Northshore Education Consortium

Uniform Financial Report

June 30, 2020

FORM	FINANCIAL STATEMENTS AND INDEPENDEN	AUDITOR'S REPORT	COVER PAGE - Page 1 of	1		Feder	al Employer Identification Number (FEIN) for Filing Entity - 9 digits:	042576982
			_	Other corporate names			c <u> </u>	
	For the Year Ended : <u>6/30/2020</u> (M/D/YYYY)	Filed Electronically? (Y/N):	<u>Y</u>	(Use for consolidated finan	ncial staten	nents.)		
	Filing Organization: NORTHSHORE EDUC	CATION CONSORTIUM						
	(legal name)		(Doing Business As name, if applicable)					
							Massachusetts Vendor Code Number	
Α.	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-r	mail address	: GBERGEVIN@NSEDU.ORG	
	(First Name)	(Last Name)	(Title)	(Phone : Area Code / Number)				
	CPA : FRITZ DEGUGLIELM	O LLC	CPA Firm's Current Mass. License	#: 3	CPA's E-n	nail Address	DANIELS@FD-CPA.COM	
			CPA Firm's Federal Employer Id. (FEIN)	#: 043447507			A-133 Audit Submitted? (Y/N): N	
Man	agement Company Name:						Have basic F/S been audited? (Y/N): Y	
		_					UFR Exemption/Exception Code#	
	Organization Type Code : <mark>E</mark>	C For-Profit Organization	NO	Date of Org./Incorp.:		/1974	Special Education (SPED) Contractor (Y/N): Y	
						/YYYY)	Principal Purch. Agency:	DOE
	501(c)(3) Federal Tax Exempt (Y/N):	N If Yes, Date of Exemption	1:(M/D/YYYY)	Cost Allocation Method Code :	MD	Р	Program Performance Report (Internet system) is <u>not</u> required:	
			. ,				Primary Contractor(s):	
ogram		.		ogram Address				MMAR
umber	Program Name	Subcontractor Name	Street	City	State	Zip Code	Program Description	Prog.Co
00	KEVIN O'GRADY SCHOOL		112 SOHIER ROAD	BEVERLY	MA	01915	KEVIN O'GRADY SCHOOL	
00	NORTHSHORE ACADEMY - UPPER SCHOOL		126 SOHIER ROAD	BEVERLY	MA	01915	NORTHSHORE ACADEMY - UPPER SCHOOL	
00	NORTHSHORE ACADEMY - LOWER SCHOOL		83 PINE STREET, SUITE 103	PEABODY	MA	01960	NORTHSHORE ACADEMY - LOWER SCHOOL	
00	NORTHSHORE RECOVERY HIGH SCHOOL		112 SOHIER ROAD	BEVERLY	MA	01915	RECOVERY HIGH SCHOOL	
00	TRANSITIONS		121 LORING AVENUE	SALEM	MA	01970	TRANSITIONS	
00	CONTRACTED SERVICES		112 SOHIER ROAD	BEVERLY	MA	01915	CONTRACTED SERVICES	
28	GRANTS AND OTHER SERVICES		112 SOHIER ROAD	BEVERLY	MA	01915	GRANTS AND OTHER SERVICES	
00	TOPSFIELD VOCATIONAL ACADEMY		248 BOSTON STREET	TOPSFIELD	MA	01963	VOCATIONAL TRAINING	
								-
_								
_								

		FEIN	l: 042576982				
S	TATEMENT OF FINANCIAL POSITION AS OF (BALANCE SHEET)	06/30/2020	WI	TH COMPARATIVE	TOTALS AS OF	6/30/2019	
		CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
	ASSETS						
1	Cash and Cash Equivalents	5,730,749	467,198			6,197,947	6,506,088
2	Accounts Receivable, Program Services	1,419,949				1,419,949	634,203
3	Allowance for Doubtful Accounts	(75,000)				(75,000)	(30,000)
4	Net Accounts Receivable, Program Services	1,344,949				1,344,949	604,203
5	Contributions Receivable						
6	Notes Receivable						
7	Prepaid Expenses	182,974				182,974	107,333
8	Other Accounts Receivable						
9	Other Current Assets						
10	Short-Term Investments						
11	TOTAL CURRENT ASSETS	7,258,672	467,198			7,725,870	7,217,624
12	Land, Buildings, and Equipment	//-	18.079.804			18.079.804	17,850,673
13	Accumulated Depreciation		(8,496,608)			(8,496,608)	(7,977,836)
14	Net Land, Buildings and Equipment		9,583,196			9,583,196	9,872,837
15	Long-Term Investments		-,,				
16	Other Assets						
17	Due From Other Funds						
18	TOTAL ASSETS	7,258,672	10,050,394			17,309,066	17,090,461
	LIABILITIES AND NET ASSETS						
19	Accounts Payable	429,613				429,613	401,474
20	Subcontract Payable						
21	Accrued Expenses	1,550,074	203,400			1,753,474	1,668,717
22	Current Notes Payable	.,,				.,	.,,.
23	Current Portion Long-Term Debt		408,774			408,774	393,947
24	Deferred Revenue						
25	Other Current Liabilities						
26	TOTAL CURRENT LIABILITIES	1,979,687	612,174			2,591,861	2,464,138
27	Long-Term Notes & Mortgage Payable		6,021,768			6,021,768	6,426,668
28	Other Liabilities	20,462,788				20,462,788	19,386,162
29	Due to Other Funds						
30	TOTAL LIABILITIES	22,442,475	6,633,942			29,076,417	28,276,968
	NET ASSETS						
31	Without Donor Restrictions	(15,217,493)	3,152,654			(12,064,839)	(11,220,197)
32	With Donor Restrictions	33,690	263,798			297,488	33,690
33							
34	TOTAL NET ASSETS	(15,183,803)	3,416,452			(11,767,351)	(11,186,507)
35	TOTAL LIABILITIES AND NET ASSETS	7,258,672	10,050,394			17,309,066	17,090,461
	See Accompanying Notes to the Financial Statements	S					

	ORGANIZATION : NORTHSHORE EDU	CATION CONSOR	FEIN:	042576982		
	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	06/30/2020 VIT	H COMPARATIVE	TOTALS FOR TH	IE YEAR ENDED	06/30/2019
		Without Donor	With Donor		TOTAL	TOTAL
	REVENUES, GAINS, AND OTHER SUPPORT	Restrictions	Restrictions		THIS YEAR	LAST YEAR
1	Contributions, Gifts, Legacies, Bequests & Special Events	180,132			180,132	256,370
2	In-Kind Contributions	,			,	200,010
3	Grants					
4	Program Service Fees	24,873,157			24,873,157	24,310,105
5	Federated Fundraising Organization Allocation					
6	Investment Revenue	34,664			34,664	33,762
7	Revenue from Commercial Products & Services					
8	Other	6,378,208			6,378,208	4,753,591
9	Net Assets Released From Restrictions:					
10	Satisfaction of Program Restrictions					
11	Satisfaction of Equipment Acquisition Restrictions					
12	Expiration of Time Restrictions					
13	TOTAL REVENUE, GAINS, AND OTHER SUPPORT	31,466,161			31,466,161	29,353,828
	EXPENSES AND LOSSES					
14	Administration (Management & General)	1,639,824			1,639,824	1,533,659
15	Fundraising	, ,				
16	Total Program Services	29,330,555			29,330,555	27,457,258
17	TOTAL EXPENSES	30,970,379			30,970,379	28,990,917
18	Losses					
19	TOTAL EXPENSES AND LOSSES	30,970,379			30,970,379	28,990,917
	CHANGES IN NET ASSETS:					
20	Property & Equipment Acquisitions from Unrestricted Funds					
21	Transfer of Realized Endowment Fund Appreciation					
21	Return to Donor					
22	Other Increases (Decreases)	(1,340,424)	263,798		(1,076,626)	(1,500,130)
23 24	TOTAL CHANGES IN NET ASSETS	(1,340,424)	263,798		(580,844)	(1,137,219)
<u>-</u>		(044,042)	200,790			(1,137,219)
25	NET ASSETS AT BEGINNING OF YEAR	(11,220,197)	33,690		(11,186,507)	(10,049,288)
26	NET ASSETS AT END OF YEAR	(12,064,839)	297,488		(11,767,351)	(11,186,507)
						/
S	ee Accompanying Notes to Financial Statements					

	ORGANIZATION : NORTHSHORE EDUCATION CONSC	FEIN:	042576982
		00/20/2020	
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2020	
	INDIRECT METHOD		
	Cash Flows from Operating Activities:		TOTAL
1	Changes in Net Assets		(580,844)
	Adjustments to Reconcile Change In Net Assets to Net	-	
	Cash provided by/(used in) Operating Activities:		
2	Depreciation		572,836
3	Losses		96,174
4	Increase/Decrease in Net Accounts Receivable		(836,920)
5	Increase/Decrease in Prepaid Expenses		(75,641)
6	Increase/Decrease in Contributions Receivable		
7	Increase/Decrease in Accounts Payable		28,139
8	Increase/Decrease in Accrued Expenses		84,757
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	_	1,342,969
14	Net Cash Provided by/(used in) Operating Activities		631,470
	Cash Flows from Investing Activities:		
15	Insurance Proceeds		
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)		(283,195)
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	_	5,060
21	Net Cash Provided by/(used in) Investing Activities		(278,135)
	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	_	(393,947)
29	Other Finance Payments/Reciepts	_	(267,529)
30	Net Cash Provided by/(used in) Financing Activities		(661,476)
	See Accompanying Notes to the Financial Statements		

	ORGANIZATION : NORTHSHORE EDUCATION CONS	FEIN:	042576982
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2020	
	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		(308,141) 6,506,088 6,197,947
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	267,529	
	Supplemental Data for Noncash Investing and Financing Activities:		
36 37	Gifts of Equipment Other Noncash Investing and Financing Activities		
38 39			
40	See Accompanying Notes to the Financial Statements		

ORGANIZATION : NORTHSHORE EDUCATION CO	DNSORTIUM FE	IN: 042576982			
Statement of Functional Expenses	for the Year Ende	d: 06/30/2020			
		SUPPORTING	G SERVICES	PROGRAM SERVICES	
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS	
1. Employee Compensation & Related Expenses	27,141,356	1,320,222		25,821,134	
2. Occupancy	1,917,017	130,355		1,786,662	
3. Other Program / Operating Expense	846,396	11,081		835,315	
4. Subcontract Expense					
5. Direct Administrative Expense	309,376	150,409		158,967	
6. Other Expenses	183,398			183,398	
7. Depreciation of Buildings and Equipment	572,836	27,757		545,079	
8. TOTAL EXPENSES	30,970,379	1,639,824		29,330,555	

See Accompanying Notes to Financial Statements

	ORGANIZATION : NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982 Statement of Functional Expenses for the Year Ended: 06/30/20												
	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #								
	100	200	300	400	500								
1. Employee Compensation & Related Expenses	12,242,441	4,886,355	2,257,635	1,399,352	1,232,330								
2. Occupancy	313,583	1,014,618	112,289	68,179	105,210								
3. Other Program / Operating Expense	249,092	79,488	34,971	33,715	204,396								
4. Subcontract Expense													
5. Direct Administrative Expense	69,492	22,167	26,930	10,032	6,131								
6. Other Expenses	75,181	42,525	26,032	14,125	9,923								
7. Depreciation of Buildings and Equipment	281,868	17,165	97,440	58,999	14,817								
8. TOTAL EXPENSES	13,231,657	6,062,318	2,555,297	1,584,402	1,572,807								

See Accompanying Notes to Financial Statements

* ORGANIZATION : NORTHSHORE EDUCATION CC	ORGANIZATION : NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982												
Statement of Functional Expenses for the Year Ended: <u>06/30/20</u>													
	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #								
	700	728	800										
1. Employee Compensation & Related Expenses	1,208,894		2,594,127										
2. Occupancy	1,715		171,068										
3. Other Program / Operating Expense	17,213	1,560	214,880										
4. Subcontract Expense													
5. Direct Administrative Expense	4,979		19,236										
6. Other Expenses	5,996	50	9,566										
7. Depreciation of Buildings and Equipment	879		73,911										
8. TOTAL EXPENSES	1,239,676	1,610	3,082,788										

See Accompanying Notes to Financial Statements

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM

Comm. of MA cost reimbursement overbilling (preliminary calc. subject to adjustment)

ORGANIZATION SUPPLEMENTAL INFORMATION SCHEDULE A - Unaudited

REVENUE	Total Organization		Fund Raising	Total All Prog	EXPENSE
1R Contributions, Gifts, Legacies, Bequests	180,132	47,495		132,637	1E Total Direct Prog.Staff FTE/Exp 101-138 28
2R Gov. In-Kind/Capital Budget		XXXXXXXXXXXX	XXXXXXXXXXXX		2E Chief Executive Officer - FTE/Exp.
3R Private IN-Kind					3E Chief Financial Officer - FTE/Exp.
4R Total Contributions and In-Kind	180,132	47,495		132,637	4E Accting/Clerical/Support FTE/Expense
5R Mass Gov. Grant		XXXXXXXXXXXX	XXXXXXXXXXXX		5E Admin Maint/House-Grndskeeping FTE/Exp 6E Total Admin Employee FTE/Expense 410
6R Other Grant (exclud. Fed.Direct) 7R Total Grants					6E Total Admin Employee FTE/Expense 410 1 7E Commercial Products & Svs/Mkting FTE/Exp
8R Dept. of Mental Health (DMH)		XXXXXXXXXXXX	XXXXXXXXXXXX		8E Total FTE/Salary/Wages 29
9R Dept.of Developmental Services(DDS/DMR		XXXXXXXXXXX	XXXXXXXXXXXX		9E Payroll Taxes 150
10R Dept. of Public Health (DPH)		XXXXXXXXXXXX	XXXXXXXXXXXX		10E Fringe Benefits 151
11R Dept.of Children and Families (DCF/DSS)		XXXXXXXXXXXX	XXXXXXXXXXXX		11E Accrual Adjustments
12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXXX	XXXXXXXXXXXX		12E Total Employee Compensation & Rel. Exp.
13R Dept. of Youth Services (DYS)		XXXXXXXXXXX	XXXXXXXXXXXX		13E Facility and Prog. Equip.Expenses 301, 390
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		14E Facility & Prog. Equip. Depreciation 301
15R Health Care Fin & Policy (HCF)-UCP			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		15E Facility Operation/Maint./Furn.390
16R MA. Comm. For the Blind (MCB) 17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX		16E Facility General Liability Insurance 390 17E Total Occupancy
18R MA. Rehabilitation Commission (MRC)		XXXXXXXXXXXX	XXXXXXXXXXX		18E Direct Care Consultant 201
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXXX	XXXXXXXXXXX		19E Temporary Help 202
20R Dept.of Early Educ. & Care (EEC)-Contract		XXXXXXXXXXXX	XXXXXXXXXXXX		20E Clients and Caregivers Reimb./Stipends 203
21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXXXX	XXXXXXXXXXXX		21E Subcontracted Direct Care 206
22R Dept of Correction (DOC)		XXXXXXXXXXX	XXXXXXXXXXXX		22E Staff Training 204
23R Dept. of Elementary & Secondary Educ. (DOE)	710,273	XXXXXXXXXXXX	XXXXXXXXXXXX	710,273	23E Staff Mileage / Travel 205
24R Parole Board (PAR)		XXXXXXXXXXXX	XXXXXXXXXXXX		24E Meals 207
25R Veteran's Services (VET)		XXXXXXXXXXX	XXXXXXXXXXXX		25E Client Transportation 208
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXXX	XXXXXXXXXXXX		26E Vehicle Expenses 208
27R Div.of Housing & Community Develop(OCD)		XXXXXXXXXXX	XXXXXXXXXXX	-	27E Vehicle Depreciation 208
28R POS Subcontract 29R Other Mass. State Agency POS		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		28E Incidental Medical /Medicine/Pharmacy 209 29E Client Personal Allowances 211
30R Mass State Agency Non - POS		XXXXXXXXXXXX	XXXXXXXXXXX		30E Provision Material Goods/Svs./Benefits 212
31R Mass. Local Govt/Quasi-Govt. Entities	23,755,004	XXXXXXXXXXXX	XXXXXXXXXXXX	23,755,004	31E Direct Client Wages 214
32R Non-Mass. State/Local Government	407,880	XXXXXXXXXXXX	XXXXXXXXXXXX	407,880	32E Other Commercial Prod. & Svs. 214
33R Direct Federal Grants/Contracts		XXXXXXXXXXXX	XXXXXXXXXXXX		33E Program Supplies & Materials 215
34R Medicaid - Direct Payments		XXXXXXXXXXX	XXXXXXXXXXXX		34E Non Charitable Expenses
35R Medicaid - MBHP Subcontract		XXXXXXXXXXX	XXXXXXXXXXXX		35E Other Expense
36R Medicare		XXXXXXXXXXXX	XXXXXXXXXXXX		36E Total Other Program Expense
37R Mass. Govt. Client Stipends 38R Client Resources		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		37E Management Fees 410 38E Fundraising Fees 410
39R Mass. Publicly sponsored client offsets		XXXXXXXXXXXX	XXXXXXXXXXXX		39E Legal Fees 410
40R Other Publicly sponsored client offsets		XXXXXXXXXXXX	XXXXXXXXXXXX		40E Audit Fees 410
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXXXX	XXXXXXXXXXXX		41E Management Consultant 410
42R Private Client 3rd Pty/other offsets		XXXXXXXXXXXX	XXXXXXXXXXXX		42E Other Professional Fees & Other Admin. Expenses 410
43R Total Assistance and Fees	24,873,157	XXXXXXXXXXXX	XXXXXXXXXXXX	24,873,157	43E Leased Office/Program Office Equip.410,390
44R Federated Fundraising					44E Office Equipment Depreciation 410
45R Commercial Activities					45E Admin. Vehicle Expenses 410
46R Non-Charitable Revenue	24.004	24.004			46E Admin. Vehicle Depreciation 410
47R Investment Revenue 48R Other Revenue	34,664 6,378,208	34,664 499,566		5,878,642	47E Directors & Officers Insurance 410 48E Program Support 216
49R Allocated Admin (M&G) Revenue	XXXXXXXXXXXX	455,500		3,070,042	49E Professional Insurance 410
50R Released Net Assets-Program	70000000000				50E Working Capital Interest 410
51R Released Net Assets-Equipment					51E Total Direct Administrative Expense
52R Released Net Assets-Time					52E Admin (M&G) Reporting Center Allocation
					53E Total Reimbursable & Fundraising Expense
53R TOTAL REVENUE	31,466,161	581,725		30,884,436	54E Direct State/Federal Non-Reimbursable Expense
54R TOTAL EXPENSE = 56E	30,970,379	302,862		30,667,517	55E Allocation of State/Fed Non-Reimbursable Expense
55R OPERATING RESULTS	495,782	278,863		216,919	56E TOTAL EXPENSE = 56R
					NON-REIMBURSABLE EXPENSE DETAIL
	compensation (salar				1N Direct Employee Compensation & Related Exp.
loans, etc.) from the entity & its related parties/affi					2N Direct Occupancy 2N Direct Other Directory/Operating
Name & Title	Reporting Entity Com		Compensation from		3N Direct Other Program/Operating
	Salary 170,000	Other	Salary	Other	4N Direct Subcontract Expense
1C Francine Rosenberg, Executive Director 2C	170,000				5N Direct Administrative Expense 6N Direct Other Expense
30					7N Direct Depreciation
40					8N Total Direct Non-Reimbursable (must tie to 54E)
50					9N Total Direct and Allocated Non-Reimbursable (54E+55E)
MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets
Prior Year Ma. Revenue 24,011,830	E la				11N Capital Budget Revenue Adjustments
					12N Excess of Non-Reimb /Fundraising Expense over Offset

TAL INFORMATION S	CHED	ULE A - Una	udited	I FY	END:	6/30/2020	FEIN:	042576982
		Organization		imin (M&G)		und Raising		All Programs
-		Expense						Expense
Staff FTE/Exp 101-138	FTE 287.01	16,855,287	XXXX	Expense XXXXXXXXXXX	XXXX	Expense XXXXXXXXXXX	FTE 287.01	16,855,287
cer - FTE/Exp.	1.00	170,000	1.00	170,000	7000	70000000	207.01	10,000,207
· · ·	1.00	137,809	1.00	· · · · ·				
er - FTE/Exp.	8.11			137,809				
port FTE/Expense -Grndskeeping FTE/Exp	0.33	<u>519,651</u> 41,434	8.11 0.33	519,651 41,434				
byee FTE/Expense 410	10.44	868,894	10.44	868,894				
ts & Svs/Mkting FTE/Exp		000,001		000,001	XXXX	XXXXXXXXXXX		
lages	297.45	17,724,181	10.44	868,894			287.01	16,855,287
_		266,456		12,212				254,244
		2,972,777		136,254				2,836,523
6								
ompensation & Rel. Exp.		20,963,414		1,017,360				19,946,054
quip.Expenses 301, 390		1,285,305		12,551				1,272,754
ip. Depreciation 301		572,836		27,757				545,079
aint./Furn.390		511,610		21,521				490,089
pility Insurance 390		120,102		96,283				23,819
		2,489,853		158,112				2,331,741
ant 201		250,865		3,025				247,840
2								
ers Reimb./Stipends 203				XXXXXXXXXX		XXXXXXXXXX		
ct Care 206				XXXXXXXXXXX		XXXXXXXXXXX		
		46,974		7,793				39,181
el 205		68,924		263				68,661
n 208				XXXXXXXXXX		XXXXXXXXXXX		
08								
n 208								
Medicine/Pharmacy 209				XXXXXXXXXX		XXXXXXXXXXX		
wances 211				XXXXXXXXXX		XXXXXXXXXXX		
Goods/Svs./Benefits 212				XXXXXXXXXX		XXXXXXXXXXX		
214		186,332		XXXXXXXXXX		XXXXXXXXXXX		186,332
Prod. & Svs. 214								
Materials 215		293,301		XXXXXXXXXXX		XXXXXXXXXX		293,301
enses		400.000						400.000
m Evnanca		183,398		11 001				183,398
m Expense		1,029,794		11,081				1,018,713
410				2000000000				XXXXXXXXXX
10		0.047		XXXXXXXXXX				XXXXXXXXXX
		3,317		3,317				XXXXXXXXXX
-th		24,550		24,550				XXXXXXXXXX
ıltant 410 ⁻ees & Other Admin. Expenses 4	10	195,242		109,045				XXXXXXXXXXX 86,197
ram Office Equip.410,390	10	86,267		13,497				72,770
epreciation 410		00,207		10,401				12,110
enses 410								XXXXXXXXXX
reciation 410								XXXXXXXXXX
Insurance 410								XXXXXXXXXX
16				XXXXXXXXXX				7000000000
nce 410								
erest 410								
istrative Expense		309,376		150,409				158,967
rting Center Allocation		XXXXXXXXXX		(1,336,962)				1,336,962
e & Fundraising Expense		24,792,437						24,792,437
Non-Reimbursable Expense		6,177,942		302,862		XXXXXXXXXXX		5,875,080
ed Non-Reimbursable Expense		XXXXXXXXXXX						
= 56R		30,970,379		302,862				30,667,517
BLE EXPENSE DETAIL	Not	e to Readers : Pleas	se see Se	chedule B Note to	Readers	regarding appropr	iate Non-R	eimbursable Exp.
mpensation & Related Exp.		6,177,942		302,862		XXXXXXXXXXX		5,875,080
		0,111,012		002,002		XXXXXXXXXX		0,010,000
m/Operating						XXXXXXXXXX		
Expense						XXXXXXXXXX		
e Expense								
se Expense						XXXXXXXXXX		
						XXXXXXXXXX		
imbursable (must tie to 54E)		6,177,942		302,862		XXXXXXXXX		5,875,080
cated Non-Reimbursable (54E+5	55E)	6,177,942		302,862				5,875,080
	· ·							6,011,279
/Fundraising Exp. Revenue Offse	15	6,593,004		581,725				0,011,279
enue Adjustments nb./Fundraising Expense over Of	feate	(415,062)		(278,863)				(136,199)
in (MRC) Direct New Deireburgeh		(415,002)		(2/0,003)	0	XXXXXXXXXXX		(150,199)

12N Excess of Non-Reimb./Fundraising Expense over Offse Description of Admin (M&G) Direct Non-Reimbursable Exp. MA Teachers & State Employees' Retirement Systems

ORGANIZATION: NORTHSHORE E	UPPLEMENTA	L INFO	RMATION SC	HEDULE B - Unaudit	ed	FY END:	6/30/2020	FEIN:	042576982		
UFR Program Number: 100	Program Name:	KEVIN O'GRADY SCHOOL	Description:		KEVIN O'GRAD	DY SCHOOL	Catalog of Fede	eral Domest	ic Assistance #:	10.555	в
*Program Type: N/A	Program Address:		BEVERLY	MA	01915	# Weeks operated du	http://www.cfda.g ing audit period (e.g., 52)			g hours/week (e.g., 40)	40.00
		(Number/Street)	(City)	(State)	(Zipcode)						
Note to Readers: This schedule should be rea * Program Type codes: 21 = SPED; 22 = HCF											
REVENUE	P/Medicaid Class Rai	0S STAFFING_# hours/yr = 1.00 F	TE: 1920	Te; 25= Noi FTE	Salary/Wage	EXPENSE - ACTUAL/PLAN	n-negotiated Unit Ra	te; 27 = Cos FTE	Actual	Planned	% Var
1R Contrib., Gifts, Leg., Bequests, Spec. I	Ev. 63,755		1020	1.00	91,385	1E Total Direct Program S		140.43	8,012,872	7,896,332	1.5 %
2R Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Titl				2E Chief Executive Officer					
3R Private IN-Kind	C2 755	3S Asst. Program Director (UFR Title 10		2.00	190,000	3E Chief Financial Officer					
4R Total Contribution and In-Kind 5R Mass Gov. Grant	63,755	4S Supervising Professional (UFR Title 1 5S Physician & Psychiatrist (UFR Title 1				4E Accting/Clerical Support 5E Admin Maint/House-Grn					
6R Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	05 & 121)			6E Total Admin Employee					
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)		12.00	724,061	8E Total FTE/Salary/Wage	S	140.43	8,012,872		
9R Dept.of Developmental Services(DDS/ 10R Dept. of Public Health (DPH)	DMR)	9S L.P.N. (UFR Title 109) 10S Pharmacist (UFR Title 110)				9E Payroll Taxes 150 10E Fringe Benefits 151			118,183 1,318,418		
11R Dept. of Public Health (DPH) 11R Dept.of Children and Families (DCF/DS	SS)	11S Occupational Therapist (UFR Title 11	1)	12.67	818,722	11E Accrual Adjustments			1,318,418		
12R Dept. of Transitional Assist (DTA/WEL		12S Physical Therapist (UFR Title 112)	•)	8.80	647,706	12E Total Employee Compe	ensation & Rel. Exp		9,449,473	9,445,076	0.0 %
13R Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (I		9.75	662,768	13E Facility and Prog. Equip	Expenses 301,390		114,447		
14R Health Care Fin & Policy (HCF)-Contra	ct	14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip. D			281,868		
15R Health Care Fin & Policy (HCF)-UCP 16R MA, Comm, For the Blind (MCB)		15S Spec. Education Teacher (UFR Title 16S Teacher (UFR Title 116)	115)	23.00	2,351,281	15E Facility Operation/Maint 16E Facility General Liability			199,136		
17R MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)		23.00	2,331,201	17E Total Occupancy	Insulance 390		595,451	752,483	-20.9 %
18R MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	18)			18E Direct Care Consultant 2	201		103,383	,	
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)-Con 21R Dept.of Early Educ. & Care (EEC)-Vou		20S Day Care Asst. Teacher / Aide (UFR				20E Clients and Caregivers I 21E Subcontracted Direct Ca					
21R Dept.of Early Educ. & Care (EEC)-Vou 22R Dept of Correction (DOC)	cher	21S Psychologist - Doctorate (UFR Title 1 22S Clinician-(formerly Psych.Masters)(UFR)				21E Subcontracted Direct Ca 22E Staff Training 204	are 206		17,534		
23R Dept. of Elementary & Secondary Edu	c. (DO 16.947			2.00	134,540	23E Staff Mileage / Travel 20	05		13,537		
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 20	8				
26R Ex. Off. of Elder Affairs (ELD) 27R Div.of Housing & Community Develop(26S Cert. Voc. Rehab. Counselor (UFR Ti 27S Cert. Alch. &/or Drug Abuse Counsel				26E Vehicle Expenses 208 27E Vehicle Depreciation 20	0				
27R Divor Housing & Community Develop(28R POS Subcontract		275 Cert. Alch. &/or Drug Abuse Counsel 28S Counselor (UFR Title 130)	or (UFR The 129)	3.00	228,376	27E Venicle Depreciation 20 28E Incidental Medical /Medi	o cine/Pharmacy 209				
29R Other Mass. State Agency POS		29S Case Worker / Manager - Masters (U	FR Title 131)	0.00	220,010	29E Client Personal Allowan	ces 211				
30R Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 1				30E Provision Material Good					
31R Mass. Local Govt/Quasi-Govt. Entities			R Title 133)			31E Direct Client Wages 214			657		
32R Non-Mass. State/Local Government 33R Direct Federal Grants/Contracts	407,880	32S Direct Care / Prog. Staff III (UFR Title 33S Direct Care / Prog. Staff II (UFR Title				32E Other Commercial Prod. 33E Program Supplies & Ma			113,981		
34R Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title	136)	60.00	1,871,755	34E Non Charitable Expense			113,301		
35R Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR	Title 137)	2.00	87,955	35E Other Expense			75,181		
36R Medicare		36S Maintainence, House/Groundskeepin		3.71	151,915	36E Total Other Program E	xpense		324,273	351,954	-7.9 %
37R Mass. Govt. Client Stipends 38R Client Resources		37S Direct Care / Driver Staff (UFR Title 1 38S Direct Care Overtime, Shift Differentia		0.50 XXXXXX	52,408	42E Other Professional Fees			25,682 43,810		
39R Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		140.43	8,012,872	43E Leased Office/Program 44E Office Equipment Depre		0	43,010		
40R Other Publicly sponsored client offsets				140.40	0,012,012	48E Program Support 216					
41R Private Client Fees (excluding 3rd Pty)			/ICE STATISTICS			49E Professional Insurance					
42R Private Client 3rd Pty/other offsets 43R Total Assistance and Fees	44.050.101	1SS Enter defined unit of service				50E Working Capital Interest			00.100	F0.407	38.6 %
43R Total Assistance and Fees 44R Federated Fundraising	11,059,191	2SS Enter total unit capacity	32,395	Undun #	# service units	51E Total Direct Administra 52E Admin (M&G) Reporting			69,492 595,005	50,127 538.022	38.6 % 10.6 %
45R Commercial Activities				Clients		53E Total Reimbursable Ex			11,033,694	11,137,662	-0.9 %
46R Non-Charitable Revenue			ly sponsored clients:	112	23,052	54E Direct State/Federal Nor	n-Reimbursable Exp		2,792,968		%
47R Investment Revenue			ly sponsored clients:			55E Allocation of State/Fed I	Non-Reimbursable E	xpense	40.000.000	44.100.000	
48R Other Revenue 49R Allocated Admin (M&G) Revenue	2,792,968	5SS Internet filing system) 6SS suspended for FY '08	Free Care clients: Total:	112	23.052	56E TOTAL EXPENSE 57E TOTAL REVENUE = 53	R		13,826,662 13,915,914	11,137,662 11,112,990	24.1 % 25.2 %
50R Released Net Assets-Program		7SS filings.	rotal:	112	23,032	58E OPERATING RESULTS			89,252	(24,672)	20.2 /0
51R Released Net Assets-Equipment		Innigo.				CRE Preliminary Calculation		ss Rev. *		* (subject to OSD a	adjustment)
52R Released Net Assets-Time		MASSACHUSETTS CONTRACT				BLE EXPENSE DETAIL		Descriptio			
53R Total Revenue = 57E	13,915,914	Dept Contract ID -11 Charac	ters MMARS Code			compensation & Related Exp.	2,792,968	MA Teach	ers & State Emplo	oyees' Retirement	Systems on-b
SUBCONTRACTED DIRECT CAR		1C DOE 8N70532112A 2C DOE 8V70532112A			Direct Occupancy Direct Other Progra	am/Operating					
Subcontractor Name FEIN			OE		Direct Subcontract						
1SDC		4C		X 5N	Direct Administrativ	ve Expense					
2SDC		5C			Direct Other Exper						
3SDC		POS SUBCONTRACT INFO State Dept Payor Name	RMATION Payor's FEIN		Direct Depreciation	າ eimbursable (Tie to 54E)	2,792,968				
5SDC		1PS	rayorsrein			located Non-Reimb. (54E+55E				Irsable Expense ov	
		2PS				oursable Exp. Revenue Offsets				to recoupment whe e Commonwealth a	
Comm. Of MA Surplus Rev. Retention Share		3PS		11N	Capital Budget Re	venue Adjustment				he Financial Stater	
PREPARER COMMENTS:				12N	Excess of Non-Rei	imbursable Expense Over Offse	ets (63,755)	5	,		,

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM PROGRAM SUPPLEMENTAL				L INFO	RMATION SC	HEDULE B - Una	audited FY EN	6/30/2020	FEIN:	042576982		
	UFR Program Number: 200	Program Name:	NORTHSHORE ACA	DEMY - UPPER SCHOOL	Description:	N	ORTHSHORE ACADEM	IY - UPPER SCHOOL	Catalog of Federal Dom		10.555	В
	*Program Type: <u>N/A</u> P	rogram Address:	126 SOHIER ROAD		BEVERLY	MA	01915	# Weeks ope	http://www.cfda.gov/defa rated during audit period (e.g., 52): 48.00		ng hours/week (e.g., 4	0): <u>40.00</u>
Note to	Readers: This schedule should be read in	context with E S		er/Street)	(City)	(State)	(Zipcode)	ctual variances or non-re	aimhursahle evnenses (e.a. In-Kind	donations) may be	annronriate and de	sirahla
	ram Type codes: 21 = SPED: 22 = HCFP/N											
REVEN				ING # hours/yr = 1.00 FT		FTE	Salary/Wage	EXPENSE - ACTUAL			Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	1.017		rector (UFR Title 102)	1020	2.00	114.841	1E Total Direct Pro			3.211.721	-0.7 %
2R	Gov. In-Kind/Capital Budget	1,017		unction Manager (UFR Title	101)	2.00	114,041	2E Chief Executive (0,100,014	0,211,721	0.1 /0
3R	Private IN-Kind			am Director (UFR Title 103		2.00	83.823	3E Chief Financial C				
4R	Total Contribution and In-Kind	1.017		Professional (UFR Title 1				4E Accting/Clerical S				
5R	Mass Gov. Grant	.,		Psychiatrist (UFR Title 10				5E Admin Maint/Hou				
6R	Other Grant (exclud. Fed.Direct)			Asst. (UFR Title 106)	,			6E Total Admin Em				
7R	Total Grants			N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical prod				
8R	Dept. of Mental Health (DMH)			Masters (UFR Title 108)	(-)	1.00	68,895	8E Total FTE/Salary		.15 3,189,614		
9R	Dept.of Developmental Services(DDS/DMF	R)	9S L.P.N. (UFF					9E Payroll Taxes 15		48,116		
10R	Dept. of Public Health (DPH)		10S Pharmacist	(UFR Title 110)				10E Fringe Benefits 1	51	536,853		
11R	Dept.of Children and Families (DCF/DSS)			al Therapist (UFR Title 111	1)	0.40	17,935	11E Accrual Adjustme				
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Th	erapist (UFR Title 112)				12E Total Employee	Compensation & Rel. Exp.	3,774,583	3,815,869	-1.1 %
13R	Dept. of Youth Services (DYS)		13S Speech / La	ang. Pathol., Audiologist (L	JFR Title 113)	1.00	85,469	13E Facility and Prog	. Equip.Expenses 301,390	852,804		
14R	Health Care Fin & Policy (HCF)-Contract			Nutritionist (UFR Title 114)					quip. Depreciation 301	17,165		
15R	Health Care Fin & Policy (HCF)-UCP			ation Teacher (UFR Title 1	15)			15E Facility Operation		138,909		
16R	MA. Comm. For the Blind (MCB)		16S Teacher (U			17.60	1,365,425	16E Facility General L		22,905		
17R	MA. Comm. for Deaf & H H (MCD)			Director (UFR Title 117)				17E Total Occupanc		1,031,783	1,068,321	-3.4 %
18R	MA. Rehabilitation Commission (MRC)			ead Teacher (UFR Title 11	8)			18E Direct Care Cons		7,896		
19R	MA. Off. for Refugees & Immigr.(ORI)			eacher (UFR Title 119)				19E Temporary Help				
20R	Dept.of Early Educ. & Care (EEC)-Contract			sst. Teacher / Aide (UFR 1					givers Reimb./Stipends 203			
21R	Dept.of Early Educ. & Care (EEC)-Vouche			st - Doctorate (UFR Title 12				21E Subcontracted D				
22R	Dept of Correction (DOC)			ormerly Psych.Masters)(UF				22E Staff Training 20		5,845 5,350		
23R	Dept. of Elementary & Secondary Educ. (D	O <u>11,491</u>		ker - L.I.C.S.W. (UFR Title		10.00	748,594	23E Staff Mileage / Tr	avel 205	5,350		
24R	Parole Board (PAR)			ker - L.C.S.W., L.S.W (UFF	R Title 125 & 126)			24E Meals 207				
25R	Veteran's Services (VET)			ounselor (UFR Title 127)	100			25E Client Transporta				
26R 27R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR Tit				26E Vehicle Expense				
27R 28R	Div.of Housing & Community Develop(OCI POS Subcontract	<u> </u>	275 Cert. Alch. 28S Counselor (&/or Drug Abuse Counselo	r (UFR Title 129)			27E Vehicle Deprecia	al /Medicine/Pharmacy 209			
20R	Other Mass. State Agency POS			er / Manager - Masters (UF	R Title 131)			29E Client Personal A				
30R	Mass State Agency Non - POS			er / Manager (UFR Title 13					Il Goods/Svs./Benefits 212			
31R	Mass. Local Govt/Quasi-Govt. Entities	5.453.981	31S Direct Care	/ Prog. Staff Superv. (UFF	? Title 133)			31E Direct Client Wat		12,261		
32R	Non-Mass. State/Local Government	0,100,001		/ Prog. Staff III (UFR Title				32E Other Commercia		12,201		
33R	Direct Federal Grants/Contracts			/ Prog. Staff II (UFR Title				33E Program Supplie		48,136		
34R	Medicaid - Direct Payments		34S Direct Care	/ Prog. Staff I (UFR Title 1	36)	17.00	527,308	34E Non Charitable E	xpenses			
35R	Medicaid - MBHP Subcontract		35S Prog. Secre	etarial / Clerical Staff (UFR	Title 137)	2.00	80,568	35E Other Expense		42,525		
36R	Medicare			ce, House/Groundskeeping		2.00	89,665	36E Total Other Prog		122,013	163,761	-25.5 %
37R	Mass. Govt. Client Stipends			/ Driver Staff (UFR Title 13		0.15	7,091		al Fees & Other Admin. Exp. 410	14,203		
38R	Client Resources			Overtime, Shift Differentia	l and Relief	XXXXXX			ogram Office Equip.410,390	7,964		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direc	t Program Staff = 1E		55.15	3,189,614	44E Office Equipment				
40R	Other Publicly sponsored client offsets							48E Program Support				
41R	Private Client Fees (excluding 3rd Pty)				ICE STATISTICS			49E Professional Insu				
42R	Private Client 3rd Pty/other offsets Total Assistance and Fees	5,465,472		er defined unit of service:				50E Working Capital		00.407	00.400	-21.1 %
43R 44R	Federated Fundraising	5,405,472	200	Enter total unit capacity	30,600	lindun #	# service units	51E Total Direct Adn 52E Admin (M&G) Re	porting Center Allocation	22,167 282,181	28,100 251,087	<u>-21.1</u> % 12.4 %
44R 45R	Commercial Activities						delivered	53E Total Reimbursa		5,232,727	5,327,138	
45R	Non-Charitable Revenue		3SS OSD's Prop	ram Publick	y sponsored clients:	107	21,846		eral Non-Reimbursable Expense	1,111,772	0,021,100	-1.0 /8
47R	Investment Revenue		4SS Performance		y sponsored clients:		,010	55E Allocation of Stat	e/Fed Non-Reimbursable Expense	.,		/
48R	Other Revenue	1,111,772	5SS Internet filin		Free Care clients:			56E TOTAL EXPENS	E	6,344,499	5,327,138	19.1 %
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:	107	21,846	57E TOTAL REVENU		6,578,261	5,581,933	17.8 %
50R	Released Net Assets-Program		7SS filings.					58E OPERATING RE	SULTS	233,762	254,795	
51R	Released Net Assets-Equipment							CRE Preliminary Calcu	lation of Cost Reimb. Excess Rev.	*	* (subject to OSD	adjustment)
52R	Released Net Assets-Time			ACHUSETTS CONTRACT				BLE EXPENSE DETAIL	Descri	ption		
53R	Total Revenue = 57E	6,578,261	Dept	Contract ID -11 Charact	ers MMARS Code			ompensation & Related	Exp. 1,111,772 MA Te	achers & State Empl	oyees' Retiremen	t Systems on-b
1			1C DOE	8N70532112A	OE		Direct Occupancy					
	SUBCONTRACTED DIRECT CARE E			8V70532112A	OE		Direct Other Progra					
1000	Subcontractor Name FEIN	Expense Amt.		8Z70531909A	OE		Direct Subcontract					
1SDC 2SDC			4C 5C				Direct Administrativ Direct Other Expen					
3SDC				S SUBCONTRACT INFOR	MATION		Direct Other Expen					
4SDC			State Dept		Payor's FEIN			i eimbursable (Tie to 54E) 1,111,772			
5SDC			1PS	. ayor nume				located Non-Reimb. (54	(Any E	xcess of Non-Reimb		
			2PS					oursable Exp. Revenue	Reven	ue Offsets is subject		
Comm	Of MA Surplus Rev. Retention Share		3PS				Capital Budget Rev		piogra	m is purchased by th		
	PREPARER COMMENTS:							mbursable Expense Ov	er Offsets (1,017)	ized as a liability on	ule Financial Stat	ements.)

	ORGANIZATION: NORTHSHORE EDUCA	ATION CONSORTIUM	1	PROGRAM SI	UPPLEMENTA	l infof	RMATION SC	HEDULE B - Una	udited	FY END:	6/30/2020	FEIN:	042576982
	JFR Program Number: 300	Program Name:	NORTHSHORE ACA	DEMY - LOWER SCHOOL	Description:	NC	ORTHSHORE ACADEM	IY - LOWER SCHOOL	Catalog of Feder			10.555	в
	*Program Type: <u>N/A</u> Pr	ogram Address:	83 PINE STREET, SU		PEABODY	MA	01960	# Weeks opera	ated during audit period (e.g., 52):			hours/week (e.g., 4	J): 40.00
Note to	Readers: This schedule should be read in	contaxt with E.S.		er/Street)	(City)	(State)	(Zipcode)	atual variances or non rol	imhursahla avnansas (a a	In Kind dong	tions) may be ar	propriate and de	simble
	am Type codes: 21 = SPED; 22 = HCFP/Me												
REVEN				ING_# hours/yr = 1.00 FT		FTE	Salary/Wage	EXPENSE - ACTUAL/F		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	1,710		rector (UFR Title 102)		1.00	105,200	1E Total Direct Prog		26.90	1,474,395	1,480,738	-0.4 %
	Gov. In-Kind/Capital Budget			Inction Manager (UFR Title				2E Chief Executive O					
	Private IN-Kind Total Contribution and In-Kind	1.710		am Director (UFR Title 103 Professional (UFR Title 1				3E Chief Financial Of 4E Accting/Clerical St					
	Mass Gov. Grant	1,710	5S Physician &	Psychiatrist (UFR Title 10	05 & 121)			5E Admin Maint/Hous					
	Other Grant (exclud. Fed.Direct)		6S Physician A	sst. (UFR Title 106)				6E Total Admin Emp	oloyee				
	Total Grants			N.P., Psych N.,N.A., R.N	- MA (Title 107)			7E Commerical produ					
	Dept. of Mental Health (DMH)			Masters (UFR Title 108)		1.00	64,706	8E Total FTE/Salary		26.90	1,474,395		
	Dept. of Developmental Services(DDS/DMR Dept. of Public Health (DPH)	.)	9S L.P.N. (UFF 10S Pharmacist					9E Payroll Taxes 150 10E Fringe Benefits 15		-	22,153 247,172		
	Dept. of Children and Families (DCF/DSS)			al Therapist (UFR Title 11	1)	1.60	103,882	11E Accrual Adjustmer		-	241,112		
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Th	erapist (UFR Title 112)					Compensation & Rel. Exp.		1,743,720	1,767,014	-1.3 %
	Dept. of Youth Services (DYS)		13S Speech / La	ang. Pathol., Audiologist (L	JFR Title 113)	0.80	52,417	13E Facility and Prog.	Equip.Expenses 301,390		79,797		
14R	Health Care Fin & Policy (HCF)-Contract			Autritionist (UFR Title 114)				14E Facility & Prog. Ed		_	97,440		
15R 16R	Health Care Fin & Policy (HCF)-UCP MA. Comm. For the Blind (MCB)		16S Teacher (UI	ation Teacher (UFR Title 1	(15)	7.56	505,209	15E Facility Operation/ 16E Facility General Li		-	31,578 914		
17R	MA. Comm. for Deaf & H H (MCD)			irector (UFR Title 117)		1.50	303,203	17E Total Occupancy		-	209.729	231,782	-9.5 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care L	ead Teacher (UFR Title 11	18)			18E Direct Care Consu			18,125		
19R	MA. Off. for Refugees & Immigr.(ORI)			eacher (UFR Title 119)				19E Temporary Help 2					
20R	Dept.of Early Educ. & Care (EEC)-Contrac			sst. Teacher / Aide (UFR					ivers Reimb./Stipends 203	_			
21R 22R	Dept.of Early Educ. & Care (EEC)-Voucher Dept of Correction (DOC)			st - Doctorate (UFR Title 12 ormerly Psych.Masters)(UF				21E Subcontracted Dir 22E Staff Training 204		-	4,839		
22R	Dept. of Elementary & Secondary Educ. (D	0 14.747		ker - L.I.C.S.W. (UFR Title		2.00	172,138	23E Staff Mileage / Tra		-	3,473		
	Parole Board (PAR)	· · · · ·		er - L.C.S.W., L.S.W (UFF		2.00		24E Meals 207			0,110		
25R	Veteran's Services (VET)		25S Licensed Co	ounselor (UFR Title 127)				25E Client Transportat					
26R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR Tit				26E Vehicle Expenses		_			
27R 28R	Div.of Housing & Community Develop(OCD POS Subcontract)	27S Cert. Alch. 8 28S Counselor (&/or Drug Abuse Counseld	or (UFR Title 129)			27E Vehicle Depreciati	ion 208 /Medicine/Pharmacy 209	-			
28R 29R	Other Mass. State Agency POS		285 Counselor (295 Case Work	er / Manager - Masters (UF	R Title 131)			29E Client Personal Al		-			
30R	Mass State Agency Non - POS		30S Case Worke	er / Manager (UFR Title 13	32)				Goods/Svs./Benefits 212	-			
31R	Mass. Local Govt/Quasi-Govt. Entities	2,049,673	31S Direct Care	/ Prog. Staff Superv. (UFF	R Title 133)			31E Direct Client Wage	es 214				
32R	Non-Mass. State/Local Government			/ Prog. Staff III (UFR Title				32E Other Commercial		_	0.50/		
33R 34R	Direct Federal Grants/Contracts Medicaid - Direct Payments			/ Prog. Staff II (UFR Title / / Prog. Staff I (UFR Title 1		12.00	401.520	33E Program Supplies 34E Non Charitable Ex		-	8,534		
34R 35R	Medicaid - Direct Payments Medicaid - MBHP Subcontract			etarial / Clerical Staff (UFR		0.67	56.257	35E Other Expense	cpenses	-	26.032		
36R	Medicare			ce, House/Groundskeeping		0.20	9,791	36E Total Other Prog	ram Expense		61,003	78,218	-22.0 %
37R	Mass. Govt. Client Stipends			/ Driver Staff (UFR Title 1		0.07	3,275		al Fees & Other Admin. Exp.	410	22,711		
38R	Client Resources			Overtime, Shift Differentia	al and Relief	XXXXXX			gram Office Equip.410,390	_	4,219		
39R 40R	Mass. spon.client SF/3rd Pty offsets Other Publicly sponsored client offsets		39S Total Direc	t Program Staff = 1E		26.90	1,474,395	44E Office Equipment 48E Program Support		-			
40R	Private Client Fees (excluding 3rd Pty)		-	SERV	ICE STATISTICS			49E Professional Insur		-			
42R	Private Client 3rd Pty/other offsets		1SS Ente	er defined unit of service				50E Working Capital Ir		-			
43R	Total Assistance and Fees	2,064,420		Enter total unit capacity				51E Total Direct Adm	inistrative Expense		26,930	25,475	5.7 %
44R 45R	Federated Fundraising Commercial Activities		-				# service units	52E Admin (M&G) Rep 53E Total Reimbursal	oorting Center Allocation	_	116,359 2,157,741	106,331 2,208,820	9.4 % -2.3 %
45R 46R	Non-Charitable Revenue		3SS OSD's Prog	ram Public	y sponsored clients:	40	delivered 8,107		ble Expense ral Non-Reimbursable Expe	nse	2,157,741 513,915	2,208,820	-2.3 %
47R	Investment Revenue		4SS Performance		ly sponsored clients:	-10	0,107		e/Fed Non-Reimbursable Expe		010,010		///
48R	Other Revenue	513,915	5SS Internet filin	g system)	Free Care clients:			56E TOTAL EXPENSE			2,671,656	2,208,820	21.0 %
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:	40	8,107	57E TOTAL REVENUE		_	2,580,045	2,085,698	23.7 %
50R	Released Net Assets-Program		7SS filings.					58E OPERATING RES			(91,611)	(123,122)	
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASSA	CHUSETTS CONTRACT				BLE EXPENSE DETAIL	lation of Cost Reimb. Exces	S Rev. ^ Description	^	(subject to OSD	adjustment)
	Total Revenue = 57E	2,580,045	Dept	Contract ID -11 Charact				compensation & Related E			rs & State Emplo	vees' Retirement	Systems on-b
			1C DOE	8N70532112A	OE_	X 2N	Direct Occupancy					,	
	SUBCONTRACTED DIRECT CARE EX			8V70532112A	OE		Direct Other Progra						
1SDC	Subcontractor Name FEIN	Expense Amt.	3C DOE 4C	8Z70531909A	OE		Direct Subcontract Direct Administrativ						
1SDC 2SDC			4C 5C				Direct Administrativ						
3SDC				S SUBCONTRACT INFOR			Direct Depreciation						
4SDC			State Dept	Payor Name	Payor's FEIN			eimbursable (Tie to 54E)			s of Non-Reimbu	rsable Evnenso	ver Elicible
5SDC			1PS					located Non-Reimb. (54E		Revenue Of	ffsets is subject to	o recoupment wh	iere the
	Of MA Sumplue Boy Detertion Ob-		2PS					oursable Exp. Revenue O	Offsets 515,625	program is p	ourchased by the	Commonwealth	and must be
Comm.	Of MA Surplus Rev. Retention Share		3PS					venue Adjustment imbursable Expense Ove	r Offsets (1.710)	recognized	as a liability on th	e Financial State	ements.)
	PREPARER COMMENTS:					12IN	LAGESS OF NULL-REI	iniburable Expense Ove					

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUN	1	PROGRAM	SUPPLEMENTA	L INFO	RMATION SC	HEDULE B - Una	udited F	Y END:	6/30/2020	FEIN	042576982
	UFR Program Number: 400	Program Name:	NORTHSHORE REC	OVERY HIGH SCHOOL	Description:		RECOVERY HI	GH SCHOOL	Catalog of Federal			10.555	В
	*Program Type: <u>27</u> P	rogram Address:	112 SOHIER ROAD		BEVERLY	MA	01915	# Weeks opera	http://www.cfda.gov/ ated during audit period (e.g., 52):			g hours/week (e.g., 4	40.00 <u>40.00</u>
Noto tr	Readers: This schedule should be read in	contaxt with ES		er/Street)	(City)	(State)	(Zipcode)	otual variances or non ra	imbursable expenses (e.e. In	Kind dono	tions) may be a	propriate and d	osirabla
	ram Type codes: 21 = SPED; 22 = HCFP/M												
REVEN				ING # hours/yr = 1.00		FTE	Salary/Wage	EXPENSE - ACTUAL/		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	2.683		rector (UFR Title 102)		1.00	109.245	1E Total Direct Prog		16.43	909.924	867.587	4.9 %
2R	Gov. In-Kind/Capital Budget		2S Program Fu	unction Manager (UFR 1	Fitle 101)			2E Chief Executive O	Officer				
3R	Private IN-Kind			am Director (UFR Title				3E Chief Financial Of					
4R	Total Contribution and In-Kind	2,683		Professional (UFR Title				4E Accting/Clerical S					
5R	Mass Gov. Grant			Psychiatrist (UFR Title	e 105 & 121)			5E Admin Maint/Hous					
6R	Other Grant (exclud. Fed.Direct)			sst. (UFR Title 106)	N NA (TH 407)			6E Total Admin Emp					
7R 8R	Total Grants Dept. of Mental Health (DMH)		75 N. Midwife,	N.P., Psych N., N.A., R. Masters (UFR Title 108	N MA (Title 107)			7E Commerical produ 8E Total FTE/Salary		16.43	909.924		
9R	Dept. of Mental Realth (DMR) Dept.of Developmental Services(DDS/DMF	2	9S L.P.N. (UFF)			9E Payroll Taxes 150		10.45	14,169		
10R	Dept. of Public Health (DPH)	N	10S Pharmacist	(LIFR Title 110)				10E Fringe Benefits 15		-	158,096		
11R	Dept. of Children and Families (DCF/DSS)			al Therapist (UFR Title	111)	1.00	47,756	11E Accrual Adjustme		-	100,000		
12R	Dept. of Transitional Assist (DTA/WEL)			erapist (UFR Title 112)					Compensation & Rel. Exp.		1,082,189	1,046,085	3.5 %
13R	Dept. of Youth Services (DYS)		13S Speech / La	ang. Pathol., Audiologis	t (UFR Title 113)			13E Facility and Prog.	Equip.Expenses 301,390		23,735		
14R	Health Care Fin & Policy (HCF)-Contract		14S Dietician / N	Nutritionist (UFR Title 11	4)			14E Facility & Prog. Ed	quip. Depreciation 301		58,999		
15R	Health Care Fin & Policy (HCF)-UCP			ation Teacher (UFR Tit	le 115)			15E Facility Operation			44,444		
16R	MA. Comm. For the Blind (MCB)		16S Teacher (U			6.00	322,543	16E Facility General Li		_			
17R	MA. Comm. for Deaf & H H (MCD)			Director (UFR Title 117)	110			17E Total Occupancy		_	127,178	221,317	-42.5 %
18R 19R	MA. Rehabilitation Commission (MRC) MA. Off. for Refugees & Immigr.(ORI)			ead Teacher (UFR Title eacher (UFR Title 119)				18E Direct Care Consu 19E Temporary Help 2		_	1,606		
20R	Dept.of Early Educ. & Care (EEC)-Contrac	*		sst. Teacher / Aide (UF					ivers Reimb./Stipends 203	-			
21R	Dept.of Early Educ. & Care (EEC)-Voucher			st - Doctorate (UFR Title				21E Subcontracted Dir		-			
22R	Dept of Correction (DOC)			prmerly Psych.Masters)				22E Staff Training 204		-	4,337		
23R	Dept. of Elementary & Secondary Educ. (D	C 667,088		ker - L.I.C.S.W. (UFR T		2.00	169,881	23E Staff Mileage / Tra			11,886		
24R	Parole Board (PAR)			ker - L.C.S.W., L.S.W (I				24E Meals 207					
25R	Veteran's Services (VET)			ounselor (UFR Title 127				25E Client Transportat					
26R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR				26E Vehicle Expenses		_			
27R	Div.of Housing & Community Develop(OCE	D)		&/or Drug Abuse Couns	elor (UFR Title 129)			27E Vehicle Depreciat		_			
28R 29R	POS Subcontract Other Mass. State Agency POS		28S Counselor (er / Manager - Masters				28E Incidental Medical 29E Client Personal Al	I /Medicine/Pharmacy 209	_			
30R	Mass State Agency Non - POS			er / Manager (UFR Title					Goods/Svs./Benefits 212	-			
31R	Mass. Local Govt/Quasi-Govt. Entities	597,710	31S Direct Care	/ Prog. Staff Superv. (U	JFR Title 133)			31E Direct Client Wag		-			
32R	Non-Mass. State/Local Government			/ Prog. Staff III (UFR T				32E Other Commercia					
33R	Direct Federal Grants/Contracts			/ Prog. Staff II (UFR Tit				33E Program Supplies			15,886		
34R	Medicaid - Direct Payments			/ Prog. Staff I (UFR Titl		3.60	127,659	34E Non Charitable Ex	kpenses	_			
35R	Medicaid - MBHP Subcontract			etarial / Clerical Staff (U		1.00	41,329	35E Other Expense	-	_	14,125 47,840	00.044	50.0.0/
36R 37R	Medicare Mass, Govt, Client Stipends			ce, House/Groundskeer / Driver Staff (UFR Title		1.00	33,677 57,834	36E Total Other Prog	ram Expense al Fees & Other Admin. Exp. 4 ⁻	10	47,840	96,214	-50.3 %
38R	Client Resources			Overtime. Shift Differer		XXXXXX	51,004		ogram Office Equip.410,390		5.292		
39R	Mass. spon.client SF/3rd Ptv offsets			t Program Staff = 1E		16.43	909.924	44E Office Equipment		-	0,202		
40R	Other Publicly sponsored client offsets							48E Program Support	216				
41R	Private Client Fees (excluding 3rd Pty)				RVICE STATISTICS			49E Professional Insur					
42R	Private Client 3rd Pty/other offsets			er defined unit of servi				50E Working Capital Ir		_			
43R 44R	Total Assistance and Fees Federated Fundraising	1,264,798	2SS	Enter total unit capac	ity: <u>15,092</u>	Undun #	# service units	51E Total Direct Adm 52E Admin (M&G) Rer	orting Center Allocation	-	10,032 72,233	7,956	
44R 45R	Commercial Activities						delivered	53E Total Reimbursal		-	1,339,472	1,448,971	-7.6 %
46R	Non-Charitable Revenue		3SS OSD's Prog	aram Pub	licly sponsored clients:	34	6,631		ral Non-Reimbursable Expense	e –	317,163	1,113,011	%
47R	Investment Revenue		4SS Performance	, ce Report (D-1 Priva	ately sponsored clients:			55E Allocation of State	e/Fed Non-Reimbursable Expe	ense			
48R	Other Revenue	317,163	5SS Internet filin	ng system)	Free Care clients:			56E TOTAL EXPENSE			1,656,635	1,448,971	
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:	34	6,631	57E TOTAL REVENUE		_	1,584,644	1,211,553	
50R	Released Net Assets-Program		7SS filings.					58E OPERATING RES			(71,991)	(237,418	
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MARCA	CHUSETTS CONTRA				ABLE EXPENSE DETAIL	lation of Cost Reimb. Excess F	Rev. *		' (subject to OSI	adjustment)
	Total Revenue = 57E	1,584,644	Dept	Contract ID -11 Char				Compensation & Related I			s & State Emplo	vees' Retiremen	t Systems on-h
0011		1,001,011	1C DOE	M3202020116	OE		Direct Occupancy					Jobo Hotholi	t o jotomo on s
1	SUBCONTRACTED DIRECT CARE E		2C DOE	8N70532112A	OE	X 3N	Direct Other Progr	am/Operating					
	Subcontractor Name FEIN	Expense Amt.		8V70532112A	OE		Direct Subcontrac						
1SDC			4C DOE	8Z70531909A	OE_		Direct Administrati						
2SDC 3SDC			5C 80	S SUBCONTRACT INF	ORMATION		Direct Other Experience Direct Depreciation						
4SDC			State Dept		Payor's FEIN			n Reimbursable (Tie to 54E)	317,163				
5SDC			1PS		,			llocated Non-Reimb. (54E	(A		of Non-Reimbu		
			2PS					bursable Exp. Revenue C	Re		fsets is subject t ourchased by the		
Comm	Of MA Surplus Rev. Retention Share	N/A	3PS					venue Adjustment	re		as a liability on th		
	PREPARER COMMENTS:					12N	Excess of Non-Re	imbursable Expense Ove	r Offsets (2,683)	- 3			,

ORGANIZATION: NORTHSHORE ED	UCATION CONSORTIU	M P	ROGRAM SUPPLEMENTA	L INFOI	RMATION SC	HEDULE B - Una	udited	FY END: 6/	/30/2020	FEIN: 042	2576982
UFR Program Number: 500	Program Name:	TRANSITIONS	Description:		TRANSI	TIONS	Catalog of Federa		sistance #:	В	
*Program Type: <u>N/A</u>	Program Address:	121 LORING AVENUE	SALEM	MA	01970	# Weeks operation	http://www.cfda.go ated during audit period (e.g., 52):		# operating	hours/week (e.g., 40): 4	0.00
Note to Pandare: This schedule should be read	in contact with E.S.	(Number/Street)	(City)	(State)	(Zipcode)	otual variances or non ra	imbursable expenses (e.g. 1	n Kind donations	a) may bo ar	propriate and desirah	
Note to Readers: This schedule should be read * Program Type codes: 21 = SPED; 22 = HCFF	In context with F.S.	Notes and all other UFR Initiates 23 = Negotiated Unit Rat	ormation. In many instances the presenter: 24 = Negotiated Accompositions Rat	ice of signi e: 25= Noi	nicant planned to a	nctual variances or non-re modations Rate: 26 = Oth	Impursable expenses (e.g., I per Non-negotiated Unit Rate	n-Kina aonations	;) may be ap	NA = Not Applicable	le.
REVENUE	/ivieuicalu Class Ra		nours/yr = 1.00 FTE: 1920	FTE	Salary/Wage	EXPENSE - ACTUAL/			Actual		6 Var
1R Contrib., Gifts, Leg., Bequests, Spec. Ev	4,125			1.00		1E Total Direct Proc		11.18	797.578	891,702	-10.6 %
2R Gov. In-Kind/Capital Budget			Manager (UFR Title 101)			2E Chief Executive C					
3R Private IN-Kind		3S Asst. Program Dire				3E Chief Financial Of					
4R Total Contribution and In-Kind	4,125	4S Supervising Profes	sional (UFR Title 104)			4E Accting/Clerical S	upport				
5R Mass Gov. Grant			atrist (UFR Title 105 & 121)			5E Admin Maint/Hous					
6R Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UF				6E Total Admin Emp					
7R Total Grants		7S N. Midwife, N.P., P	sych N.,N.A., R.N MA (Title 107)			7E Commerical produ					
8R Dept. of Mental Health (DMH)		8S R.N Non Masters				8E Total FTE/Salary		11.18	797,578		
9R Dept.of Developmental Services(DDS/D	MR)	9S L.P.N. (UFR Title 1				9E Payroll Taxes 150			12,893		
10R Dept. of Public Health (DPH) 11R Dept.of Children and Families (DCF/DSS		10S Pharmacist (UFR T 11S Occupational Thera				10E Fringe Benefits 15 11E Accrual Adjustme			143,855		
12R Dept. of Transitional Assist (DTA/WEL)	»)	12S Physical Therapist					Compensation & Rel. Exp.		954,326	1,054,028	-9.5 %
13R Dept. of Youth Services (DYS)			hol., Audiologist (UFR Title 113)	1.00	88,475		Equip.Expenses 301,390		954,326	1,034,020	-9.3 70
14R Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritioni	et (LER Title 114)	1.00	00,475	14E Facility & Prog. Ed	Lin Depreciation 301		14,817		
15R Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Te				15E Facility Operation	Maint /Furn 390		8,937		
16R MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title		3.00	266,157	16E Facility General L			0,001		
17R MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (17E Total Occupancy			120.027	100,765	19.1 %
18R MA. Rehabilitation Commission (MRC)		18S Day Care Lead Tea				18E Direct Care Consu			103,042		
19R MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher				19E Temporary Help 2	202				
20R Dept.of Early Educ. & Care (EEC)-Cont		20S Day Care Asst. Tea	cher / Aide (UFR Title 120)			20E Clients and Careg	jivers Reimb./Stipends 203				
21R Dept.of Early Educ. & Care (EEC)-Vouc	ner	21S Psychologist - Doct				21E Subcontracted Dir					
22R Dept of Correction (DOC)			Psych.Masters)(UFR Title 123)			22E Staff Training 204			840		
23R Dept. of Elementary & Secondary Educ.	(DO <mark>E)</mark>	23S Social Worker - L.I.		2.00	129,760	23E Staff Mileage / Tra	avel 205		22,998		
24R Parole Board (PAR)			.S.W., L.S.W (UFR Title 125 & 126)			24E Meals 207					
25R Veteran's Services (VET)		25S Licensed Counselo				25E Client Transportat					
26R Ex. Off. of Elder Affairs (ELD) 27R Div.of Housing & Community Develop(O			Counselor (UFR Title 128) g Abuse Counselor (UFR Title 129)			26E Vehicle Expenses 27E Vehicle Depreciat					
27R Div.or Housing & Community Develop(O 28R POS Subcontract		275 Cert. Alch. &/or Dru 28S Counselor (UFR Tit					I /Medicine/Pharmacy 209				
29R Other Mass. State Agency POS			ager - Masters (UFR Title 131)			29E Client Personal A					
30R Mass State Agency Non - POS		30S Case Worker / Man					Goods/Svs./Benefits 212				
31R Mass. Local Govt/Quasi-Govt. Entities	1.576.491		Staff Superv. (UFR Title 133)			31E Direct Client Wag			66.239		
32R Non-Mass. State/Local Government		32S Direct Care / Prog.				32E Other Commercia					
33R Direct Federal Grants/Contracts		33S Direct Care / Prog.				33E Program Supplies	& Materials 215		11,277		
34R Medicaid - Direct Payments		34S Direct Care / Prog.		3.00	154,437	34E Non Charitable Ex	kpenses				
35R Medicaid - MBHP Subcontract			Clerical Staff (UFR Title 137)	1.00	43,714	35E Other Expense			9,923		
36R Medicare			se/Groundskeeping, Cook 138	0.14	6,280	36E Total Other Prog			214,319	143,693	49.2 %
37R Mass. Govt. Client Stipends		37S Direct Care / Driver		0.04	1,795		al Fees & Other Admin. Exp.	410	3,712		
38R Client Resources			e, Shift Differential and Relief	XXXXXX	797,578		ogram Office Equip.410,390		2,419		
39R Mass. spon.client SF/3rd Pty offsets 40R Other Publicly sponsored client offsets		39S Total Direct Progra	am Staff = 1E	11.18	/9/,5/8	44E Office Equipment 48E Program Support					
41R Private Client Fees (excluding 3rd Pty)		-	SERVICE STATISTICS			49E Professional Insu					
42R Private Client 3rd Pty/other offsets		1SS Enter defin	ed unit of service: STUDENT DAYS			50E Working Capital In					
43R Total Assistance and Fees	1,576,491		otal unit capacity: 9,180			51E Total Direct Adm			6,131	5,457	12.4 %
44R Federated Fundraising	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Undup #	# service units		porting Center Allocation		73,804	61,923	19.2 %
45R Commercial Activities				Clients		53E Total Reimbursa			1,368,607	1,365,866	0.2 %
46R Non-Charitable Revenue		3SS OSD's Program	Publicly sponsored clients:	37	7,453		ral Non-Reimbursable Exper		278,004		%
47R Investment Revenue		4SS Performance Report	t (D-1 Privately sponsored clients:				e/Fed Non-Reimbursable Exp	pense			
48R Other Revenue	278,004			0-		56E TOTAL EXPENSI			1,646,611	1,365,866	20.6 %
49R Allocated Admin (M&G) Revenue		6SS suspended for FY '	D8 Total:	37	7,453	57E TOTAL REVENU			1,858,620	1,552,683	19.7 %
50R Released Net Assets-Program		7SS filings.				58E OPERATING RES		- · -	212,009	186,817	
51R Released Net Assets-Equipment 52R Released Net Assets-Time		MAGGAGUUGT	TTS CONTRACT INFORMATION				lation of Cost Reimb. Excess		*	(subject to OSD adjust	stment)
52R Released Net Assets-Time 53R Total Revenue = 57E	1,858,620		act ID -11 Characters MMARS Code			ABLE EXPENSE DETAIL Compensation & Related I		Description	State Employ	vees' Retirement Syst	ome on h
SSR Total Revenue - STE	1,000,020	1C	act ID - IT Characters MIMARS Code		Direct Occupancy		Exp. 278,004	WA Teachers a c	State Employ	yees Retirement Syst	enis on-L
SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL				Direct Other Progr						
	Expense Amt.				Direct Subcontrac						
1SDC		4C			Direct Administrati						
2SDC		5C		× 6N	Direct Other Expe	nse					
3SDC			ONTRACT INFORMATION		Direct Depreciation						
4SDC		State Dept	Payor Name Payor's FEIN			Reimbursable (Tie to 54E)		(Any Excess of N	Jon-Reimbur	sable Expense over E	-ligible
5SDC		1PS				llocated Non-Reimb. (54E	278,004			precoupment where the	
		2PS				bursable Exp. Revenue C				Commonwealth and r	
Comm. Of MA Surplus Rev. Retention Share		3PS		11N	Capital Budget Re	evenue Adjustment				e Financial Statemen	
PREPARER COMMENTS:				12N	Excess of Non-Re	imbursable Expense Ove	er Offsets (4,125)				

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUN	1	PROGRAM SL	JPPLEMENTA	L INFOI	RMATION SC	HEDULE B - Una	udited	FY END:	6/30/2020	FEIN: 042576982
	UFR Program Number: 700	Program Name:	CONTRACTED SER	VICES	Description:		CONTRACTED	O SERVICES	Catalog of Fede			В
	*Program Type: <u>N/A</u> Pr	ogram Address:	112 SOHIER ROAD		BEVERLY	MA	01915	# Weeks operation	http://www.cfda.g ated during audit period (e.g., 52):			hours/week (e.g., 40): 40.00
Note to	• Readers: This schedule should be read in	context with E S		er/Street)	(City)	(State)	(Zipcode)	octual variances or non-re	imhursahle expenses (e.a.	In-Kind don	ations) may be ar	propriate and desirable
* Prog	ram Type codes: 21 = SPED; 22 = HCFP/M	edicaid Class Rat	e; 23 = Negotiated	Unit Rate; 24 = Negotiated	Accomodations Ra	te; 25= Noi	n-negotiated Accor	modations Rate; 26 = Oth	er Non-negotiated Unit Rat	e; 27 = Cost	Reimbursement;	NA = Not Applicable
REVEN			0S STAFF	ING_# hours/yr = 1.00 FT		FTE	Salary/Wage	EXPENSE - ACTUAL/	PLANNED	FTE	Actual	Planned % Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	46,000		irector (UFR Title 102)		1.00	84,142	1E Total Direct Prog		10.24	789,525	779,564 1.3 %
	Gov. In-Kind/Capital Budget			unction Manager (UFR Title				2E Chief Executive C				
	Private IN-Kind	40.000		am Director (UFR Title 103)				3E Chief Financial Of				
4R 5R	Total Contribution and In-Kind Mass Gov. Grant	46,000		g Professional (UFR Title 10 & Psychiatrist (UFR Title 10				4E Accting/Clerical S 5E Admin Maint/Hous				
6R	Other Grant (exclud. Fed.Direct)			Asst. (UFR Title 106)	5 & 121)			6E Total Admin Emp				
7R	Total Grants			N.P., Psych N.,N.A., R.N	MA (Title 107)			7E Commerical produ				
	Dept. of Mental Health (DMH)			Masters (UFR Title 108)				8E Total FTE/Salary	/Wages	10.24	789,525	
	Dept.of Developmental Services(DDS/DMF	R)	9S L.P.N. (UFF					9E Payroll Taxes 150			11,859	
10R	Dept. of Public Health (DPH)		10S Pharmacist	(UFR Title 110)				10E Fringe Benefits 15			132,313	
	Dept.of Children and Families (DCF/DSS)		11S Occupation	al Therapist (UFR Title 111)			11E Accrual Adjustme		_		
	Dept. of Transitional Assist (DTA/WEL)			nerapist (UFR Title 112)					Compensation & Rel. Exp.		933,697	<u>893,383</u> 4.5 %
13R 14R	Dept. of Youth Services (DYS) Health Care Fin & Policy (HCF)-Contract			ang. Pathol., Audiologist (U Nutritionist (UFR Title 114)	FR Title 113)			13E Facility and Prog. 14E Facility & Prog. Ed	Equip.Expenses 301,390		1,541 879	
14R 15R	Health Care Fin & Policy (HCF)-Contract Health Care Fin & Policy (HCF)-UCP			cation Teacher (UFR Title 114)	15)			15E Facility Operation	Maint /Furn 300		174	
16R	MA. Comm. For the Blind (MCB)		16S Teacher (U	FR Title 116)	13)	7.20	586,591	16E Facility General L	iability Insurance 390	-	1/4	
	MA. Comm. for Deaf & H H (MCD)			Director (UFR Title 117)		1.20	000,001	17E Total Occupancy			2,594	1,665 55.8 %
18R	MA. Rehabilitation Commission (MRC)			ead Teacher (UFR Title 11	8)			18E Direct Care Consu			6,602	
19R	MA. Off. for Refugees & Immigr.(ORI)			eacher (UFR Title 119)				19E Temporary Help 2				
20R	Dept.of Early Educ. & Care (EEC)-Contract			Asst. Teacher / Aide (UFR T					ivers Reimb./Stipends 203			
21R				st - Doctorate (UFR Title 12				21E Subcontracted Dir				
22R	Dept of Correction (DOC)			ormerly Psych.Masters)(UFF		4.00	00.000	22E Staff Training 204			3,002 5,237	
23R 24R	Dept. of Elementary & Secondary Educ. (D Parole Board (PAR)	0 <u>E)</u>		ker - L.I.C.S.W. (UFR Title ker - L.C.S.W., L.S.W (UFR		1.00	66,098	23E Staff Mileage / Tra 24E Meals 207	avel 205	-	5,237	
24R 25R	Veteran's Services (VET)			ounselor (UFR Title 127)	(The 125 & 120)			25E Client Transportat	tion 208			
26R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR Titl	e 128)			26E Vehicle Expenses				
27R	Div.of Housing & Community Develop(OCE))		&/or Drug Abuse Counselor				27E Vehicle Depreciat				
28R	POS Subcontract		28S Counselor	(UFR Title 130)					/Medicine/Pharmacy 209			
29R	Other Mass. State Agency POS		29S Case Work	er / Manager - Masters (UF				29E Client Personal A				
30R	Mass State Agency Non - POS			er / Manager (UFR Title 132					Goods/Svs./Benefits 212	_		
31R	Mass. Local Govt/Quasi-Govt. Entities	391,701		/ Prog. Staff Superv. (UFR	Title 133)			31E Direct Client Wag				
32R 33R	Non-Mass. State/Local Government Direct Federal Grants/Contracts			/ Prog. Staff III (UFR Title / Prog. Staff II (UFR Title 1				32E Other Commercia			2,372	
34R	Medicaid - Direct Payments			/ Prog. Staff I (UFR Title 1		1.00	50.975	33E Program Supplies 34E Non Charitable Ex		-	2,372	
35R	Medicaid - MBHP Subcontract			etarial / Clerical Staff (UFR		1.00	50,515	35E Other Expense	penaea	-	5.996	
36R	Medicare			ce, House/Groundskeeping			65	36E Total Other Prog	ram Expense		23,209	6,839 239.4 %
37R	Mass. Govt. Client Stipends			/ Driver Staff (UFR Title 13		0.04	1,654		al Fees & Other Admin. Exp	. 410	4,455	
38R	Client Resources			Overtime, Shift Differential	and Relief	XXXXXX			ogram Office Equip.410,390		524	
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direc	t Program Staff = 1E		10.24	789,525	44E Office Equipment				
40R	Other Publicly sponsored client offsets			050)//				48E Program Support		_		
41R 42R	Private Client Fees (excluding 3rd Pty) Private Client 3rd Pty/other offsets		1SS Ent	SERVI er defined unit of service:	CE STATISTICS			49E Professional Insu 50E Working Capital In		-		
42R 43R	Total Assistance and Fees	391,701		Enter total unit capacity:				51E Total Direct Adm		-	4,979	250 1,891.6 %
44R	Federated Fundraising	001,701	200	total and capacity.		Undup #	# service units		porting Center Allocation	-	54,975	31,665 73.6 %
45R	Commercial Activities						delivered	53E Total Reimbursa	ble Expense		1,019,454	933,802 9.2 %
46R	Non-Charitable Revenue		3SS OSD's Prog	gram Publicly	sponsored clients:			54E Direct State/Fede	ral Non-Reimbursable Expe		275,197	%
47R	Investment Revenue		4SS Performand	ce Report (D-1 Privately	sponsored clients:				e/Fed Non-Reimbursable Ex	opense		
48R	Other Revenue	275,197	5SS Internet filir	ng system)	Free Care clients:			56E TOTAL EXPENSI		-	1,294,651	933,802 38.6 %
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:			57E TOTAL REVENU		-	712,898	447,703 59.2 %
50R	Released Net Assets-Program		7SS filings.					58E OPERATING RES		- D *	(581,753)	\$ (486,099)
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASS	ACHUSETTS CONTRACT I				ABLE EXPENSE DETAIL	lation of Cost Reimb. Exces	Description		(subject to OSD adjustment)
	Total Revenue = 57E	712.898	Dept					Compensation & Related				yees' Retirement Systems on-b
00.1		112,000	10				Direct Occupancy					
1	SUBCONTRACTED DIRECT CARE E		2C			X 3N	Direct Other Progr	am/Operating				
1		Expense Amt.	3C			X 4N	Direct Subcontrac	t Expense				
1SDC			4C				Direct Administrati					
2SDC			5C				Direct Other Expe					
3SDC 4SDC				S SUBCONTRACT INFOR	MATION Payor's FEIN		Direct Depreciation	n Reimbursable (Tie to 54E)	275,197			
4SDC 5SDC			State Dept	Payor Name	Payor'S FEIN			llocated Non-Reimb. (54E)				rsable Expense over Eligible
3300			2PS					bursable Exp. Revenue C				p recoupment where the
Comm	. Of MA Surplus Rev. Retention Share		3PS					evenue Adjustment	321,19/			Commonwealth and must be
			0.0					imbursable Expense Ove	r Offsets (46.000)	recognized	as a liability on th	e Financial Statements.)
1	PREPARER COMMENTS:								(10,000)			

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUN	1	PROGRAM S	UPPLEMENTA	L INFO	RMATION SC	CHEDULE B - Una	udited FY I	END: 6/30/2020	FEIN:	042576982
	UFR Program Number: 728	Program Name:	GRANTS AND OTHE	RSERVICES	Description:		GRANTS AND OT	THER SERVICES		omestic Assistance #:	В	
	*Program Type: <u>N/A</u> P	rogram Address:	112 SOHIER ROAD		BEVERLY	MA	01915	# Weeks oper	http://www.cfda.gov/de ated during audit period (e.g., 52): 52		g hours/week (e.g., 40):	40.00
				er/Street)	(City)	(State)	(Zipcode)					
	Readers: This schedule should be read in ram Type codes: 21 = SPED; 22 = HCFP/N											
REVEN		ledicald Class Rat		ING # hours/yr = 1.00 F		TTE	Salary/Wage	EXPENSE - ACTUAL/		TE Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.			rector (UFR Title 102)	2000	FIE	Salal y/waye	1E Total Direct Prog		TE Actual	Flatifieu	/0 Val
2R	Gov. In-Kind/Capital Budget			unction Manager (UFR Title	e 101)			2E Chief Executive C				/8
3R	Private IN-Kind			am Director (UFR Title 103				3E Chief Financial O				
4R	Total Contribution and In-Kind			Professional (UFR Title 1				4E Accting/Clerical S				
5R	Mass Gov. Grant			Psychiatrist (UFR Title 1				5E Admin Maint/Hou				
6R	Other Grant (exclud. Fed.Direct)		6S Physician A	Asst. (UFR Title 106)				6E Total Admin Em				
7R	Total Grants		7S N. Midwife,	N.P., Psych N.,N.A., R.N.	- MA (Title 107)			7E Commerical prod	ucts & Svs/Mkting			
8R	Dept. of Mental Health (DMH)		8S R.N Non	Masters (UFR Title 108)				8E Total FTE/Salary				
9R	Dept.of Developmental Services(DDS/DM	र)	9S L.P.N. (UFF	R Title 109)				9E Payroll Taxes 150)			
10R	Dept. of Public Health (DPH)		10S Pharmacist	(UFR Title 110)				10E Fringe Benefits 1				
11R	Dept.of Children and Families (DCF/DSS)		11S Occupation	al Therapist (UFR Title 11	1)			11E Accrual Adjustme	nts			
12R	Dept. of Transitional Assist (DTA/WEL)			erapist (UFR Title 112)					Compensation & Rel. Exp.			%
13R	Dept. of Youth Services (DYS)			ang. Pathol., Audiologist (l				13E Facility and Prog.	Equip.Expenses 301,390			
14R	Health Care Fin & Policy (HCF)-Contract			Nutritionist (UFR Title 114)				14E Facility & Prog. E				
15R	Health Care Fin & Policy (HCF)-UCP			ation Teacher (UFR Title	115)			15E Facility Operation				
16R	MA. Comm. For the Blind (MCB)		16S Teacher (U					16E Facility General L				
17R	MA. Comm. for Deaf & H H (MCD)			Director (UFR Title 117)				17E Total Occupancy				%
18R	MA. Rehabilitation Commission (MRC)			ead Teacher (UFR Title 1	18)			18E Direct Care Cons		500		
19R	MA. Off. for Refugees & Immigr.(ORI)			eacher (UFR Title 119)				19E Temporary Help 2				
20R	Dept.of Early Educ. & Care (EEC)-Contra			sst. Teacher / Aide (UFR					ivers Reimb./Stipends 203			
21R	Dept.of Early Educ. & Care (EEC)-Vouche	r		st - Doctorate (UFR Title 1				21E Subcontracted Di				
22R	Dept of Correction (DOC)			ormerly Psych.Masters)(UF				22E Staff Training 204		550		
23R	Dept. of Elementary & Secondary Educ. (I	DO <mark>E)</mark>	23S Social Worl	ker - L.I.C.S.W. (UFR Title	124)			23E Staff Mileage / Tr	avel 205	300		
24R	Parole Board (PAR)			ker - L.C.S.W., L.S.W (UF	R Title 125 & 126)			24E Meals 207				
25R	Veteran's Services (VET)			ounselor (UFR Title 127)				25E Client Transporta				
26R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR Ti				26E Vehicle Expenses				
27R	Div.of Housing & Community Develop(OC)(C		&/or Drug Abuse Counsel	or (UFR Title 129)			27E Vehicle Depreciat				
28R	POS Subcontract		28S Counselor (/Medicine/Pharmacy 209			
29R	Other Mass. State Agency POS		29S Case Work	er / Manager - Masters (U	FR Litle 131)			29E Client Personal A				
30R	Mass State Agency Non - POS		30S Case Work	er / Manager (UFR Title 13	32) D Till (100)				Goods/Svs./Benefits 212			
31R	Mass. Local Govt/Quasi-Govt. Entities Non-Mass. State/Local Government			/ Prog. Staff Superv. (UFI				31E Direct Client Wag				
32R	Direct Federal Grants/Contracts			/ Prog. Staff III (UFR Title / Prog. Staff II (UFR Title				32E Other Commercia		210		
33R 34R	Medicaid - Direct Payments			/ Prog. Staff I (UFR Title				33E Program Supplies 34E Non Charitable E		210		
34R 35R	Medicaid - Direct Payments Medicaid - MBHP Subcontract			etarial / Clerical Staff (UFR				34E Non Chantable E. 35E Other Expense	kpenses	50		
36R	Medicare			ce, House/Groundskeepin				36E Total Other Prog	ram Exponso	1,610	26,995	-94.0 %
37R	Mass. Govt. Client Stipends			/ Driver Staff (UFR Title 1					al Fees & Other Admin. Exp. 410		20,990	-54.0 /0
38R	Client Resources			Overtime, Shift Differentia		XXXXXX			ogram Office Equip.410,390	,		
39R	Mass. spon.client SF/3rd Pty offsets			t Program Staff = 1E		~~~~~		44E Office Equipment				
40R	Other Publicly sponsored client offsets							48E Program Support				
41R	Private Client Fees (excluding 3rd Pty)			SER\	/ICE STATISTICS			49E Professional Insu				
42R	Private Client 3rd Pty/other offsets		1SS Ent	er defined unit of service				50E Working Capital I				
43R	Total Assistance and Fees		288	Enter total unit capacity				51E Total Direct Adm				%
44R	Federated Fundraising					Undup #	# service units		porting Center Allocation	92		%
45R	Commercial Activities						delivered	53E Total Reimbursa		1,702	26,995	-93.7 %
46R	Non-Charitable Revenue		3SS OSD's Prog	gram Public	ly sponsored clients:			54E Direct State/Fede	ral Non-Reimbursable Expense			%
47R	Investment Revenue		4SS Performance	e Report (D-1 Private	ly sponsored clients:			55E Allocation of State	e/Fed Non-Reimbursable Expens			
48R	Other Revenue	3,562	5SS Internet filin	ng system)	Free Care clients:			56E TOTAL EXPENS		1,702	26,995	-93.7 %
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:			57E TOTAL REVENU		3,562	26,995	-86.8 %
50R	Released Net Assets-Program		7SS filings.					58E OPERATING RES		1,860		
51R	Released Net Assets-Equipment								lation of Cost Reimb. Excess Rev	ev. *	* (subject to OSD a	djustment)
52R	Released Net Assets-Time		MASSA	ACHUSETTS CONTRACT				ABLE EXPENSE DETAIL		scription		
53R	Total Revenue = 57E	3,562	Dept	Contract ID -11 Charac	ters MMARS Code			Compensation & Related	Exp.			
			1C				Direct Occupancy					
	SUBCONTRACTED DIRECT CARE E						Direct Other Progr					
1	Subcontractor Name FEIN	Expense Amt.					Direct Subcontrac					
1SDC			4C				Direct Administrati					
2SDC			5C				Direct Other Expe					
3SDC				S SUBCONTRACT INFOR			Direct Depreciatio					
4SDC			State Dept	Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)		y Excess of Non-Reimbu	Irsable Expense ove	er Eligible
5SDC			1PS					llocated Non-Reimb. (54	E+55E) Rev	enue Offsets is subject t		
A	Of MA Currenting David D. (2PS					bursable Exp. Revenue C	prog	gram is purchased by the		
Comm	Of MA Surplus Rev. Retention Share		3PS					evenue Adjustment	reco	ognized as a liability on the	he Financial Statem	nents.)
	PREPARER COMMENTS:					12N	Excess of Non-Re	eimbursable Expense Ove	er Offsets (3,562)			

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited FY END: 6/30/2020 FEI											FEIN:	042576982	
	UFR Program Number: 800	Program Name:	TOPSFIELD VOCATI	ONAL ACADEMY	Description:		VOCATIONAL	TRAINING		of Federal Domest			в
	*Program Type: <u>N/A</u> Pr	ogram Address:	248 BOSTON STREE	T	TOPSFIELD	MA	01963	# We	eks operated during audit period	w.cfda.gov/default.h I (e.g., 52): 48.00		g hours/week (e.g., 40)): 40.00
Note to	Readerey This schedule should be read in	contaxt with E.S.		er/Street)	(City)	(State)	(Zipcode)	atual varianaaa a	r nan raimhurachla avnan	an (n a la Kind da	notiona) may be a	percentiate and day	iroblo
* Progr	Readers: This schedule should be read in am Type codes: 21 = SPED; 22 = HCFP/M	edicaid Class Rate	votes and all other • 23 = Negotiated	Unit Rate: 24 = Negotiate	Accomodations Ra	te: 25= Nor	ncant planned to a	nodations Rate: 2	r non-reimbursable expenses P6 = Other Non-negotiated	Unit Rate: 27 = Cos	st Reimbursement	NA = Not Applica	ble
REVEN				ING # hours/yr = 1.00 F1		FTE	Salary/Wage		TUAL/PLANNED	FTE	Actual	Planned	% Var
1R	Contrib., Gifts, Leg., Bequests, Spec. Ev.	13,347		rector (UFR Title 102)		1.00	103,426	1E Total Dire	ct Program Staff = 39S	26.68	1,681,379	1,893,401	-11.2 %
2R	Gov. In-Kind/Capital Budget			Inction Manager (UFR Title				2E Chief Exe					
3R	Private IN-Kind			am Director (UFR Title 103				3E Chief Fina					
	Total Contribution and In-Kind	13,347		Professional (UFR Title 1					erical Support				
5R 6R	Mass Gov. Grant Other Grant (exclud. Fed.Direct)			Psychiatrist (UFR Title 1 sst. (UFR Title 106)	05 & 121)				int/House-Grndskeeping nin Employee				
	Total Grants			N.P., Psych N.,N.A., R.N.	MA (Title 107)				al products & Svs/Mkting				
	Dept. of Mental Health (DMH)			Masters (UFR Title 108)		1.00	83,623	8E Total FTE	Salary/Wages	26.68	1,681,379		
9R	Dept.of Developmental Services(DDS/DMR	()	9S L.P.N. (UFF					9E Payroll Ta	xes 150		26,871		
10R	Dept. of Public Health (DPH)		10S Pharmacist	(UFR Title 110)				10E Fringe Be	nefits 151		299,816		
	Dept.of Children and Families (DCF/DSS)			al Therapist (UFR Title 11	1)			11E Accrual A	djustments				
	Dept. of Transitional Assist (DTA/WEL)			erapist (UFR Title 112)					oloyee Compensation & I		2,008,066	2,213,553	-9.3 %
13R	Dept. of Youth Services (DYS)			ang. Pathol., Audiologist (l		0.35	33,642		d Prog. Equip.Expenses 3		104,157		
14R 15R	Health Care Fin & Policy (HCF)-Contract Health Care Fin & Policy (HCF)-UCP			Autritionist (UFR Title 114) ation Teacher (UFR Title					Prog. Equip. Depreciation peration/Maint./Furn.390	301	73,911 66,911		
	MA. Comm. For the Blind (MCB)		16S Teacher (U		115)	12.80	905,725		eneral Liability Insurance 3	٥n	00,911		
	MA. Comm. for Deaf & H H (MCD)			Virector (UFR Title 117)		12.00	303,723	17E Total Oco		30	244,979	246,905	-0.8 %
18R	MA. Rehabilitation Commission (MRC)			ead Teacher (UFR Title 11	18)				e Consultant 201		6,686	240,000	0.0 /0
19R	MA. Off. for Refugees & Immigr.(ORI)			eacher (UFR Title 119)				19E Temporar					
20R	Dept.of Early Educ. & Care (EEC)-Contract			sst. Teacher / Aide (UFR					d Caregivers Reimb./Stipe	nds 203			
21R	Dept.of Early Educ. & Care (EEC)-Voucher			st - Doctorate (UFR Title 1					cted Direct Care 206				
22R	Dept of Correction (DOC)			ormerly Psych.Masters)(UF				22E Staff Trair			2,234 5,880		
23R	Dept. of Elementary & Secondary Educ. (D	0 <u>E)</u>		ker - L.I.C.S.W. (UFR Title		4.00	304,040		age / Travel 205		5,880		
24R 25R	Parole Board (PAR) Veteran's Services (VET)			ker - L.C.S.W., L.S.W (UF ounselor (UFR Title 127)	R Title 125 & 126)			24E Meals 207	nsportation 208				
26R	Ex. Off. of Elder Affairs (ELD)			Rehab. Counselor (UFR Tile 127)	tlo 128)			26E Vehicle E					
27R	Div.of Housing & Community Develop(OCD)	27S Cert Alch	&/or Drug Abuse Counseld	or (UFR Title 129)			27E Vehicle D					
28R	POS Subcontract	.,	28S Counselor ((or re rido 120)				Medical /Medicine/Pharma	icy 209			
29R	Other Mass. State Agency POS			er / Manager - Masters (UI	FR Title 131)				sonal Allowances 211	,			
30R	Mass State Agency Non - POS		30S Case Work	er / Manager (UFR Title 13	32)				Material Goods/Svs./Bene	fits 212			
31R	Mass. Local Govt/Quasi-Govt. Entities	3,051,084		/ Prog. Staff Superv. (UFF				31E Direct Clie			107,175		
32R	Non-Mass. State/Local Government			/ Prog. Staff III (UFR Title					nmercial Prod. & Svs. 214				
33R 34R	Direct Federal Grants/Contracts Medicaid - Direct Payments			/ Prog. Staff II (UFR Title / Prog. Staff I (UFR Title 1		6.00	179.323		Supplies & Materials 215 table Expenses		92,905		
34R 35R	Medicaid - Direct Payments Medicaid - MBHP Subcontract			etarial / Clerical Staff (UFR		1.00	52.230	35E Other Exp			9,566		
36R	Medicare			ce, House/Groundskeeping		0.45	15,628		er Program Expense		224,446	169,926	32.1 %
37R	Mass. Govt. Client Stipends			/ Driver Staff (UFR Title 1		0.08	3,742		fessional Fees & Other Ad	min. Exp. 410	10,694	100,020	02.1 70
38R	Client Resources		38S Direct Care	Overtime, Shift Differentia	al and Relief	XXXXXX		43E Leased O	ffice/Program Office Equip	.410,390	8,542		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direc	t Program Staff = 1E		26.68	1,681,379		upment Depreciation 410				
40R	Other Publicly sponsored client offsets							48E Program S					
41R	Private Client Fees (excluding 3rd Pty)				ICE STATISTICS				nal Insurance 410				
42R 43R	Private Client 3rd Pty/other offsets Total Assistance and Fees	3,051,084	1SS Ente 2SS	er defined unit of service					Capital Interest 410 ct Administrative Expension		19,236	19,755	06.0/
43R 44R	Federated Fundraising	3,051,084	200	Enter total unit capacity	12,300	Undun #	# service units		G) Reporting Center Allo		19,236 142,313	19,755	<u>-2.6</u> % 17.2 %
44R 45R	Commercial Activities						delivered		nbursable Expense		2,639,040	2,771,526	-4.8 %
46R	Non-Charitable Revenue		3SS OSD's Prog	ram Public	ly sponsored clients:	61	12,295		te/Federal Non-Reimbursa	ble Expense	586,061	2,,020	%
47R	Investment Revenue		4SS Performanc	e Report (D-1 Private	ly sponsored clients:			55E Allocation	of State/Fed Non-Reimbu				
48R	Other Revenue	586,061	5SS Internet filin	ig system)	Free Care clients:			56E TOTAL E			3,225,101	2,771,526	16.4 %
49R	Allocated Admin (M&G) Revenue		6SS suspended	for FY '08	Total:	61	12,295		EVENUE = 53R		3,650,492	3,235,469	12.8 %
50R	Released Net Assets-Program		7SS filings.					58E OPERATI			425,391	463,943	
51R	Released Net Assets-Equipment			CHUSETTS CONTRACT	INFORMATION				y Calculation of Cost Rein			* (subject to OSD a	adjustment)
52R	Released Net Assets-Time Total Revenue = 57E	3,650,492	Dept	Contract ID -11 Charact			NON-REIMBURSA Direct Employee (6,061 Description	on ers & State Emplo	vees' Retirement	Systems on h
551	Total Revenue - 57E	3,030,432	1C	Contract ID - IT Charac	leis wiwARS Coue		Direct Occupancy		Jeialeu Exp. Jo	0,001 IVIA Teach		yees Retirement	Systems on-L
1	SUBCONTRACTED DIRECT CARE E	XPENSE DETAIL	2C				Direct Other Progr						
	Subcontractor Name FEIN	Expense Amt.					Direct Subcontrac						
1SDC			4C				Direct Administrati						
2SDC			5C				Direct Other Expe						
3SDC				S SUBCONTRACT INFOR			Direct Depreciation		to 545)	86,061			
4SDC 5SDC			State Dept	Payor Name	Payor's FEIN		Total Direct Non-F Total Direct and A			(Any Exce	ss of Non-Reimbu		
3300			2PS				Eligible Non-Reim			Revenue	Offsets is subject t		
Comm	Of MA Surplus Rev. Retention Share		3PS				Capital Budget Re			piogramia	purchased by the		
	e Corplas Net. Netention ondie						Excess of Non-Re			(13.347) recognized	d as a liability on th	ne Financial State	ments.)
1	PREPARER COMMENTS:												

NORTHSHORE EDUCATION CONSORTIUM FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-2576982 FOR THE YEAR ENDED JUNE 30, 2020

SCHEDULE A - LINE 48R

	Admin
Member fees	190,400
Massachusetts State Employees'	
Retirement System on-behalf	
payments*	302,862
Gain on disposal of vehicle	5,060
Miscellaneous fees and rebates	1,244
	499.566

SCHEDULE B - ALL PROGRAMS, LINE 48R

SCHEDOLE D - ALL I ROOKAMS, LIKE 40	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.*	2,792,968	1,111,772	513,915	317,163	278,004	275,197	-	586,061	5,875,080
Conference fees	-	-	-	-	-	-	3,562	-	3,562
	2,792,968	1,111,772	513,915	317,163	278,004	275,197	3,562	586,061	5,878,642

*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	46,986	34,767	14,942	11,783	2,424	3	-	8	110,913
Conference expense	2,648	493	-	-	1,365	2,843	50	-	7,399
Hardware/Software	25,547	7,265	11,090	2,122	6,134	3,150	-	9,558	64,866
Grants Expense	-	-	-	220	-	-	-	-	220
Total	75,181	42,525	26,032	14,125	9,923	5,996	50	9,566	183,398

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

		100	200	300	400	500	700	800 TOPSFIELD	
Other Expenditures	Admin.	KOG SCHOOL	NSA - UPPER	NSA - LOWER	RECOVERY HIGH SCHOOL	TRANSITIONS	CONTRACTED SERVICES		Total
Dues & fees	11,088	936	343	17	161	1,298	9	231	14,083
Office Expense	27,550	6,091	10,667	1,799	311	590	2,508	2,323	51,839
Advertising	2,949	790	-	-	-	250	-	-	3,989
Moving expense	-	84	34	16	9	9	9	19	180
Hardware/Software	38,573	-	-	-	-	-	-	-	38,573
Bank fees	25,951	-	-	-	-	-	-	-	25,951
Telephone & Communications	2,934	17,781	3,159	20,879	4,259	1,565	1,929	8,121	60,627
Total	109,045	25,682	14,203	22,711	4,740	3,712	4,455	10,694	195,242

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	FY20	Please do not convert to PDF. See "How to Submit" for instructions.

Part I Contractor Information (Required)

Business Name	Contact Name	Contact Email	Contact Phone	Fiscal Year Total POS State Expenditures (e.g. 2020)
Northshore Education Consort	Glenn Bergevin	gbergevin@nsedu.org	978-232-9755	\$ 666,000.00

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. 2020)	Committed Amount in Current Fiscal Year (e.g. 2021)
None			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
		TOTAL	\$ -	\$ -
		PERCENT (%) OF POS SPEND	0%	

*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.

Form updated 07/01/2020

******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 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 year and 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 Minority-and/or Women Business/Organization. Providers that are exempt from UFR filing requirements must submit the SDP form when they upload their exemption request. Providers 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 eligible SDP 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 dropdown list.

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) during the past fiscal year (UFR reporting year). If you are filing a UFR for Fiscal Year 2020, enter the amount spent with SDP partner(s) during Fiscal Year 2020.

Committed Amount in Current Fiscal Year : Enter the amount (as an exact dollar figure) your organization is committed to spend with SDP partner(s) during the current Fiscal Year. If you are filing a UFR for Fiscal Year 2020, the commitment would be for Fiscal Year 2021.

Additional Resources

- More information about the Supplier Diversity Program (SDP) is available at <u>www.mass.gov/sdp</u>
- More information about supplier diversity certifications is available at <u>www.mass.gov/sdo</u>

NEC Vehicles FY20

				Date		Current	Purchase
Vehicle #	Make	Model	Year	Purchased	Use	Mileage	Price
					Meeting and Community		
Sedan # 2	Ford	Focuc	2016	FY2016	Trips	40,674	\$ 34,301.00
					Meeting and Community		
Van # 1	Ford	E150	2013	FY2008	Trips	75,694	\$ 18,480.00
					Meeting and Community		
Van # 9	Ford	E150	2008	FY2008	Trips	106,469	\$ 23,265.00

AUDIT SERVICES CHECKLIST & CERTIFICATION

(To Be Completed by Contractor)

		YES	NO
I.	Federal Funds:		
	a. Is this provider subject to OMB Circular A-110?	Х	
	b. If yes, were audit services acquired through solicitation of bids or competitively		
	procured, as required under A-110?	Х	
	c. Was the independent auditor selected and engaged by the provider's audit committe	e	
	Board of Directors, Board of Trustees or owner?		
П.	Training Requirements:		
	Has the person responsible for directing your audit submitted a letter representing con	pletion	of the following:
	a. Completion of the continuing education and training requirements for performing		
	government audits?	Х	
	1. 80 hours of training in last two years?	X X	
	2. 24 hours of the 80 hours were in government auditing, non-profit accountin	g	
	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?	<u> </u>	
m	. Experience/Qualifications:		
	a. The person responsible for directing your audit has provided a letter representing the	ne 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 firr	n:	
	_X no history of sanctions current sanctions sanctions older that	an 3 vear	S
	c. The Operational Services Division has taken the following action against the audit		
			er
	than 3 year		
	d. The external quality control review of the audit firm indicates:		
	X no problems qualification adverse report		
w	• Price:		
T.A.	The contract with the audit firm for UFR audit is for a term of1 years		
IV	. <u>Certification</u>		
- '	All the management representations made in the financial statements and schedules of t	he UFR	and the statements

made in answering the above questions are, to the best of my knowledge, true and accurate.

Northshore Education Consortium

Hem N Termin' Signed:

Under pains and penalties of perjury 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. β_{a}

Northshore Education Consortium

Jerauno Signed Mun

Under pains and penalties of perjury Chief Financial Officer



Francine H. Rosenberg M.Ed. Executive Director

We, the Board of Directors of the Northshore Education Consortium, met on October 28, 2020 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, 2020.

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, 2020.

Board Finance Committee Chair

Date:

10/29/2020