18	Purchase(s) of Investments	
19	Purchase(s) of Assets Restricted To Long-Term Investment	
20	Other Investing Activities	33,762
21	Net Cash Provided by/(used in) Investing Activities	(215,132)
	Ocali form Planata Auf Man	
	Cash from Financing Activities:	
	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	
	Other Financing Activities:	
25	Contributions Restricted for Long-Term Investment	
26	Interest and Dividends Restricted for Reinvestment	
27	Payments on Notes Payable	
28	Payments on Long-Term Debt	(381,059)
29	Other Finance Payments/Reciepts	(280,426)
30	Net Cash Provided by/(used in) Financing Activities	(661,485)
	See Accompanying Notes to the Financial Statements	

	ORGANIZATION: NORTHSHORE EDUCATION CONSC	FEIN:	042576982
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2019	
	INDIRECT METHOD		
31 32 33	Net Increase/(Decrease) in Cash and Cash Equivalents Cash and Cash Equivalents at Beginning of Year Cash and Cash Equivalents at End of Year		1,056,955 5,449,133 6,506,088
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	280,426	
36 37 38 39 40	Supplemental Data for Noncash Investing and Financing Activities: Gifts of Equipment Other Noncash Investing and Financing Activities		
	See Accompanying Notes to the Financial Statements		

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982

Statement of Functional Expenses for the Year Ended: 06/30/2019

			SUPPORTING	PROGRAM SERVICES	
		TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
1.	Employee Compensation & Related Expenses	24,562,265	1,154,975		23,407,290
2.	Occupancy	2,101,561	165,692		1,935,869
3.	Other Program / Operating Expense	1,070,240	11,944		1,058,296
4.	Subcontract Expense				
5.	Direct Administrative Expense	350,584	154,024		196,560
6.	Other Expenses	228,213			228,213
7.	Depreciation of Buildings and Equipment	678,054	47,024		631,030
8.	TOTAL EXPENSES	28,990,917	1,533,659		27,457,258

See Accompanying Notes to Financial Statements

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982

Statement of Functional Expenses for the Year Ended: 06/30/19

	PROGRAM #	PROGRAM#	PROGRAM#	PROGRAM#	PROGRAM#
	100	200	300	400	500
Employee Compensation & Related Expenses	11,495,817	4,552,727	2,102,946	1,305,822	1,165,198
2. Occupancy	362,751	990,798	162,563	78,028	112,572
3. Other Program / Operating Expense	337,266	130,946	54,023	52,805	190,646
4. Subcontract Expense					
5. Direct Administrative Expense	88,637	32,605	29,806	12,710	6,389
6. Other Expenses	94,834	52,057	37,110	14,610	8,988
7. Depreciation of Buildings and Equipment	379,213	15,827	100,521	82,256	14,793
8. TOTAL EXPENSES	12,758,518	5,774,960	2,486,969	1,546,231	1,498,586

See Accompanying Notes to Financial Statements

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982

Statement of Functional Expenses for the Year Ended: 06/30/19

	PROGRAM#	PROGRAM#	PROGRAM #	PROGRAM #	PROGRAM#
	700	728	800		
Employee Compensation & Related Expenses	650,621	45,630	2,088,529		
2. Occupancy	424	29	228,704		
3. Other Program / Operating Expense	4,524	49,096	238,990		
4. Subcontract Expense					
5. Direct Administrative Expense	2,565	985	22,863		
6. Other Expenses	2,859	265	17,490		
7. Depreciation of Buildings and Equipment	606	42	37,772		
8. TOTAL EXPENSES	661,599	96,047	2,634,348		

See Accompanying Notes to Financial Statements

ORGANIZATION: NORTHSH	HORE EDUCATION CON	SORTIUM	ORGANIZATION SUPPLEMENTAL INFORMATION SCHEDULE A - Unaudited FY END: 6/30/2019							FEIN:	042576982	
						al Organization		lmin (M&G)		und Raising	Total All Programs	
REVENUE	Total Organization	Admin.(M&G)	Fund Raising	Total All Prog	EXPENSE FTE	Expense	FTE	Expense	FTE	Expense	FTE	Expense
1R Contributions, Gifts, Legacies, Bequests	256,370	143,711		112,659	1E Total Direct Prog.Staff FTE/Exp 101-138 292.15		XXXX	XXXXXXXXX	XXXX	XXXXXXXXX	292.15	16,102,966
2R Gov. In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXX		2E Chief Executive Officer - FTE/Exp. 1.00		1.00	164,764				
3R Private IN-Kind					3E Chief Financial Officer - FTE/Exp. 1.00		1.00	134,447				
4R Total Contributions and In-Kind	256,370	143,711	20000000000	112,659	4E Accting/Clerical/Support FTE/Expense 5.79		5.79	513,918				
5R Mass Gov. Grant 6R Other Grant (exclud. Fed.Direct)		XXXXXXXXXX	XXXXXXXXXX		5E Admin Maint/House-Grndskeeping FTE/Exp 6E Total Admin Employee FTE/Expense 410 8.09		0.26 8.05	11,588 824,717				
7R Total Grants					7E Commercial Products & Svs/Mkting FTE/Exp	024,111	0.03	024,717	XXXX	XXXXXXXXXX		
8R Dept. of Mental Health (DMH)		XXXXXXXXXXX	XXXXXXXXXX		8E Total FTE/Salary/Wages 300.20	16,927,683	8.05	824,717			292.15	16,102,966
9R Dept.of Developmental Services(DDS/DMR	(3)	XXXXXXXXXX	XXXXXXXXXX		9E Payroll Taxes 150	250,401		10,842				239,559
10R Dept. of Public Health (DPH)		XXXXXXXXXX	XXXXXXXXXX		10E Fringe Benefits 151	2,878,096		124,618				2,753,478
11R Dept.of Children and Families (DCF/DSS)		XXXXXXXXXXX	XXXXXXXXXXX		11E Accrual Adjustments	00.050.400		000.477				40.000.000
12R Dept. of Transitional Assist (DTA/WEL) 13R Dept. of Youth Services (DYS)		XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		12E Total Employee Compensation & Rel. Exp. 13E Facility and Prog. Equip.Expenses 301, 390	20,056,180 1,326,950		960,177 14,713			-	19,096,003 1,312,237
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		14E Facility & Prog. Equip. Depreciation 301	678,054		47,024				631,030
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXXX	XXXXXXXXXX		15E Facility Operation/Maint./Furn.390	617,749		19,393				598,356
16R MA. Comm. For the Blind (MCB)		XXXXXXXXXXX	XXXXXXXXXX		16E Facility General Liability Insurance 390	156,862		131,586				25,276
17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXX	XXXXXXXXXX		17E Total Occupancy	2,779,615		212,716				2,566,899
18R MA. Rehabilitation Commission (MRC)		XXXXXXXXXXX	XXXXXXXXXXX		18E Direct Care Consultant 201	361,408		2,050				359,358
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXXX	XXXXXXXXXXX		19E Temporary Help 202	4,412		VVVVVVVV		VVVVVVVV		4,412
20R Dept. of Early Educ. & Care (EEC)-Contract		XXXXXXXXXXXX	XXXXXXXXXXXX		20E Clients and Caregivers Reimb./Stipends 203	7,471		XXXXXXXXXX		XXXXXXXXXXX		7,471
21R Dept.of Early Educ. & Care (EEC)-Voucher 22R Dept of Correction (DOC)		XXXXXXXXXXXX	XXXXXXXXXXX		21E Subcontracted Direct Care 206 22E Staff Training 204	56,469		3,794		*********	-	52,675
23R Dept. of Elementary & Secondary Educ. (DOE)	726,465	XXXXXXXXXXX	XXXXXXXXXXX	726,465	23E Staff Mileage / Travel 205	92,752		6,100				86,652
24R Parole Board (PAR)	. 25, .00	XXXXXXXXXX	XXXXXXXXXX	7.20,100	24E Meals 207	02,102		5,.50				00,002
25R Veteran's Services (VET)		XXXXXXXXXX	XXXXXXXXXX		25E Client Transportation 208			XXXXXXXXX		XXXXXXXXX		
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXXX	XXXXXXXXXXX		26E Vehicle Expenses 208							
27R Div.of Housing & Community Develop(OCD	0)	XXXXXXXXXXXX	XXXXXXXXXXXX		27E Vehicle Depreciation 208			VVVVVVVVVV		VVVVVVVVVV		
28R POS Subcontract 29R Other Mass. State Agency POS		XXXXXXXXXXX	XXXXXXXXXXX		28E Incidental Medical /Medicine/Pharmacy 209 29E Client Personal Allowances 211			XXXXXXXXXXX		XXXXXXXXXXX		
30R Mass State Agency Non - POS		XXXXXXXXXXX	XXXXXXXXXXX		30E Provision Material Goods/Svs./Benefits 212			XXXXXXXXXX		XXXXXXXXXX		
31R Mass. Local Govt/Quasi-Govt. Entities	23,285,365	XXXXXXXXXXX	XXXXXXXXXX	23,285,365	31E Direct Client Wages 214	193,026		XXXXXXXXX		XXXXXXXXX		193,026
32R Non-Mass. State/Local Government	298,275	XXXXXXXXXX	XXXXXXXXXX	298,275	32E Other Commercial Prod. & Svs. 214							
33R Direct Federal Grants/Contracts		XXXXXXXXXXX	XXXXXXXXXXX		33E Program Supplies & Materials 215	354,702		XXXXXXXXXX		XXXXXXXXXX		354,702
34R Medicaid - Direct Payments 35R Medicaid - MBHP Subcontract		XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		34E Non Charitable Expenses 35E Other Expense	228,213						228,213
36R Medicare		XXXXXXXXXXX	XXXXXXXXXXX		36E Total Other Program Expense	1,298,453		11,944			-	1,286,509
37R Mass. Govt. Client Stipends		XXXXXXXXXX	XXXXXXXXXX		37E Management Fees 410	1,200,100		,•				XXXXXXXXXX
38R Client Resources		XXXXXXXXXXX	XXXXXXXXXX		38E Fundraising Fees 410			XXXXXXXXX			-	XXXXXXXXX
39R Mass. Publicly sponsored client offsets		XXXXXXXXXXX	XXXXXXXXXX		39E Legal Fees 410	19,024		19,024				XXXXXXXXX
40R Other Publicly sponsored client offsets		XXXXXXXXXXX	XXXXXXXXXXX		40E Audit Fees 410	17,200		17,200				XXXXXXXXXX
41R Private Client Fees (excluding 3rd Pty) 42R Private Client 3rd Pty/other offsets		XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		41E Management Consultant 410 42E Other Professional Fees & Other Admin. Expenses 410	192,755		101,809				XXXXXXXXXX 90,946
43R Total Assistance and Fees	24,310,105	XXXXXXXXXXX	XXXXXXXXXXX	24,310,105	43E Leased Office/Program Office Equip.410,390	121,605		15,991				105,614
44R Federated Fundraising	24,010,100	70000000000	70000000000	24,010,100	44E Office Equipment Depreciation 410	121,000		10,001				100,014
45R Commercial Activities					45E Admin. Vehicle Expenses 410							XXXXXXXXX
46R Non-Charitable Revenue					46E Admin. Vehicle Depreciation 410							XXXXXXXXXX
47R Investment Revenue	33,762	33,762		1.050.400	47E Directors & Officers Insurance 410			100000000				XXXXXXXXXX
48R Other Revenue 49R Allocated Admin (M&G) Revenue	4,753,591 XXXXXXXXXX	401,459		4,352,132	48E Program Support 216 49E Professional Insurance 410			XXXXXXXXXX			-	
50R Released Net Assets-Program	^^^^^^				50E Working Capital Interest 410						+	
51R Released Net Assets-Equipment					51E Total Direct Administrative Expense	350,584		154,024				196,560
52R Released Net Assets-Time					52E Admin (M&G) Reporting Center Allocation	XXXXXXXXX		(1,338,861)				1,338,861
SOD TOTAL BEVENUE	00.050.055	E70.000		00 774 055	53E Total Reimbursable & Fundraising Expense	24,484,832		10170		1000000000		24,484,832
53R TOTAL REVENUE	29,353,828	578,932		28,774,896	54E Direct State/Federal Non-Reimbursable Expense 55E Allocation of State/Fed Non-Reimbursable Expense	4,506,085		194,798		XXXXXXXXXX		4,311,287
54R TOTAL EXPENSE = 56E 55R OPERATING RESULTS	28,990,917 362,911	194,798 384,134		28,796,119 (21,223)	55E Allocation of State/Fed Non-Reimbursable Expense 56E TOTAL EXPENSE = 56R	28,990,917		194,798				28,796,119
JOIN OF ENATING RESULTS	302,911	304,134		(21,223)		t- t- Dd	se see S	de e de la D.Mada da	Readers	regarding appropr	iate Non-P	- lands over a late. From
COMPENSATION DISCLOSURE Enter all	compensation (salar	v. benefit nackages	s vehicles consulta	nt payments	1N Direct Employee Compensation & Related Exp.	4,506,085		194,798	. waden	XXXXXXXXXXXX		4,311,287
loans, etc.) from the entity & its related parties/aff					2N Direct Occupancy	4,000,000		104,730		XXXXXXXXXX		7,011,201
	Reporting Entity Con		Compensation from	-	3N Direct Other Program/Operating					XXXXXXXXX		
Name & Title	Salary	Other	Salary	Other	4N Direct Subcontract Expense					XXXXXXXXX		
1C Francine Rosenberg, Executive Director	164,764				5N Direct Administrative Expense					XXXXXXXXXX		
2C					6N Direct Other Expense					XXXXXXXXXX		
3C 4C					7N Direct Depreciation 8N Total Direct Non-Reimbursable (must tie to 54E)	4,506,085		194,798		XXXXXXXXXXX		4,311,287
5C					9N Total Direct and Allocated Non-Reimbursable (54E+55E)	4,506,085		194,798		XXXXXXXXXX		4,311,287
MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets	5,043,723		578,932		XXXXXXXXXX		4,464,791
Prior Year Ma. Revenue 22,813,388	Ctarting Dalance	Expended Amount	AUGUAL AIIIUUIIL	Liability Allit.	11N Capital Budget Revenue Adjustments	0,040,723		310,032		XXXXXXXXXX		7,707,731
					12N Excess of Non-Reimb./Fundraising Expense over Offsets	(537,638)		(384,134)		XXXXXXXXX		(153,504)
Comm. of MA cost reimbursement overbilling	g (preliminary calc.	subject to adjustr	nent)		Description of Admin (M&G) Direct Non-Reimbursable Exp	. MA Teachers & St	ate Empl	oyees' Retiremen	t System	s on-behalf paymer	nts	
					<u> </u>							

	ORGANIZATION: NORTHSHORE EDU	CATION CONSORTIUN	PROGRAM SU	IPPLEMENTA	L INFOR	RMATION SC	HEDULE B - Unaud	ited	FY END:	6/30/2019	FEIN:	042576982
	UFR Program Number: 100	Program Name:	KEVIN O'GRADY SCHOOL	Description:		KEVIN O'GRAD	DY SCHOOL			c Assistance #:	10.555	В
	*Program Type: N/A	Program Address:	112 SOHIER ROAD	BEVERLY	MA	01915	# Weeks operated	http://www.cfda.gduring audit period (e.g., 52)			g hours/week (e.g., 40): 40.00
N-4- 4-			(Number/Street)	(City)	(State)	(Zipcode)	· -41		,			
			Notes and all other UFR information. In many a e; 23 = Negotiated Unit Rate; 24 = Negotiated									
REVEN	UE		OS STAFFING_# hours/yr = 1.00 FTI	E: 1920	FTE	Salary/Wage	EXPENSE - ACTUAL/PLA	NNED	FTE	Actual	Planned	% Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	39,413			1.00	86,296	1E Total Direct Program		152.48	7,949,816	7,647,327	4.0 %
	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Title		0.00	470 400	2E Chief Executive Office					
3R 4R	Private IN-Kind Total Contribution and In-Kind	39,413	3S Asst. Program Director (UFR Title 103)4S Supervising Professional (UFR Title 10		2.00	173,436	3E Chief Financial Office 4E Accting/Clerical Supplementary					
5R	Mass Gov. Grant	39,413	5S Physician & Psychiatrist (UFR Title 10	14) 5 & 121)			5E Admin Maint/House-G					
6R	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	o a .2.,			6E Total Admin Employe	ee				
7R	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical products	& Svs/Mkting				
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)		14.00	763,318	8E Total FTE/Salary/Wa	ges	152.48	7,949,816		
9R 10R	Dept. of Developmental Services(DDS/DMDept. of Public Health (DPH)	1R)	9S L.P.N. (UFR Title 109) 10S Pharmacist (UFR Title 110)				9E Payroll Taxes 150 10E Fringe Benefits 151			116,570 1,339,849		
11R	Dept. of Public Health (DFTI) Dept.of Children and Families (DCF/DSS)	11S Occupational Therapist (UFR Title 111)	11.06	811.987	11E Accrual Adjustments			1,333,043		
12R	Dept. of Transitional Assist (DTA/WEL)	,	12S Physical Therapist (UFR Title 112)	,	8.67	531,475	12E Total Employee Com	pensation & Rel. Exp	o.	9,406,235	9,039,580	4.1 %
13R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (U	FR Title 113)	11.00	641,323	13E Facility and Prog. Equ			131,014		
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip			379,213		
15R 16R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 1	15)	00.50	0.407.044	15E Facility Operation/Mai			231,662		
16R 17R	MA. Comm. For the Blind (MCB) MA. Comm. for Deaf & H H (MCD)		16S Teacher (UFR Title 116) 17S Day Care Director (UFR Title 117)		23.50	2,427,344	16E Facility General Liabili 17E Total Occupancy	ity insurance 390		75 741,964	921,175	-19.5 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118	3)			18E Direct Care Consultar	nt 201		190,104	321,173	-13.5 /6
19R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)	,			19E Temporary Help 202					
20R	Dept.of Early Educ. & Care (EEC)-Control		20S Day Care Asst. Teacher / Aide (UFR T				20E Clients and Caregiver		3			
21R	Dept.of Early Educ. & Care (EEC)-Vouch	er	21S Psychologist - Doctorate (UFR Title 12				21E Subcontracted Direct	Care 206		00.040		
22R	Dept of Correction (DOC)	DC 37.685	22S Clinician-(formerly Psych.Masters)(UFF		2.00	150,435	22E Staff Training 204 23E Staff Mileage / Travel	205		20,943 28,827		
23R 24R	Dept. of Elementary & Secondary Educ. Parole Board (PAR)	57,000	23S Social Worker - L.I.C.S.W. (UFR Title '24S Social Worker - L.C.S.W., L.S.W (UFR		2.00	150,435	24E Meals 207	205		20,021		
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)	1 Title 125 & 120)			25E Client Transportation	208				
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Titl				26E Vehicle Expenses 208	3				
27R	Div.of Housing & Community Develop(OC	CD)	27S Cert. Alch. &/or Drug Abuse Counselor	(UFR Title 129)			27E Vehicle Depreciation 2	208				
28R	POS Subcontract		28S Counselor (UFR Title 130)	D T''II 404)	1.60	119,301	28E Incidental Medical /Me	edicine/Pharmacy 209				
29R 30R	Other Mass. State Agency POS Mass State Agency Non - POS		29S Case Worker / Manager - Masters (UF 30S Case Worker / Manager (UFR Title 132	R Title 131)			29E Client Personal Allowa 30E Provision Material Go		-			
31R	Mass. Local Govt/Quasi-Govt. Entities	10.692.164	31S Direct Care / Prog. Staff Superv. (UFR				31E Direct Client Wages 2		•			
32R	Non-Mass. State/Local Government	298,275					32E Other Commercial Pro					
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 1				33E Program Supplies & N			97,392		
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 13		71.75	1,967,863	34E Non Charitable Expen	ises		04.004		
35R 36R	Medicaid - MBHP Subcontract Medicare		35S Prog. Secretarial / Clerical Staff (UFR 36S Maintainence, House/Groundskeeping		1.93 2.97	85,415 135,899	35E Other Expense 36E Total Other Program	Evnonco		94,834 432,100	339,465	27.3 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 13		1.00	55.724	42E Other Professional Fe		p. 410	25,902	333,403	21.5
38R	Client Resources		38S Direct Care Overtime, Shift Differential		XXXXXX		43E Leased Office/Program			62,735		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		152.48	7,949,816	44E Office Equipment Dep					
40R	Other Publicly sponsored client offsets						48E Program Support 216					
41R	Private Client Fees (excluding 3rd Pty)			CE STATISTICS			49E Professional Insuranc					
42R 43R	Private Client 3rd Pty/other offsets Total Assistance and Fees	11,028,124	1SS Enter defined unit of service: 2SS Enter total unit capacity:				50E Working Capital Intere 51E Total Direct Adminis			88.637	77.433	14.5 %
	Federated Fundraising	11,020,124	Enter total unit capacity.	JZ,JJJ	Undun #	# service units	52E Admin (M&G) Reporting		+	617.336	564.450	9.4 %
45R	Commercial Activities					delivered	53E Total Reimbursable I	Expense		11,286,272	10,942,103	3.1 %
46R	Non-Charitable Revenue			sponsored clients:	116	24,102	54E Direct State/Federal N			2,089,582		%
	Investment Revenue	0.000.500		sponsored clients:			55E Allocation of State/Fe	d Non-Reimbursable E	xpense	40.075.054	40.040.400	00.0
48R 49R	Other Revenue Allocated Admin (M&G) Revenue	2,089,582	5SS Internet filing system) 6SS suspended for FY '08	Free Care clients: Total:	116	24.102	56E TOTAL EXPENSE 57E TOTAL REVENUE = 9	53R		13,375,854 13,157,119	10,942,103 11,082,126	22.2 % 18.7 %
50R	Released Net Assets-Program		7SS filings.	i otal:	110	24,102	58E OPERATING RESULT			(218,735)	140,023	10.1 /0
51R	Released Net Assets-Equipment		mingo.				CRE Preliminary Calculatio		ess Rev. *	(2.0,.00)	* (subject to OSD	adjustment)
52R	Released Net Assets-Time		MASSACHUSETTS CONTRACT I				ABLE EXPENSE DETAIL		Description			•
53R	Total Revenue = 57E	13,157,119	Dept Contract ID -11 Characte	rs MMARS Code			compensation & Related Exp.	2,089,582	MA Teache	ers & State Emplo	yees' Retirement	Sustems on-b
	CURCONTRACTER DIRECT COR	EVERNOE SET : "	1C DOE 8A70532112A	OĒ —		Direct Occupancy	(0					
	SUBCONTRACTED DIRECT CARE Subcontractor Name FEIN	EXPENSE DETAIL Expense Amt.		OE		Direct Other Progra Direct Subcontract						
1SDC	Cubcontractor Name FEIN	Expense Aill.	4C DOE 8Z70531909A	OE		Direct Administrativ						
2SDC			5C SET			Direct Other Exper						
3SDC			POS SUBCONTRACT INFOR			Direct Depreciation						
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	2,089,582	(Any Exces	s of Non-Reimbu	irsable Expense o	ver Eligible
5SDC			1PS				located Non-Reimb. (54E+55		Revenue O	ffsets is subject t	to recoupment who	ere the
Comm	Of MA Surplus Rev. Retention Share		2PS PS				oursable Exp. Revenue Offse venue Adjustment	ets 2,128,995			Commonwealth a	
	•		5. 5				imbursable Expense Over Of	fsets (39,413)	recognized	as a liability on the	he Financial State	ments.)
	PREPARER COMMENTS:											

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUM	PROGRAM S	SUPPLEMENTA	L INFORM	MATION SC	HEDULE B - Unaud	lited FY	'END: 6/30/2019	FEIN: 042576982
	UFR Program Number: 200	Program Name:	NORTHSHORE ACADEMY - UPPER SCHOOL	Description:	NORT	THSHORE ACADEM	/Y - UPPER SCHOOL	-	Domestic Assistance #:	10.555 B
	*Program Type: N/A P	rogram Address:	126 SOUIED BOAD	BEVERLY	MA 0	1915	# Wooks approted	http://www.cfda.gov/d during audit period (e.g., 52): 4		hours/week (e.g., 40): 40.00
	Flogram Type. NA	rogram Address.	(Number/Street)	(City)	(State)	(Zipcode)	# Weeks operated	during addit period (e.g., 52).	# operating	g nodis/week (e.g., 40)
	Readers: This schedule should be read in		Notes and all other UFR information. In man	y instances the preser	nce of significa	ant planned to ac				
	ram Type codes: 21 = SPED; 22 = HCFP/M	ledicaid Class Rate					nodations Rate; 26 = Other f	Non-negotiated Unit Rate; 2		
REVEN			0S STAFFING_# hours/yr = 1.00 F	TE: 1920		Salary/Wage	EXPENSE - ACTUAL/PLA		FTE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	9,084	1S Program Director (UFR Title 102)	1 404)	1.00	112,040	1E Total Direct Program 2E Chief Executive Offic		57.61 3,126,499	3,035,235 3.0 %
	Gov. In-Kind/Capital Budget Private IN-Kind		2S Program Function Manager (UFR Tit 3S Asst. Program Director (UFR Title 10		1.00	81,680	3E Chief Financial Office			
4R	Total Contribution and In-Kind	9,084	4S Supervising Professional (UFR Title		1.00	01,000	4E Accting/Clerical Supp			
5R	Mass Gov. Grant	0,004	5S Physician & Psychiatrist (UFR Title				5E Admin Maint/House-0			
6R	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	,			6E Total Admin Employ			
7R	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical products			
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)		1.00	65,219	8E Total FTE/Salary/Wa	iges	57.61 3,126,499	
9R	Dept. of Developmental Services(DDS/DMF	R)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		46,895	
10R 11R	Dept. of Public Health (DPH) Dept. of Children and Families (DCF/DSS)		10S Pharmacist (UFR Title 110) 11S Occupational Therapist (UFR Title 11	11)	1.00	16,213	10E Fringe Benefits 151 11E Accrual Adjustments		539,007	
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	11)	1.00	10,213	12E Total Employee Con	nnenestion & Pel Evn	3,712,401	3,587,997 3.5 %
13R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFR Title 113)	1.00	83,484	13E Facility and Prog. Eq.		811,453	3.3 78
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114				14E Facility & Prog. Equip		15,827	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title	115)			15E Facility Operation/Ma	int./Furn.390	155,064	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)		17.60	1,278,373	16E Facility General Liabi	lity Insurance 390	24,281	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		1,006,625	1,097,016 -8.2 %
18R 19R	MA. Rehabilitation Commission (MRC) MA. Off. for Refugees & Immigr.(ORI)		18S Day Care Lead Teacher (UFR Title 1 19S Day Care Teacher (UFR Title 119)	18)			18E Direct Care Consultar 19E Temporary Help 202	nt 201	17,949	
20R	Dept. of Early Educ. & Care (EEC)-Contract	×+	20S Day Care Asst. Teacher / Aide (UFR	Title 120)			20E Clients and Caregive	re Doimh (Stinonde 202		
21R	Dept.of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title				21E Subcontracted Direct			
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(U		_		22E Staff Training 204	04.0 200	13,385	
23R	Dept. of Elementary & Secondary Educ. (D	C 13,556	23S Social Worker - L.I.C.S.W. (UFR Title	e 124)	9.00	643,430	23E Staff Mileage / Travel	205	10,150	
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UF				24E Meals 207			
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation			
26R	Ex. Off. of Elder Affairs (ELD)	.,	26S Cert. Voc. Rehab. Counselor (UFR T				26E Vehicle Expenses 20			
27R 28R	Div.of Housing & Community Develop(OCI))	27S Cert. Alch. &/or Drug Abuse Counse 28S Counselor (UFR Title 130)	ior (UFR Title 129)			27E Vehicle Depreciation 28E Incidental Medical /M			
29R	POS Subcontract Other Mass. State Agency POS		29S Case Worker / Manager - Masters (L	IFR Title 131)			29E Client Personal Allow			
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 1				30E Provision Material Go			
31R	Mass. Local Govt/Quasi-Govt. Entities	5,573,807	31S Direct Care / Prog. Staff Superv. (UF	R Title 133)			31E Direct Client Wages 2	214	17,289	
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title	e 134)			32E Other Commercial Pr			
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	: 135)			33E Program Supplies & I		72,173	
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	22.00	665,493	34E Non Charitable Exper	nses	50.057	
35R 36R	Medicaid - MBHP Subcontract Medicare		35S Prog. Secretarial / Clerical Staff (UFI 36S Maintainence, House/Groundskeeping)		2.00	80,427 99,887	35E Other Expense 36E Total Other Program	Evnonco	52,057 183,003	118,503 54.4 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title		0.01	253		ees & Other Admin. Exp. 41		110,505
38R	Client Resources		38S Direct Care Overtime, Shift Different		XXXXXX	200	43E Leased Office/Progra		13,528	
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		57.61	3,126,499	44E Office Equipment De			
40R	Other Publicly sponsored client offsets						48E Program Support 216			
41R	Private Client Fees (excluding 3rd Pty)			VICE STATISTICS			49E Professional Insurance			
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of servic				50E Working Capital Inter			10.000
43R 44R	Total Assistance and Fees Federated Fundraising	5,587,363	2SS Enter total unit capacit	y: 30,600	Hadin # #	service units	51E Total Direct Adminis 52E Admin (M&G) Report		32,605 285,532	46,965 -30.6 % 261.817 9.1 %
44R 45R	Commercial Activities					service units delivered	53E Total Reimbursable		5,220,166	5.112.298 2.1 %
46R	Non-Charitable Revenue		3SS OSD's Program Public	cly sponsored clients:	112	22,790		Von-Reimbursable Expense		0,112,230 2.1 76
47R	Investment Revenue			ely sponsored clients:		22,,00		ed Non-Reimbursable Expense		/0
48R	Other Revenue	840,326	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE	·	6,060,492	5,112,298 18.5 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	112	22,790	57E TOTAL REVENUE =		6,436,773	5,581,284 15.3 %
50R	Released Net Assets-Program		7SS filings.				58E OPERATING RESUL		376,281	468,986
51R	Released Net Assets-Equipment							on of Cost Reimb. Excess Re		(subject to OSD adjustment)
52R	Released Net Assets-Time Total Revenue = 57E	6,436,773	MASSACHUSETTS CONTRACT Dept Contract ID -11 Charact				BLE EXPENSE DETAIL ompensation & Related Exp		Scription	yees' Retirement Sustems on-t
55K	Total Reveilde - 57E	0,430,773	1C DOE 8A70532112A	OF WIWARS COUR		ect Occupancy	ompensation & Related Exp	. 040,320 IVIA	r reachers & State Emplo	yees Retirement Sustems on-L
	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL	2C DOE 8C70532112A	OE		ect Occupancy ect Other Progra	am/Operating			
	Subcontractor Name FEIN	Expense Amt.	3C DOE 8T70532112A	OE_		ect Subcontract				
1SDC			4C DOE 8Z70531909A	OE_		ect Administrativ				
2SDC			5C	DIATION		ect Other Expen				
3SDC 4SDC			POS SUBCONTRACT INFO State Dept Payor Name	RMATION Payor's FEIN		ect Depreciation	n eimbursable (Tie to 54E)	840.326		
5SDC			1PS Payor Name	rayui s rEIN			located Non-Reimb. (54E+5	er) 940.226 (Ar		rsable Expense over Eligible
JUDU			2PS				oursable Exp. Revenue Offse	, and the	venue Offsets is subject t	
Comm.	Of MA Surplus Rev. Retention Share		3PS				venue Adjustment	pro	ogram is purchased by the cognized as a liability on th	Commonwealth and must be
	PREPARER COMMENTS:						mbursable Expense Over O	ffsets (9,084)	ognized as a liability Off (I	i manda datements.)

	ORGANIZATION: NORTHSHORE EDUC	CATION CONSORTIUM	PROGRAM S	SUPPLEMENTA	L INFOR	MATION SC	HEDULE B - Unau	dited	FY END: 6/30/201	9 FEIN	042576982
	UFR Program Number: 300	Program Name:	NORTHSHORE ACADEMY - LOWER SCHOOL	Description:	NO	RTHSHORE ACADEM	Y - LOWER SCHOOL		al Domestic Assistan	ice #: 10.555	В
	*Program Type: NA P	rogram Address:	83 PINE STREET, SUITE 103	PEABODY	MA	01960	# Weeks operate	http://www.cfda.go ed during audit period (e.g., 52):		perating hours/week (e.g.,	40.00
N-4- 4-		•	(Number/Street)	(City)	(State)	(Zipcode)	·				
			Notes and all other UFR information. In man e; 23 = Negotiated Unit Rate; 24 = Negotiat								
REVEN		iculcalu Class Itali	0S STAFFING_# hours/yr = 1.00 F	TE: 1920		Salary/Wage	EXPENSE - ACTUAL/PL		FTE Actual		% Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	11,124			1.00	98,859	1E Total Direct Progra	nm Staff = 39S	26.53 1,446	1,497,275	-3.4 %
2R	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Tit				2E Chief Executive Offi				
3R	Private IN-Kind		3S Asst. Program Director (UFR Title 10				3E Chief Financial Office				
4R	Total Contribution and In-Kind	11,124					4E Accting/Clerical Sup				
5R 6R	Mass Gov. Grant Other Grant (exclud. Fed.Direct)		5S Physician & Psychiatrist (UFR Title 6S Physician Asst. (UFR Title 106)	105 & 121)			5E Admin Maint/House 6E Total Admin Emplo				
7R	Total Grants		7S N. Midwife, N.P., Psych N.,N.A., R.N	I - MA (Title 107)			7E Commerical product				
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)		1.00	61,146	8E Total FTE/Salary/M		26.53 1,446	.791	
9R	Dept.of Developmental Services(DDS/DM	R)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150			,565	
10R	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		247	,867	
11R	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 1	11)	2.00	103,000	11E Accrual Adjustments				
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)					mpensation & Rel. Exp.	1,716		-2.9 %
13R 14R	Dept. of Youth Services (DYS) Health Care Fin & Policy (HCF)-Contract		13S Speech / Lang. Pathol., Audiologist (14S Dietician / Nutritionist (UFR Title 114		1.06	57,744	13E Facility and Prog. Equ 14E Facility & Prog. Equ			,215 ,521	
15R	Health Care Fin & Policy (HCF)-Contract		15S Spec. Education Teacher (UFR Title				15E Facility Operation/M			,464	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	,	7.00	517.438	16E Facility General Lial			884	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)		7.00	011,100	17E Total Occupancy	omey moderation doo		0.084 243,130	8.2 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	118)			18E Direct Care Consult		19	,079	
19R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)				19E Temporary Help 202				
20R	Dept.of Early Educ. & Care (EEC)-Contra		20S Day Care Asst. Teacher / Aide (UFR				20E Clients and Caregiv				
21R 22R	Dept.of Early Educ. & Care (EEC)-Vouche Dept of Correction (DOC)	r	21S Psychologist - Doctorate (UFR Title 22S Clinician-(formerly Psych.Masters)(U				21E Subcontracted Direct 22E Staff Training 204	ct Care 206		,208	
22R 23R	Dept. of Elementary & Secondary Educ. (I	19.367	23S Social Worker - L.I.C.S.W. (UFR Title		2.00	168,007	23E Staff Mileage / Trav	el 205		,469	
24R	Parole Board (PAR)	10,001	24S Social Worker - L.C.S.W., L.S.W (UF		2.00	100,001	24E Meals 207	C1 200		,400	
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportatio	n 208			
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR T				26E Vehicle Expenses 2				
27R	Div.of Housing & Community Develop(OC	D)	27S Cert. Alch. &/or Drug Abuse Counse	lor (UFR Title 129)			27E Vehicle Depreciation				
28R	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /I				
29R 30R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (L	JFR Title 131)			29E Client Personal Allo 30E Provision Material G				
31R	Mass State Agency Non - POS Mass. Local Govt/Quasi-Govt. Entities	1,971,865	30S Case Worker / Manager (UFR Title 1 31S Direct Care / Prog. Staff Superv. (UF	132) ED Title 133\			31E Direct Client Wages				
32R	Non-Mass. State/Local Government	1,971,003	32S Direct Care / Prog. Staff III (UFR Title				32E Other Commercial F				
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title				33E Program Supplies &		23	,267	
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	10.50	368,903	34E Non Charitable Exp				
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFI		1.67	56,273	35E Other Expense			,110	
36R	Medicare		36S Maintainence, House/Groundskeepin		0.30	15,315	36E Total Other Progra			,133 61,069	49.2 %
37R 38R	Mass. Govt. Client Stipends Client Resources		37S Direct Care / Driver Staff (UFR Title 38S Direct Care Overtime, Shift Different		XXXXXX	106		Fees & Other Admin. Exp. ram Office Equip.410,390		,239 ,567	
38R 39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	iai and Relief	26.53	1,446,791	44E Office Equipment D			,007	
40R	Other Publicly sponsored client offsets		393 Total Direct Flogram Stan - 12		20.00	1,440,731	48E Program Support 21				
41R	Private Client Fees (excluding 3rd Pty)		SER	VICE STATISTICS			49E Professional Insurar				
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Inte				
43R	Total Assistance and Fees	1,991,232	2SS Enter total unit capacit	y: 13,668			51E Total Direct Admin			,806 27,086	
44R	Federated Fundraising			_		# service units	52E Admin (M&G) Repo			,526 116,607	
45R	Commercial Activities		0001 B.I.		Clients	delivered	53E Total Reimbursable		2,221		0.3 %
46R 47R	Non-Charitable Revenue Investment Revenue			cly sponsored clients: ely sponsored clients:	39	7,809		l Non-Reimbursable Exper Fed Non-Reimbursable Exp		,723	%
48R	Other Revenue	386,723	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE	eu Noil-Reillibulsable Exp	2,608	,495 2,216,117	17.7 %
49R	Allocated Admin (M&G) Revenue	000,120	6SS suspended for FY '08	Total:	39	7,809	57E TOTAL REVENUE	= 53R	2,389		
50R	Released Net Assets-Program		7SS filings.				58E OPERATING RESU	ILTS	(219	,416) (226,522	2)
51R	Released Net Assets-Equipment							tion of Cost Reimb. Excess		* (subject to OSI	adjustment)
52R	Released Net Assets-Time		MASSACHUSETTS CONTRACT				BLE EXPENSE DETAIL		Description		
53R	Total Revenue = 57E	2,389,079	Dept Contract ID -11 Charac	cters MMARS Code			ompensation & Related Ex	rp. 386,723	MA Teachers & State I	Employees' Retiremen	nt Sustems on-b
	SUBCONTRACTED DIRECT CARE E	YDENSE DETAIL	1C <u>DOE</u> 8A70532112A 2C DOE 8C70532112A	OE		Direct Occupancy Direct Other Progra	am/∩nerating				
	Subcontractor Name FEIN	Expense Amt.		OE		Direct Subcontract					
1SDC			4C DOE 8Z70531909A	OE_		Direct Administrativ					
2SDC			5C		X 6N [Direct Other Expen	nse				
3SDC			POS SUBCONTRACT INFO			Direct Depreciation		000 577			
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	386,723	(Any Excess of Non-Re	eimbursable Expense	over Eligible
5SDC			1PS 2PS				located Non-Reimb. (54E+	55E) 386,723	Revenue Offsets is sul	bject to recoupment w	here the
Comm	Of MA Surplus Rev. Retention Share		3PS 3PS				oursable Exp. Revenue Off venue Adjustment		program is purchased		
Somm.	Or mia our plus nev. Retention share		JI U				venue Adjustment Imbursable Expense Over (Offsets (11,124)	recognized as a liabilit	y on the Financial Sta	tements.)
I	PREPARER COMMENTS:				1214 L			(11,124)			

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUN	PROGRAM S	SUPPLEMENTA	L INFO	RMATION SC	CHEDULE B - Unaud	dited F	FY END: 6/30/2019	FEIN: 042576982
	UFR Program Number: 400	Program Name:	NORTHSHORE RECOVERY HIGH SCHOOL	Description:		RECOVERY H	IGH SCHOOL	_	al Domestic Assistance #	B 10.555
	*B		440 COLUED DOAD	BEVERLY	МΔ	04045	#10/!	http://www.cfda.go		
	*Program Type: <u>27 </u>	rogram Address:	(Number/Street)	(City)	(State)	01915 (Zipcode)	# weeks operated	d during audit period (e.g., 52):	48.00 # operati	ng hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S.	Notes and all other UFR information. In mar				actual variances or non-reimb	bursable expenses (e.g., li	n-Kind donations) may be a	appropriate and desirable.
			e; 23 = Negotiated Unit Rate; 24 = Negotiat				modations Rate; 26 = Other	Non-negotiated Unit Rate		
REVEN	UE		OS STAFFING_# hours/yr = 1.00 F	TE: 1920	FTE	Salary/Wage	EXPENSE - ACTUAL/PL/		FTE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	3,772			1.00	105,999	1E Total Direct Program		15.86 915,789	931,764 -1.7 %
	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Ti	tle 101)			2E Chief Executive Office			
3R 4R	Private IN-Kind Total Contribution and In-Kind	3,772	3S Asst. Program Director (UFR Title 10 4S Supervising Professional (UFR Title				3E Chief Financial Office 4E Accting/Clerical Supp			
5R	Mass Gov. Grant	3,112	5S Physician & Psychiatrist (UFR Title				5E Admin Maint/House-			
6R	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	100 0 121)			6E Total Admin Employ			
7R	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.N	I MA (Title 107)			7E Commerical products			
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/Wa	ages	15.86 915,789	
9R	Dept.of Developmental Services(DDS/DMF	र)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		12,257	
10R	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)	445	4.00	45.000	10E Fringe Benefits 151		140,881	
11R	Dept. of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 1	11)	1.00	45,228	11E Accrual Adjustments		1,068,927	1,100,378 -2.9 %
12R 13R	Dept. of Transitional Assist (DTA/WEL) Dept. of Youth Services (DYS)		12S Physical Therapist (UFR Title 112) 13S Speech / Lang. Pathol., Audiologist	(LIED Title 113)			12E Total Employee Cor 13E Facility and Prog. Eq		28.318	<u>1,100,378</u> -2.9 %
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114				14E Facility & Prog. Equi		82,256	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title				15E Facility Operation/Ma		49,701	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	•	5.20	331,727	16E Facility General Liab		9	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		160,284	196,880 -18.6 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title	118)			18E Direct Care Consulta		18,604	
19R	MA. Off. for Refugees & Immigr.(ORI)	. ———	19S Day Care Teacher (UFR Title 119)				19E Temporary Help 202		4,412	
20R 21R	Dept.of Early Educ. & Care (EEC)-Contract Dept.of Early Educ. & Care (EEC)-Vouche		20S Day Care Asst. Teacher / Aide (UFR 21S Psychologist - Doctorate (UFR Title				20E Clients and Caregive 21E Subcontracted Direct		7,471	
21R 22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(U				21E Subcontracted Direct	t Care 206		
23R	Dept. of Elementary & Secondary Educ. (D	655.857	23S Social Worker - L.I.C.S.W. (UFR Titl		2.00	160,259	23E Staff Mileage / Trave	1 205		
24R	Parole Board (PAR)	000,001	24S Social Worker - L.C.S.W., L.S.W (U		2.00	100,200	24E Meals 207	200		
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation	n 208		
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR				26E Vehicle Expenses 20			
27R	Div.of Housing & Community Develop(OCI	0)	27S Cert. Alch. &/or Drug Abuse Counse	lor (UFR Title 129)			27E Vehicle Depreciation			
28R	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /M			
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (USD Title				29E Client Personal Allow 30E Provision Material Go			
30R 31R	Mass State Agency Non - POS Mass. Local Govt/Quasi-Govt. Entities	637,809	30S Case Worker / Manager (UFR Title 31S Direct Care / Prog. Staff Superv. (UFR Title	132) ED Title 133\			31E Direct Client Wages			
32R	Non-Mass. State/Local Government	037,003	32S Direct Care / Prog. Staff III (UFR Titl	e 134)			32E Other Commercial Pr			
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title				33E Program Supplies &		22,318	
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	3.00	122,111	34E Non Charitable Expe			
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UF		1.00	36,018	35E Other Expense		14,610	
36R	Medicare		36S Maintainence, House/Groundskeepi		0.66	29,907	36E Total Other Program		67,415	<u>55,122</u> 22.3 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title		2.00	84,540	42E Other Professional F			
38R 39R	Client Resources Mass. spon.client SF/3rd Pty offsets		38S Direct Care Overtime, Shift Different 39S Total Direct Program Staff = 1E	ial and Relief	XXXXXX 15.86	915,789	43E Leased Office/Progra		5,791	
39R 40R	Other Publicly sponsored client offsets		395 Total Direct Program Staπ = 1E		10.80	915,789	44E Office Equipment De 48E Program Support 210			
41R	Private Client Fees (excluding 3rd Pty)		SED	VICE STATISTICS			49E Professional Insuran			
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Inter			
43R	Total Assistance and Fees	1,293,666					51E Total Direct Adminis	strative Expense	12,710	29,998 -57.6 %
44R	Federated Fundraising			-	Undup #	# service units			75,330	75,109 0.3 %
45R	Commercial Activities		1			delivered	53E Total Reimbursable		1,384,666	1,457,487 -5.0 %
46R	Non-Charitable Revenue			cly sponsored clients:	36	7,013	54E Direct State/Federal			%
47R 48R	Investment Revenue Other Revenue	236,895		ely sponsored clients: Free Care clients:			55E Allocation of State/Fe 56E TOTAL EXPENSE	ed Non-Reimbursable Exp	1,621,561	1,457,487 11.3 %
49R	Allocated Admin (M&G) Revenue	230,093	5SS Internet filing system) 6SS suspended for FY '08	Total:	36	7,013	57E TOTAL REVENUE =	53D	1,534,333	1,329,255
50R	Released Net Assets-Program		7SS filings.	ı otal.		7,010	58E OPERATING RESUL		(87,228)	(128,232)
51R	Released Net Assets-Equipment		inings.				CRE Preliminary Calculation			* (subject to OSD adjustment)
52R	Released Net Assets-Time		MASSACHUSETTS CONTRACT	T INFORMATION		NON-REIMBURS	ABLE EXPENSE DETAIL		Description	_ (,,
53R	Total Revenue = 57E	1,534,333	Dept Contract ID -11 Chara	cters MMARS Code			Compensation & Related Exp	236,895	MA Teachers & State Emp	loyees' Retirement Sustems on-t
			1C DOE M3202020116	OE		Direct Occupancy				
	SUBCONTRACTED DIRECT CARE E		2C DOE 8A70532112A	OE .		Direct Other Progr				
1000	Subcontractor Name FEIN	Expense Amt.		OE_		Direct Subcontrac				
1SDC 2SDC			4C DOE 8T70532112A 5C DOE 8Z70531909A	OE_		Direct Administrat Direct Other Expe				
3SDC			POS SUBCONTRACT INFO	RMATION		Direct Depreciatio				
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	236,895	(A	markle Emarke Emarke
5SDC			1PS				Illocated Non-Reimb. (54E+5		(Any Excess of Non-Reimb Revenue Offsets is subject	ursable Expense over Eligible
			2PS PS				bursable Exp. Revenue Offs			ne Commonwealth and must be
Comm.	Of MA Surplus Rev. Retention Share	N/A	3PS				evenue Adjustment			the Financial Statements.)
	PREPARER COMMENTS:				12N	Excess of Non-Re	eimbursable Expense Over O	Offsets (3,772)	•	•

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited								FY END: 6/30/2019	FEIN: 042576982	
	UFR Program Number: 500	Program Name:	TRANSITIONS	Description:		TRANSIT	TIONS		ral Domestic Assistance	#:B
	*Program Type: <u>N/A</u> P	rogram Address:	121 LORING AVENUE (Number/Street)	SALEM (City)	MA (State)	01970 (Zipcode)	# Weeks operated du	http://www.cfda.gring audit period (e.g., 52):		ting hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S.	(Number/Street) Notes and all other UFR information. In man				ctual variances or non-reimburs	sable expenses (e a	In-Kind donations) may be	appropriate and desirable
			e; 23 = Negotiated Unit Rate; 24 = Negotiate							
REVEN		iouiouiu oiuoo i tuti	0S STAFFING_# hours/yr = 1.00 F			Salary/Wage	EXPENSE - ACTUAL/PLANI		FTE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	15,577			1.00	104,351	1E Total Direct Program S		9.74 783,938	
2R	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Titl	e 101)			2E Chief Executive Officer			
3R	Private IN-Kind		3S Asst. Program Director (UFR Title 10:				3E Chief Financial Officer			
	Total Contribution and In-Kind	15,577		104)			4E Accting/Clerical Support			
	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 1	05 & 121)			5E Admin Maint/House-Grn			
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	MA (T:U 407)			6E Total Admin Employee			
	Total Grants Dept. of Mental Health (DMH)		7S N. Midwife, N.P., Psych N.,N.A., R.N.	- MA (11tle 107)			7E Commerical products & 8E Total FTE/Salary/Wage		9.74 783,938	
	Dept. of Mental Health (DMH) Dept.of Developmental Services(DDS/DMF)	2)	8S R.N Non Masters (UFR Title 108) 9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150	es	9.74 783,938	_
10R	Dept. of Public Health (DPH)	·)	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		144,064	
	Dept. of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 11	1)			11E Accrual Adjustments		111,001	_
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	,			12E Total Employee Comp	ensation & Rel. Exp.	940.536	913,924 2.9 %
13R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFR Title 113)	1.00	83,571	13E Facility and Prog. Equip		101,402	
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip. [14,793	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title	115)			15E Facility Operation/Maint		11,162	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)		3.00	271,184	16E Facility General Liability	Insurance 390	8	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		127,365	
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	18)			18E Direct Care Consultant	201	72,992	
19R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)	T:H- 400)			19E Temporary Help 202	D-i /04:		_
20R 21R	Dept.of Early Educ. & Care (EEC)-Contract Dept.of Early Educ. & Care (EEC)-Vouche		20S Day Care Asst. Teacher / Aide (UFR 21S Psychologist - Doctorate (UFR Title 1				20E Clients and Caregivers 21E Subcontracted Direct Ca			_
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UI				22E Staff Training 204	ale 200	1.024	_
23R	Dept. of Elementary & Secondary Educ. (D	OE)	23S Social Worker - L.I.C.S.W. (UFR Title		1.00	69.708	23E Staff Mileage / Travel 20	05	30.458	
24R	Parole Board (PAR)	.0	24S Social Worker - L.C.S.W., L.S.W (UF		1.00	00,100	24E Meals 207		00,100	
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation 20	08		
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR T	itle 128)			26E Vehicle Expenses 208			
27R	Div.of Housing & Community Develop(OCI	0)	27S Cert. Alch. &/or Drug Abuse Counsel	or (UFR Title 129)			27E Vehicle Depreciation 20			
28R	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /Med			
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (U				29E Client Personal Allowan			
30R	Mass State Agency Non - POS	1,416,137	30S Case Worker / Manager (UFR Title 1:	32)			30E Provision Material Good		04.404	
31R 32R	Mass. Local Govt/Quasi-Govt. Entities Non-Mass. State/Local Government	1,410,137	31S Direct Care / Prog. Staff Superv. (UF 32S Direct Care / Prog. Staff III (UFR Title	K IIIIe 133)			31E Direct Client Wages 214 32E Other Commercial Prod		61,461	_
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	135)			33E Program Supplies & Ma		24,711	_
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	2.74	207,425	34E Non Charitable Expense		24,711	_
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFF	R Title 137)	1.00	42,523	35E Other Expense		8,988	
36R	Medicare		36S Maintainence, House/Groundskeepin			5,176	36E Total Other Program E	xpense	199,634	134,885 48.0 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 1				42E Other Professional Fees			
38R	Client Resources		38S Direct Care Overtime, Shift Differentia	al and Relief	XXXXXX		43E Leased Office/Program		3,194	
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		9.74	783,938	44E Office Equipment Depre	eciation 410		
40R	Other Publicly sponsored client offsets						48E Program Support 216			
41R 42R	Private Client Fees (excluding 3rd Pty) Private Client 3rd Pty/other offsets			VICE STATISTICS			49E Professional Insurance 50E Working Capital Interes			_
42R 43R	Total Assistance and Fees	1,416,137					51E Total Direct Administra		6.389	38.024 -83.2 %
	Federated Fundraising	1,410,137	Enter total unit capacity	3,100	Undun#	# service units	52E Admin (M&G) Reporting		73,713	
45R	Commercial Activities				Clients		53E Total Reimbursable Ex		1,347,637	
46R	Non-Charitable Revenue			cly sponsored clients:	33	6,656	54E Direct State/Federal No			
47R	Investment Revenue		4SS Performance Report (D-1 Private	ly sponsored clients:			55E Allocation of State/Fed	Non-Reimbursable Ex		
48R	Other Revenue	224,662	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE	_	1,572,299	
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	33	6,656	57E TOTAL REVENUE = 53		1,656,376	
50R	Released Net Assets-Program		7SS filings.				58E OPERATING RESULTS		84,077	
51R	Released Net Assets-Equipment		MACCACULICETTO CONTRACT	INFORMATION		ON DEIMBURGA	CRE Preliminary Calculation	of Cost Reimb. Exces		* (subject to OSD adjustment)
52R	Released Net Assets-Time Total Revenue = 57E	1,656,376	MASSACHUSETTS CONTRACT Dept Contract ID -11 Charact				BLE EXPENSE DETAIL ompensation & Related Exp.	224,662	Description	oloyees' Retirement Sustems on-t
331	Total Revenue - 57E	1,000,070	1C Contract ib - 11 Charact	ICIS WIWARS Code		irect Cimployee C	ompensation & Related Exp.	224,002	WA Teachers & State Emp	bloyees Retilement Sustems on-L
l	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL				irect Occupancy	am/Operating			
	Subcontractor Name FEIN	Expense Amt.				irect Subcontract				
1SDC			4C		X 5N D	irect Administrativ	ve Expense			
2SDC			5C			irect Other Expen				
3SDC			POS SUBCONTRACT INFO			irect Depreciation		201.005		
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	224,662	(Any Excess of Non-Reim	bursable Expense over Eligible
5SDC			1PS				located Non-Reimb. (54E+55E		Revenue Offsets is subject	t to recoupment where the
Comm	Of MA Surplus Rev. Retention Share		2PS 3PS				oursable Exp. Revenue Offsets venue Adjustment	240,239		he Commonwealth and must be
Somm.	or ma ourplus nev. Retention onare		JI U				venue Adjustment mbursable Expense Over Offs	ets (15.577)	recognized as a liability or	the Financial Statements.)
I	PREPARER COMMENTS:				1211			(10,011)		

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUN	PROGRAM S	SUPPLEMENTA	L INFO	RMATION SO	CHEDULE B - Unau	dited FY	Y END: 6/30/2019	FEIN: 042576982
	UFR Program Number: 700	Program Name:	CONTRACTED SERVICES	Description:		CONTRACTE	D SERVICES	Catalog of Federal	Domestic Assistance #:	В
	4B 7 1/4		440 COLUED DOAD	DEVEDIN	МΔ	04045	#N# 1	http://www.cfda.gov/c		1000
	*Program Type: <u>N/A</u> P	rogram Address:	112 SOHIER ROAD (Number/Street)	BEVERLY (City)	(State)	01915 (Zipcode)	# Weeks operate	d during audit period (e.g., 52):	52.00 # operating	hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S.					actual variances or non-reim	bursable expenses (e.a., In-i	Kind donations) may be app	propriate and desirable.
	am Type codes: 21 = SPED; 22 = HCFP/M									
REVEN			0S STAFFING_# hours/yr = 1.00	FTE: 2080		Salary/Wage	EXPENSE - ACTUAL/PL	ANNED	FTE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	3,861					1E Total Direct Progra		4.11 447,615	488,742 -8.4 %
	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Ti	itle 101)			2E Chief Executive Office			
	Private IN-Kind	0.004	3S Asst. Program Director (UFR Title 1				3E Chief Financial Offic			
4R 5R	Total Contribution and In-Kind Mass Gov. Grant	3,861	4S Supervising Professional (UFR Title 5S Physician & Psychiatrist (UFR Title				4E Accting/Clerical Sup 5E Admin Maint/House-			
٠. ١	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	105 & 121)			6E Total Admin Emplo			
7R	Total Grants		7S N. Midwife, N.P., Psych N.,N.A., R.N	N MA (Title 107)			7E Commerical product			
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/W		4.11 447,615	
9R	Dept.of Developmental Services(DDS/DMF	₹)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		6,672	
10R	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		76,688	
11R	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 1	11)			11E Accrual Adjustments			
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	(LIED THE 440)			12E Total Employee Co		530,975	<u>568,409</u> <u>-6.6</u> %
13R 14R	Dept. of Youth Services (DYS) Health Care Fin & Policy (HCF)-Contract		13S Speech / Lang. Pathol., Audiologist 14S Dietician / Nutritionist (UFR Title 114				13E Facility and Prog. Ed 14E Facility & Prog. Equi		420 606	
15R	Health Care Fin & Policy (HCF)-Contract		15S Spec. Education Teacher (UFR Title				15E Facility Operation/Ma		000	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	,	4.00	438,938	16E Facility General Liab		4	
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)			,	17E Total Occupancy	,	1,030	18,266 -94.4 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title	118)			18E Direct Care Consulta		131	
19R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)				19E Temporary Help 202			
20R	Dept.of Early Educ. & Care (EEC)-Contract		20S Day Care Asst. Teacher / Aide (UFF				20E Clients and Caregive	ers Reimb./Stipends 203		
21R	Dept. of Early Educ. & Care (EEC)-Vouche	r	21S Psychologist - Doctorate (UFR Title				21E Subcontracted Direct	t Care 206	540	
22R 23R	Dept of Correction (DOC) Dept. of Elementary & Secondary Educ. (E	OF)	22S Clinician-(formerly Psych.Masters)(USS Social Worker - L.I.C.S.W. (UFR Tit		0.10	8,482	22E Staff Training 204 23E Staff Mileage / Trave	1 205	519 2,756	
24R	Parole Board (PAR)	(UE)	24S Social Worker - L.C.S.W., (UPR 110		0.10	0,402	24E Meals 207	el 205	2,750	
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation	n 208		
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR				26E Vehicle Expenses 20			
27R	Div.of Housing & Community Develop(OCI	0)	27S Cert. Alch. &/or Drug Abuse Counse				27E Vehicle Depreciation			
28R	POS Subcontract		28S Counselor (UFR Title 130)				28E Incidental Medical /N			
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (UFR Title 131)			29E Client Personal Allov			
30R	Mass State Agency Non - POS	004.000	30S Case Worker / Manager (UFR Title	132)			30E Provision Material G			
31R 32R	Mass. Local Govt/Quasi-Govt. Entities Non-Mass. State/Local Government	301,020	31S Direct Care / Prog. Staff Superv. (U 32S Direct Care / Prog. Staff III (UFR Tit	FR Title 133)			31E Direct Client Wages 32E Other Commercial P			
32R 33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title				33E Program Supplies &		1,118	
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)		49			1,110	
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UF	R Title 137)			35E Other Expense		2,859	
36R	Medicare		36S Maintainence, House/Groundskeep	ing, Cook 138	0.01	146	36E Total Other Program	m Expense	7,383	1,638 350.7 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title					ees & Other Admin. Exp. 41		
38R	Client Resources		38S Direct Care Overtime, Shift Differen	tial and Relief	XXXXXX		43E Leased Office/Progr		228	
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		4.11	447,615				
40R	Other Publicly sponsored client offsets						48E Program Support 21			
41R 42R	Private Client Fees (excluding 3rd Pty) Private Client 3rd Pty/other offsets		1SS Enter defined unit of service	RVICE STATISTICS			49E Professional Insuran 50E Working Capital Inte			
42R 43R	Total Assistance and Fees	301,020					51E Total Direct Admini		2,565	939 173.2 %
44R	Federated Fundraising	001,020	200 Line total and capaci	.y	Undup #	# service units			31,359	11.788 166.0 %
45R	Commercial Activities					delivered	53E Total Reimbursable		573,312	601,040 -4.6 %
46R	Non-Charitable Revenue		3SS OSD's Program Publ	icly sponsored clients:			54E Direct State/Federal	Non-Reimbursable Expense	e 119,646	%
47R	Investment Revenue		4SS Performance Report (D-1 Privat	ely sponsored clients:				ed Non-Reimbursable Exper		
48R	Other Revenue	119,646	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE		692,958	601,040 15.3 %
49R 50R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:			57E TOTAL REVENUE = 58E OPERATING RESU		424,527 (268,431)	212,270 100.0 % \$ (388,770)
	Released Net Assets-Program		7SS filings.							
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS CONTRAC	T INFORMATION		NON-REIMBLIDS	ABLE EXPENSE DETAIL	ion of Cost Reimb. Excess R	Rev. **	(subject to OSD adjustment)
	Total Revenue = 57E	424,527	Dept Contract ID -11 Chara				Compensation & Related Ex			ees' Retirement Sustems on-t
		121,321	1C			Direct Occupancy		110,010	as a ciaio Employ	The state of the s
	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL	2C			Direct Other Prog				
	Subcontractor Name FEIN	Expense Amt.				Direct Subcontrac				
1SDC			4C			Direct Administrat				
2SDC 3SDC			POS SUBCONTRACT INFO	DEMATION		Direct Other Expe Direct Depreciatio				
4SDC			State Dept Payor Name	Payor's FEIN			n Reimbursable (Tie to 54E)	119.646		
5SDC			1PS Payor Name	i ayor a i Lill			Allocated Non-Reimb. (54E+5	110.646 (A		sable Expense over Eligible
3000			2PS				bursable Exp. Revenue Offs	100 507 RE	evenue Offsets is subject to	
Comm.	Of MA Surplus Rev. Retention Share		3PS		11N	Capital Budget Re	evenue Adjustment	rec	ogram is purchased by the cognized as a liability on the	Commonwealth and must be Einancial Statements)
	PREPARER COMMENTS:						eimbursable Expense Over C	Offsets (3,861)	oog.need do a nability off the	anoidi otatomenta.)

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUM	PROGRAM	SUPPLEMENTA	L INFOR	RMATION SC	CHEDULE B - Unau	dited F	FY END: 6/30/2019	FEIN: 042576982
	UFR Program Number: 728	Program Name:	GRANTS AND OTHER SERVICES	Description:		GRANTS AND OT	HER SERVICES	Catalog of Federal	Il Domestic Assistance #	BB
	*Program Type: N/A P	rogram Address:	112 SOHIER ROAD (Number/Street)	BEVERLY (City)	MA (State)	01915 (Zipcode)	# Weeks operate	ed during audit period (e.g., 52):		ng hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S. I					ctual variances or non-rein	nbursable expenses (e.g., In	n-Kind donations) may be a	ppropriate and desirable.
	ram Type codes: 21 = SPED; 22 = HCFP/M									
REVEN		calcula Olass Nati	0S STAFFING_# hours/yr = 1.00		FTE	Salary/Wage	EXPENSE - ACTUAL/PI		FTE Actual	Planned % Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	22.848		2000	1.00	31,293	1E Total Direct Progra		1.00 31,308	- 1 damed - 70 tal
	Gov. In-Kind/Capital Budget	22,040	2S Program Function Manager (UFR Ti	tle 101)	1.00	01,200	2E Chief Executive Off		1.00	
	Private IN-Kind		3S Asst. Program Director (UFR Title 1				3E Chief Financial Offi			
4R	Total Contribution and In-Kind	22,848					4E Accting/Clerical Su			
5R	Mass Gov. Grant	22,040	5S Physician & Psychiatrist (UFR Title	105 & 121\			5E Admin Maint/House			
	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	100 0 121)			6E Total Admin Emplo			
7R			7S N. Midwife, N.P., Psych N.,N.A., R.N	J - MΔ (Title 107)			7E Commerical produc			
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/V		1.00 31,308	
9R	Dept. of Mental Fleatif (DMF) Dept. of Developmental Services(DDS/DMF)	2)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150	- ages	476	
10R	Dept. of Public Health (DPH)	.,	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		5,478	
11R			11S Occupational Therapist (UFR Title 1	11)			11E Accrual Adjustment		0,410	
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	,				ompensation & Rel. Exp.	37,262	0/_
13R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist	(LIED Title 113)			13E Facility and Prog. E		29	
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114				14E Facility & Prog. Equ		42	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title				15E Facility Operation/N		72	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	, ,			16E Facility General Lia			
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy	bility insurance 650	71	0/0
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title	118)			18E Direct Care Consult	tant 201	38,759	
19R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)	110)			19E Temporary Help 20		00,103	
20R	Dept.of Early Educ. & Care (EEC)-Contract	+	20S Day Care Asst. Teacher / Aide (UFF	2 Title 120)				ers Reimb./Stipends 203		
21R	Dept.of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title				21E Subcontracted Dire			
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(L				22E Staff Training 204	0. 00.0 200	7.096	
23R	Dept. of Elementary & Secondary Educ. (D	OE)	23S Social Worker - L.I.C.S.W. (UFR Tit				23E Staff Mileage / Trav	rel 205	951	
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (U				24E Meals 207			
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation	n 208		
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR				26E Vehicle Expenses 2			
27R	Div.of Housing & Community Develop(OCI	0)	27S Cert. Alch. &/or Drug Abuse Counse				27E Vehicle Depreciatio			
28R	POS Subcontract	·——	28S Counselor (UFR Title 130)	(*********************************			28E Incidental Medical /			
29R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (JFR Title 131)			29E Client Personal Allo			
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title				30E Provision Material C			
31R	Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (U	FR Title 133)			31E Direct Client Wages			
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Tit	le 134)			32E Other Commercial I			
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	e 135)			33E Program Supplies 8		2,290	
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)		4	34E Non Charitable Exp			
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UF				35E Other Expense		265	
36R	Medicare		36S Maintainence, House/Groundskeep			11	36E Total Other Progra	ım Expense	49,361	%
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title	138)			42E Other Professional	Fees & Other Admin. Exp. 4	410 764	
38R	Client Resources		38S Direct Care Overtime, Shift Differen	tial and Relief	XXXXXX		43E Leased Office/Prog	ram Office Equip.410,390	221	
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		1.00	31,308	44E Office Equipment D	epreciation 410		
40R	Other Publicly sponsored client offsets						48E Program Support 2	16		
41R	Private Client Fees (excluding 3rd Pty)		SEF	RVICE STATISTICS			49E Professional Insura	nce 410		
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Int			
43R	Total Assistance and Fees		2SS Enter total unit capaci				51E Total Direct Admin		985	%
44R	Federated Fundraising		·		Undup #	# service units	52E Admin (M&G) Repo	rting Center Allocation	5,073	%
45R	Commercial Activities		_		Clients	delivered	53E Total Reimbursabl		92,752	%
46R	Non-Charitable Revenue			icly sponsored clients:				l Non-Reimbursable Expens		%
47R	Investment Revenue		4SS Performance Report (D-1 Privat	ely sponsored clients:				Fed Non-Reimbursable Expe		
48R	Other Revenue	49,213	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE		101,120	%
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:			57E TOTAL REVENUE		72,061	%
50R	Released Net Assets-Program		7SS filings.		_	_	58E OPERATING RESU		(29,059)	
51R	Released Net Assets-Equipment							tion of Cost Reimb. Excess	Rev. *	* (subject to OSD adjustment)
52R	Released Net Assets-Time		MASSACHUSETTS CONTRAC				ABLE EXPENSE DETAIL		Description	
53R	Total Revenue = 57E	72,061	Dept Contract ID -11 Chara	cters MMARS Code			Compensation & Related Ex	кр. <u>8,368</u> М	MA Teachers & State Empl	oyees' Retirement Sustems on-t
I			1C			Direct Occupancy				
I	SUBCONTRACTED DIRECT CARE E		2C			Direct Other Progr				
	Subcontractor Name FEIN	Expense Amt.				Direct Subcontract				
1SDC			4C			Direct Administrati				
2SDC			5C			Direct Other Exper				
3SDC			POS SUBCONTRACT INFO			Direct Depreciation		0.000		
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	8,368	Any Excess of Non-Reimbi	ursable Expense over Eligible
5SDC			1PS				llocated Non-Reimb. (54E+	55E) 8,368 R	Revenue Offsets is subject	
L			2PS				bursable Exp. Revenue Of			e Commonwealth and must be
Comm.	Of MA Surplus Rev. Retention Share		3PS				venue Adjustment	re	ecognized as a liability on t	
	PREPARER COMMENTS:				12N I	excess of Non-Re	imbursable Expense Over	Offsets (63,693)	•	
	FILE AILER CONNINENTS.									

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUM	PROGRAM S	SUPPLEMENTA	L INFO	RMATION SC	CHEDULE B - Unaudite	ed F	Y END: 6/30/2019	FEIN: 042576982
,	JFR Program Number: 800	Program Name:	TOPSFIELD VOCATIONAL ACADEMY	Description:		VOCATIONAL	L TRAINING	Catalog of Federal	Domestic Assistance #:	В
	-			T0005151.0	МΔ	0.1000		http://www.cfda.gov/		
	*Program Type: <u>N/A</u> P	rogram Address:	248 BOSTON STREET (Number/Street)	TOPSFIELD (City)	(State)	01963 (Zipcode)	# Weeks operated duri	ng audit period (e.g., 52):	48.00 # operating	hours/week (e.g., 40): 40.00
Note to	Readers: This schedule should be read in	context with F.S. I		nv instances the preser	nce of siani	ficant planned to a	actual variances or non-reimburs	able expenses (e.g., In-	Kind donations) may be ap	propriate and desirable.
	am Type codes: 21 = SPED; 22 = HCFP/M									
REVEN			0S STAFFING_# hours/yr = 1.00 I		FTE	Salary/Wage	EXPENSE - ACTUAL/PLANN		FTE Actual	Planned % Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	6,980	1S Program Director (UFR Title 102)		1.00	100,903	1E Total Direct Program S	taff = 39S	24.82 1,401,210	1,574,999 -11.0 %
	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Ti				2E Chief Executive Officer			
	Private IN-Kind		3S Asst. Program Director (UFR Title 1)				3E Chief Financial Officer			
	Total Contribution and In-Kind	6,980	4S Supervising Professional (UFR Title				4E Accting/Clerical Support			
	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title	105 & 121)			5E Admin Maint/House-Grnd	dskeeping		
	Other Grant (exclud. Fed.Direct) Total Grants		6S Physician Asst. (UFR Title 106) 7S N. Midwife, N.P., Psych N., N.A., R.N.	I MA (Title 107)			6E Total Admin Employee 7E Commerical products & S	Svc/Mkting		
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)	N IVIA (TILLE TOT)	1.00	81,680	8E Total FTE/Salary/Wage		24.82 1,401,210	
9R	Dept. of Merital Fleatiff (BMIT) Dept. of Developmental Services (DDS/DMF)	5)	9S L.P.N. (UFR Title 109)		1.00	01,000	9E Payroll Taxes 150	-	22 590	
	Dept. of Public Health (DPH)	7	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		259,644	
	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 1	11)			11E Accrual Adjustments		-	
	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)				12E Total Employee Compe		1,683,444	1,860,014 -9.5 %
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist		0.50	14,436	13E Facility and Prog. Equip.		139,386	-
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114				14E Facility & Prog. Equip. D		37,772	
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title	e 115)			15E Facility Operation/Maint.		89,303	
	MA. Comm. For the Blind (MCB) MA. Comm. for Deaf & H H (MCD)		16S Teacher (UFR Title 116) 17S Day Care Director (UFR Title 117)		12.00	722,881	16E Facility General Liability	insurance 390	15 266,476	253,033 5.3 %
	MA. Rehabilitation Commission (MRC)		17S Day Care Director (UFR Title 117) 18S Day Care Lead Teacher (UFR Title	110\			17E Total Occupancy 18E Direct Care Consultant 2	01	1,740	253,033 5.3 %
	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119)	110)			19E Temporary Help 202	.01	1,740	
	Dept.of Early Educ. & Care (EEC)-Contract	rt	20S Day Care Asst. Teacher / Aide (UFF	R Title 120)			20E Clients and Caregivers F	Peimh /Stinends 203		
21R	Dept.of Early Educ. & Care (EEC)-Vouche	r	21S Psychologist - Doctorate (UFR Title	122)			21E Subcontracted Direct Ca			
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(L				22E Staff Training 204		3,500	
23R	Dept. of Elementary & Secondary Educ. (D	OE)	23S Social Worker - L.I.C.S.W. (UFR Tit	le 124)	3.00	238,706	23E Staff Mileage / Travel 20	5	8,041	
	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (U				24E Meals 207			
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation 208	3		
	Ex. Off. of Elder Affairs (ELD)	,	26S Cert. Voc. Rehab. Counselor (UFR				26E Vehicle Expenses 208			
	Div.of Housing & Community Develop(OCI)	27S Cert. Alch. &/or Drug Abuse Counse	elor (UFR Title 129)			27E Vehicle Depreciation 208			
	POS Subcontract Other Mass. State Agency POS		28S Counselor (UFR Title 130) 29S Case Worker / Manager - Masters (I	IED Title 121)			28E Incidental Medical /Medic 29E Client Personal Allowand			
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title				30E Provision Material Goods			
	Mass. Local Govt/Quasi-Govt. Entities	2,692,563	31S Direct Care / Prog. Staff Superv. (U	FR Title 133)			31E Direct Client Wages 214		114,276	
	Non-Mass. State/Local Government	, , , , , , , , , , , , , , , , , , , ,	32S Direct Care / Prog. Staff III (UFR Titl				32E Other Commercial Prod.			
	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title	e 135)			33E Program Supplies & Mat		111,433	
	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	6.00	176,430	34E Non Charitable Expense	S		
	Medicaid - MBHP Subcontract Medicare		35S Prog. Secretarial / Clerical Staff (UF 36S Maintainence, House/Groundskeepi		1.00 0.31	50,825 15,135	35E Other Expense 36E Total Other Program Ex		17,490 256.480	124,776 105.6 %
	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title		0.01	214				124,776 105.6 %
	Client Resources		38S Direct Care Overtime. Shift Different		XXXXXX	214	43E Leased Office/Program (8,350	
	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		24.82	1,401,210				
40R	Other Publicly sponsored client offsets		-				48E Program Support 216			
	Private Client Fees (excluding 3rd Pty)			RVICE STATISTICS			49E Professional Insurance 4			
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Interest			
	Total Assistance and Fees	2,692,563	2SS Enter total unit capaci	ty: 12,240			51E Total Direct Administra		22,863	30,595 -25.3 %
	Federated Fundraising Commercial Activities					# service units delivered	52E Admin (M&G) Reporting 53E Total Reimbursable Ex		128,992 2,358,255	120,824 6.8 % 2,389,242 -1.3 %
	Non-Charitable Revenue		3SS OSD's Program Publi	icly sponsored clients:	47	9,655				2,303,242 -1.3 %
	Investment Revenue			ely sponsored clients:	7/	3,000	55E Allocation of State/Fed N			/6
48R	Other Revenue	405,085	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE		2,763,340	2,389,242 15.7 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	47	9,655			3,104,628	2,713,122 14.4 %
50R	Released Net Assets-Program		7SS filings.				58E OPERATING RESULTS		341,288	323,880
	Released Net Assets-Equipment						CRE Preliminary Calculation of			(subject to OSD adjustment)
	Released Net Assets-Time Total Revenue = 57E	3,104,628	MASSACHUSETTS CONTRAC				ABLE EXPENSE DETAIL Compensation & Related Exp.		escription	ees' Retirement Sustems on-t
53R	Total Revenue = 5/E	3,104,028	Dept Contract ID -11 Chara	icters MIMARS Code		Direct Employee C Direct Occupancy		405,085 M	A Teachers & State Employ	ees Retirement Sustems on-t
	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL	2C	_		Direct Occupancy				
	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontrac				
1SDC			4C			Direct Administrat				
2SDC			5C			Direct Other Expe				
3SDC			POS SUBCONTRACT INFO			Direct Depreciatio		105.005		
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	405,085 (A	any Excess of Non-Reimbur	sable Expense over Eligible
5SDC			1PS 2PS				Allocated Non-Reimb. (54E+55E) bursable Exp. Revenue Offsets	405,085 Re	evenue Offsets is subject to	recoupment where the
Comm	Of MA Surplus Rev. Retention Share		3PS				evenue Adjustment	pi		Commonwealth and must be
J V.IIIII.	•						eimbursable Expense Over Offse	re (6,980)	cognized as a liability on th	e Financiai Statements.)
	PREPARER COMMENTS:									

NORTHSHORE EDUCATION CONSORTIUM FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-2576982 FOR THE YEAR ENDED JUNE 30, 2019

SCHEDULE A - LINE 48R

	Admin
Member fees	202,000
Massachusetts State Employees'	
Retirement System on-behalf	
payments*	194,798
Miscellaneous fees and rebates	4,661
	401,459

SCHEDULE B - ALL PROGRAMS, LINE 48R

,	100	200	300	400	500	700	728 GRANTS &	800 TOPSFIELD	
		NSA -	NSA -	RECOVERY		CONTRACTED	OTHER	VOCATIONAL	
	KOG SCHOOL	UPPER	LOWER	HIGH SCHOOL	TRANSITIONS	SERVICES	SERVICES	ACADEMY	Total
Massachusetts Teachers' and State									
Employees' Retirement Systems on-									
behalf payments.*	2,089,582	840,326	386,723	236,895	224,662	119,646	8,368	405,085	4,311,287
Conference fees		-	-	-	-	-	40,845	-	40,845
	2,089,582	840,326	386,723	236,895	224,662	119,646	49,213	405,085	4,352,132

^{*}Offset by non-reimbursable expense on line 54E of each Supplemental Schedule B_OSI.

SCHEDULE B - LINE 35E: OTHER EXPENSE

	100	200	300	400	500	700	728	800	
							GRANTS &	TOPSFIELD	
		NSA -	NSA -	RECOVERY		CONTRACTED	OTHER	VOCATIONAL	
Other Expenditures	KOG SCHOOL	UPPER	LOWER	HIGH SCHOOL	TRANSITIONS	SERVICES	SERVICES	ACADEMY	Total
Lunch Program Expense	60,084	43,257	27,154	10,764	87	-	-	576	141,922
Conference expense	4,889	715	50	40	1,782	100	229	-	7,805
Hardware/Software	29,861	8,045	9,906	2,816	7,119	2,759	36	16,914	77,456
Grants Expense	-	40	-	990	-	-	-	-	1,030
Total	94,834	52,057	37,110	14,610	8,988	2,859	265	17,490	228,213

SCHEDULES A & B - LINE 42E: OTHER PROFESSIONAL FEES & OTHER ADMIN. EXPENSES

		100	200	300	400	500	700	728	800	
								GRANTS &	TOPSFIELD	
			NSA -	NSA -	RECOVERY		CONTRACTED	OTHER	VOCATIONAL	
Other Expenditures	Admin.	KOG SCHOOL	UPPER	LOWER	HIGH SCHOOL	TRANSITIONS	SERVICES	SERVICES	ACADEMY	Total
Dues & fees	11,742	260	540	-	118	275	-	-	185	13,120
Office Expense	23,776	5,400	9,952	2,362	1,919	1,261	-	510	2,999	48,179
Advertising	1,172	768	164	293	137	57	1,150	2	79	3,822
Moving expense	276	3,315	-	-	801	117	23	-	-	4,532
Hardware/Software	30,607	-	-	-	-	-	-	-	-	30,607
Bank fees	26,384	-	-	-	-	-	-	-	-	26,384
Telephone & Communications	7,852	16,159	8,421	15,584	3,944	1,485	1,164	252	11,250	66,111
Total	101,809	25,902	19,077	18,239	6,919	3,195	2,337	764	14,513	192,755

Supplier Diversity Program (SDP) Form for Purchase of Service (POS)

Providers must complete all parts of this form in order to be qualified to contract with Commonwealth Agencies for POS services.

This form is due annually with a provider's UFR Report, and a copy of the completed form is to be submitted when responding to POS contract opportunities with an Executive Department.

Submission for Fiscal Year FY19

Part I Contractor Information (Required)

Business Name Contact Name	Contact Email	Contact Phone	Fiscal Year Total POS State Expenditures (e.g. 2019)
Northshore Education Consort Glenn Bergevin	gbergevin@nsedu.org	978-232-9755	\$ 655,610.00

Part II SDP Partner Information (Required) (Insert additional lines as needed)

Providers that are currently SDO Certified may not list themselves as a Partner in this section.

Planned and Current SDP Partner Company Name(s) (as it appears in a database of eligible partners)*	Certification Type (Choose One)**	Description of Business Arrangement	Expended Amount in the UFR Reporting Year/Prior Fiscal Year (e.g. 2019)	Committed Amount in Current Fiscal Year (é.g. 2020)
None			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
		TOTAL	\$	\$
		PERCENT (%) OF POS SPEND	09	

*Eligible SDP Partners can be found by searching:

Supplier Diversity Office Directory of Certified Businesses
U.S. Dept of Veterans Affairs Vendor Information Pages

How to Submit this Form:

- Complete the form electronically. No signature is required.
- "Save as" an Excel 97-2003 Workbook (*.xls)
- Important: Do not use the current Excel Workbook (*.xlsx) format.
- Submit with your UFR filing. Enter "SDP Form" under Document Category.

**All SDP Partners must possess one or more of the following certification types:

MBE - Minority Business Enterprise

WBE - Woman Business Enterprise

M/WBE - Minority and Woman Business Enterprise

SDVOBE - Service-Disabled Veteran-Owned Business Enterprise

VBE - Veteran-Owned Business Enterprise

M/NPO - Minority Non-Profit Organization

W/NPO - Women Non-Profit Organization

M/W/NPO - Minority and Women Non-Profit Organization

DOBE - Disability-Owned Business Enterprise

LGBTBE - Lesbian, Gay, Bisexual or Transgender Business Enterprise

Form updated 07/02/2019

FORM INSTRUCTIONS

Overall

Providers that hold POS contracts with Commonwealth departments are required to file a "Supplier Diversity Program (SDP) Form for Purchase of Service (POS)" each upload it with their Uniform Financial Report (UFR). This requirement includes Providers who have already been certified by the Supplier Diversity Office (SDO) as a M and/or Women Business/Organization. Providers that are exempt from UFR filing requirements must submit the SDP form when they upload their exemption request responding to POS bids posted on COMMBUYS will be directed to submit the most recent completed copy of this form with their proposals/quotes.

Part I - Contractor Information

Bidder/Contractor Information: Business name, contact name, phone number and email.

Fiscal Year Total POS State Expenditures can be found on the "POS Expenditure and Federal Funds Listing" posted by OSD on the provider's UFR eFiling site.

Part II - Contractor's SDP Partner Information

All SDP Partner(s) listed on the form must be certified in one or more of the certification categories listed on Page 1 of this form. Links to searchable databases of e partners are also available on Page 1 of the form.

Providers certified by the Supplier Diversity Office may not list their own organization as an SDP partner.

Certification Type: Select the partner's certification type from the menu. For partners with multiple certification types, please select the one that is highest on the dro

Description of Business Relationship: Describe the business relationship/arrangement with the SDO Certified Partner (e.g. "providing transportation services").

Expended Amount in the UFR Reporting Year/Prior Fiscal Year: Enter the amount (as an exact dollar figure) that your organization expended with SDP partner(s) duri fiscal year (UFR reporting year). If you are filing a UFR for Fiscal Year 2019, enter the amount spent with SDP partner(s) during Fiscal Year 2019.

NEC Vehicles FY19

Vehicle #	Make	Model	Year	Date Purchased	Use	Current Mileage	Purchase Price
					Meeting and Community		
Sedan # 2	Ford	Focuc	2016	FY2016	Trips	40,674	\$ 34,301.00
					Meeting and		
					Community		
Van # 6	Ford	E150	2008	FY2008	Trips	110,297	\$ 21,333.00
					Meeting and		
					Community		
Van # 9	Ford	E150	2008	FY2008	Trips	106,469	\$ 23,265.00

UFR - FY '2019

AUDIT SERVICES CHECKLIST & CERTIFICATION

(To Be Completed by Contractor)

		YES	NO		
I. <u>I</u>	Federal Funds:				
	a. Is this provider subject to OMB Circular A-110?	_X			
	b. If yes, were audit services acquired through solicitation of bids or competitively				
	procured, as required under A-110?	_X			
	c. was the independent auditor selected and engaged by the provider's audit committee	;			
	Board of Directors, Board of Trustees or owner?	_X_			
11.	Training Requirements:	1	0.1 0.11		
	Has the person responsible for directing your audit submitted a letter representing com	pletion	of the follow	wing:	
	a. Completion of the continuing education and training requirements for performing				
	government audits?	_X			
	1. 80 hours of training in last two years?	X			
	 a. Completion of the continuing education and training requirements for performing government audits? 1. 80 hours of training in last two years? 2. 24 hours of the 80 hours were in government auditing, non-profit accounting or other related activity? 	3			
	or other related activity?	_X_			
	b.Being in the process of completing training requirements:				
	1. 20 hours completed in last year?				
	2. Intent to complete 80 hours within two years?				
III.	Experience/Qualifications:				
	a. The person responsible for directing your audit has provided a letter representing the	e compl	etion of the	following	
	number of government audits:				
	0-12-56-10X11+				
	b. The Board of Public Accountancy has the following information about the audit firm	1:			
X no history of sanctions current sanctions sanctions older than 3 years					
	c. The Operational Services Division has taken the following action against the audit:				
	X no history of disqualification current disqualification disqualification		er		
	than 3 years	5			
	d. The external quality control review of the audit firm indicates:				
TV/	X no problems qualification adverse report Price:				
IV.	The contract with the audit firm for UFR audit is for a term of1 years				
	The contract with the addit firm for of R addit is for a term of years				
TV	Certification				
All the management representations made in the financial statements and schedules of the UFR and the statements					
made in answering the above questions are, to the best of my knowledge, true and accurate.					
	Northshore Education Consortium Signed: West N / Degly W				
	Under pains and penalties of perjury Chief Financial Officer				
	Chief Financial Officer				
	To my knowledge, no person associated with my provider organization has threatened, pressured or otherwise				
	suggested that the audit firm's services would be terminated if audit findings were written and included in				
	the auditor's final report. $\int_{\mathbb{R}^d} \int_{\mathbb{R}^d} \int_{$	on ar	momou		
	Northshore Education Consortium Signed: Lew N / Slyww				
	Under pains and penalties of p	erjury			

Chief Financial Officer

Administrative Offices

112 Sohier Road, Beverly, MA 01915 • tel: 978-232-9755 ext. 1253 • fax: 978-232-9449 • frosenberg@nsedu.org

Francine H. Rosenberg M.Ed. Executive Director

We, the Board of Directors of the Northshore Education Consortium, met on October 30, 2019 and have voted to recognize and accept the representations of management and the expression of opinions by Fritz DeGuglielmo LLC, Certified Public Accountants as embodied in the Basic Financial Statements, Supplementary and Subsidiary Financial Statements and Schedules and Independent Auditor's Reports contained in the Uniform Financial Statements and Independent Auditor's Report (UFR) for the period ended June 30, 2019.

In addition, we, the Board of Directors of the Northshore Education Consortium, hereby certify under penalty of perjury that to the best of the committee members' knowledge, all material related party relationships and transactions, as defined by 808 CMR 1.02 and generally accepted government auditing standards, and other representations made by management are accurate and have been correctly and completely disclosed as required in the notes to the financial statements and schedules of the UFR for the period ended June 30, 2019.

Title: Board Chair

10/30/19

Date: