## Northshore Education Consortium

Uniform Financial Report

June 30, 2023

FORM FIN	IANCIAL STATEMENTS AND INDEPENDE	NT AUDITOR'S REPORT	COVER PAGE - Page 1 o	f 1		Feder	al Employer Identification Number (FEIN) for Filing Entity - 9 digit	ts: 042576982
				Other corporate names	& FEINs i			
	For the Year Ended : 6/30/2023 (M/D/YYYY)	Filed Electronically? (Y/N):	Y	(Use for consolidated finan	ncial statem	ients.)		
	Filing Organization: NORTHSHORE ED	UCATION CONSORTIUM						
	(legal name)		(Doing Business As name, if applicable	.)				
							Massachusetts Vendor Code Number	er
A.G. I	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-m	nail address	: <u>GBERGEVIN@NSEDU.ORG</u>	
	(First Name)	(Last Name)	(Title)	(Phone : Area Code / Number)				
	CPA : FRITZ DEGUGLIEL	MOLLC	CPA Firm's Current Mass. Licens		CPA's E-m	nail Address	: DANIELS@FD-CPA.COM	
			CPA Firm's Federal Employer Id. (FEI	N) #: 043447507			A-133 Audit Submitted? (Y/N):	
Manage	ement Company Name:						Have basic F/S been audited? (Y/N): UFR Exemption/Exception Code	Y 0# 4
	Organization Type Code	: EC For-Profit Organizatio	n : NO	Date of Org./Incorp.:	0/1/	/1974	Special Education (SPED) Contractor (Y/N):	
	Organization Type Code			Date of Org./incorp		YYYY)	Principal Purch. Agenci	
	501(c)(3) Federal Tax Exempt (Y/N)	If Yes, Date of Exemption	on:	Cost Allocation Method Code :			Program Performance Report (Internet system) is <b>not</b> required:	
	······································		(M/D/YYYY)				Primary Contractor(s	s):
ogram				Program Address				MMAF
Imber	Program Name	Subcontractor Name	Street	City	State	Zip Code	Program Description	Prog.C
00	RECOVERY HIGH SCHOOL		112 SOHIER ROAD	BEVERLY	MA	01915	RECOVERY HIGH SCHOOL	0.0
800	EDUCATIONAL PROGRAMS		112 SOHIER ROAD	BEVERLY	MA	01915	EDUCATIONAL PROGRAMS	
_								
					_			

		NORTHSHORE EDU	CATION CONSO	RTIUM	FEIN	FEIN: 042576982		
S	TATEMENT OF FINANCIAL POSITION AS OF	06/30/2023	WI	TH COMPARATIVE	TOTALS AS OF	6/30/2022		
	(BALANCE SHEET)							
		CURRENT				TOTAL	тот	
	ASSETS	OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	THIS YEAR	LAST	
		4 001 007				4 004 007	5.0	
1	Cash and Cash Equivalents	<u>4,861,387</u> 1,405,883				4,861,387	5,2	
2	Accounts Receivable, Program Services					1,405,883	1,2	
3	Allowance for Doubtful Accounts	(6,867)				(6,867)	(	
4	Net Accounts Receivable, Program Services	1,399,016				1,399,016	1,2	
5 6	Contributions Receivable							
-	Notes Receivable	440.450				440.450		
7	Prepaid Expenses	418,450				418,450	2	
8	Other Accounts Receivable							
9 10	Other Current Assets							
10	Short-Term Investments TOTAL CURRENT ASSETS	0.070.050				0.070.050	6.7	
		6,678,853	10 000 004			6,678,853	6,7	
12	Land, Buildings, and Equipment		19,332,384			19,332,384	18,8	
13	Accumulated Depreciation		(10,842,000)			(10,842,000)	(10,1	
14 15	Net Land, Buildings and Equipment		8,490,384			8,490,384	8,6	
	Long-Term Investments	4 000 700	7 707 100			10,400,045	10.4	
16 17	Other Assets	4,639,739	7,787,106			12,426,845	13,4	
17	Due From Other Funds TOTAL ASSETS	11,318,592	16,277,490			27,596,082	28,8	
	LIABILITIES AND NET ASSETS							
19	Accounts Payable	244,840				244,840		
20	Subcontract Payable	,				· · · · · · · · · · · · · · · · · · ·		
21	Accrued Expenses	1,826,842				1,826,842	1,9	
22	Current Notes Payable							
23	Current Portion Long-Term Debt		451,597			451,597	4	
24	Deferred Revenue							
25	Other Current Liabilities							
26	TOTAL CURRENT LIABILITIES	2,071,682	451,597			2,523,279	2,3	
27	Long-Term Notes & Mortgage Payable		4,726,437			4,726,437	5,1	
28	Other Liabilities	28,444,398	8,213,004			36,657,402	37,1	
29	Due to Other Funds							
30	TOTAL LIABILITIES	30,516,080	13,391,038			43,907,118	44,73	
	NET ASSETS							
31	Without Donor Restrictions	(19,499,102)	2,886,452			(16,612,650)	(16,1	
32	With Donor Restrictions	301,614				301,614	2	
33								
34	TOTAL NET ASSETS	(19,197,488)	2,886,452			(16,311,036)	(15,8	
35	TOTAL LIABILITIES AND NET ASSETS	11,318,592	16,277,490			27,596,082	28,8	

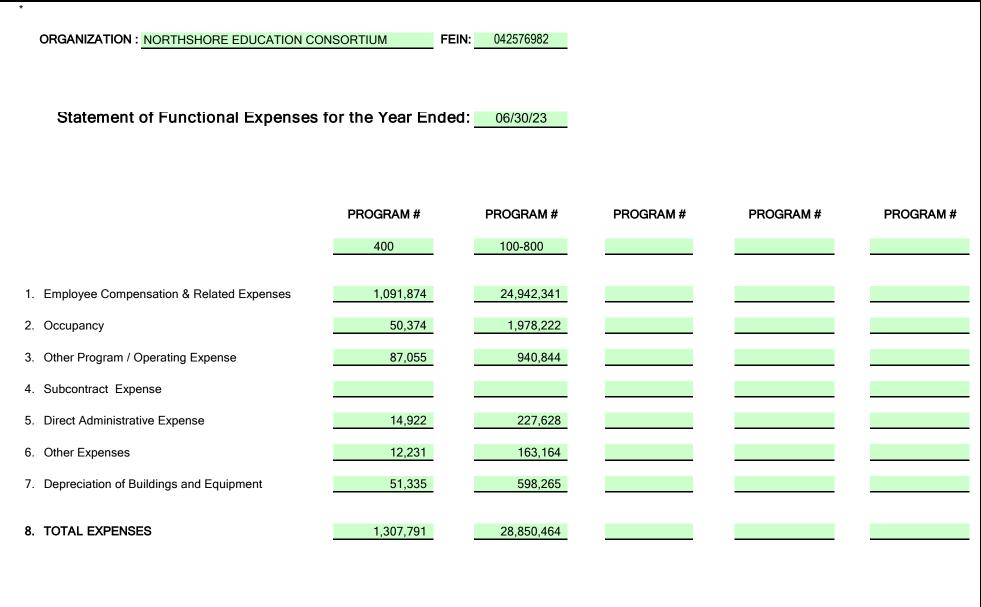
	ORGANIZATION : NORTHSHORE EDU	CATION CONSOF	FEIN:	042576982		
	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	06/30/2023 VIT	TH COMPARATIVE	TOTALS FOR TH	IE YEAR ENDED	06/30/2022
		00/00/2020				
		Without Donor	With Donor			
4	<b>REVENUES, GAINS, AND OTHER SUPPORT</b> Contributions, Gifts, Legacies, Bequests & Special Events	Restrictions	Restrictions		THIS YEAR	LAST YEAR
1 2	In-Kind Contributions	398,890			398,890	330,159
2	Grants	6,100			6,100	
4	Program Service Fees	27,317,445			27,317,445	25,896,418
5	Federated Fundraising Organization Allocation	27,317,443			27,317,443	25,690,416
6	Investment Revenue	41,111	4,779		45,890	3,706
7	Revenue from Commercial Products & Services	+1,111	4,775		40,000	5,700
8	Other	4,148,192			4,148,192	3,685,062
9	Net Assets Released From Restrictions:	1,110,102			1,110,102	0,000,002
10	Satisfaction of Program Restrictions	28,146	(28,146)			
11	Satisfaction of Equipment Acquisition Restrictions	,	(20,110)			
12	Expiration of Time Restrictions					
13	TOTAL REVENUE, GAINS, AND OTHER SUPPORT	31,939,884	(23,367)		31,916,517	29,915,345
14	Administration (Management & General)	1,727,470			1,727,470	1,607,645
15	Fundraising Total Program Services	00.450.055			30,158,255	00.001.050
16 17	TOTAL EXPENSES	30,158,255			30,158,255	28,281,858
17	Losses	31,885,725			31,885,725	29,889,503
10	LUSSES					
19	TOTAL EXPENSES AND LOSSES	31,885,725			31,885,725	29,889,503
	CHANGES IN NET ASSETS:					
20	Property & Equipment Acquisitions from Unrestricted Funds					
	Transfer of Dealized Endowment Fund Approxistion					
21	Transfer of Realized Endowment Fund Appreciation Return to Donor					
22 23	Other Increases (Decreases)	(511 704)	F4.0F0		(457,604)	(1.404.040)
23 24	TOTAL CHANGES IN NET ASSETS	<u>(511,734)</u> (457,575)	<u>54,050</u> 30,683		(457,684) (426,892)	(1,494,016) (1,468,174)
24	TOTAL CHANGES IN NET ASSETS	(437,375)	30,003		(420,092)	(1,400,174)
25	NET ASSETS AT BEGINNING OF YEAR	(16,155,075)	270,931		(15,884,144)	(14,415,970)
26	NET ASSETS AT END OF YEAR	(16,612,650)	301,614		(16,311,036)	(15,884,144)
s	ee Accompanying Notes to Financial Statements					

1	ORGANIZATION : NORTHSHORE EDUCATION CONSC STATEMENT OF CASH FLOWS for the YEAR ENDED INDIRECT METHOD Cash Flows from Operating Activities: Changes in Net Assets	FEIN:	042576982
2	INDIRECT METHOD Cash Flows from Operating Activities:	06/30/2023	
2	INDIRECT METHOD Cash Flows from Operating Activities:	06/30/2023	
2	Cash Flows from Operating Activities:		
2			
	Adjustments to Reconcile Change In Net Assets to Net Cash provided by/(used in) Operating Activities:	_	TOTAL (426,892)
4 5 6 7 8 9	Depreciation Losses Increase/Decrease in Net Accounts Receivable Increase/Decrease in Prepaid Expenses Increase/Decrease in Contributions Receivable Increase/Decrease in Accounts Payable Increase/Decrease in Accrued Expenses Increase/Decrease in Deferred Revenue	-	655,626 457,684 (143,677) (137,727) 211,424 (93,750)
10 11 12 13 14	Increase/Decrease in Subcontract Payable Contributions Restricted for Long-Term Investment Net Unrealized and Realized Gains on Long-Term Investments Other Cash Used in/Provided by Operating Activities Net Cash Provided by/(used in) Operating Activities		522,688
15 16 17 18 19 20 21	Cash Flows from Investing Activities: Insurance Proceeds Purchase(s) of Capital Assets (Land, Bldgs. & Equip.) Proceeds from Sale(s) of Investments Purchase(s) of Investments Purchase(s) of Assets Restricted To Long-Term Investment Other Investing Activities Net Cash Provided by/(used in) Investing Activities		(489,343) (489,343)
22 23 24 25 26	Cash from Financing Activities: Proceeds from Contributions Restricted For: Investment in Endowment Investment in Term Endowment Investment in Plant (Land Bldgs. & Equip.) Other Financing Activities: Contributions Restricted for Long-Term Investment Interest and Dividends Restricted for Reinvestment		
27 28 29 30	Payments on Notes Payable Payments on Long-Term Debt Other Finance Payments/Reciepts Net Cash Provided by/(used in) Financing Activities See Accompanying Notes to the Financial Statements		(431,789) (431,789)

	ORGANIZATION : NORTHSHORE EDUCATION CONS	C FEIN:	042576982
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2023	
	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		(398,444) 5,259,831 4,861,387
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	229,725	
	Supplemental Data for Noncash Investing and Financing Activities:		
36 37 38 39 40	Gifts of Equipment Other Noncash Investing and Financing Activities		
	See Accompanying Notes to the Financial Statements		

		00/00/2020	Statement of Functional Expenses for the Year Ended: 06/30/2023										
		SUPPORTING	G SERVICES	PROGRAM SERVICES									
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS									
Employee Compensation & Related Expenses	27,168,267	1,134,052		26,034,215									
. Occupancy	2,267,534	238,938		2,028,596									
Other Program / Operating Expense	1,038,780	10,881		1,027,899									
. Subcontract Expense													
Direct Administrative Expense	428,345	185,795		242,550									
Other Expenses	327,173	151,778		175,395									
. Depreciation of Buildings and Equipment	655,626	6,026		649,600									

See Accompanying Notes to Financial Statements



See Accompanying Notes to Financial Statements

#### **ORGANIZATION:** NORTHSHORE EDUCATION CONSORTIUM

#### ORGANIZATION SUPPLEMENTAL INFORM

Description of Admin (M&G) Direct Non-Reimbursable Exp.

REVENUE	Total Organization		Fund Raising	Total All Prog	EXPENSE
1R Contributions, Gifts, Legacies, Bequests	398,890	190,238		208,652	
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	398,890	190,238		208,652	4E Accting/Clerical/Support FTE/Expense
5R Mass Gov. Grant	6,100	XXXXXXXXXXX	XXXXXXXXXXXX	6,100	5E Admin Maint/House-Grndskeeping FTE/E
6R Other Grant (exclud. Fed.Direct)					6E Total Admin Employee FTE/Expense 4
7R Total Grants	6,100	100000000000		6,100	
8R Dept. of Mental Health (DMH)		XXXXXXXXXXX	XXXXXXXXXXXX		8E Total FTE/Salary/Wages
9R Dept.of Developmental Services(DDS/DMR		XXXXXXXXXXX	XXXXXXXXXXXX	000.055	9E Payroll Taxes 150
10R Dept. of Public Health (DPH)	233,055	XXXXXXXXXXX	XXXXXXXXXXX	233,055	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	XXXXXXXXXXX		12E Total Employee Compensation & Rel. I
13R Dept. of Youth Services (DYS)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		13E Facility and Prog. Equip.Expenses 301, 3 14E Facility & Prog. Equip. Depreciation 301
14R Health Care Fin & Policy (HCF)-Contract 15R Health Care Fin & Policy (HCF)-UCP					15E Facility Operation/Maint./Furn.390
16R MA. Comm. For the Blind (MCB)				·	16E Facility General Liability Insurance 390
17R MA. Comm. for Deaf & H H (MCD)			XXXXXXXXXXXX	·	17E Total Occupancy
18R MA. Rehabilitation Commission (MRC)		XXXXXXXXXXXX		-	18E Direct Care Consultant 201
19R MA. Off. for Refugees & Immigr.(ORI)				-	19E Temporary Help 202
20R Dept.of Early Educ. & Care (EEC)-Contract		XXXXXXXXXXXX	XXXXXXXXXXXX	-	20E Clients and Caregivers Reimb./Stipends 2
21R Dept.of Early Educ. & Care (EEC)-Contract 21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXXXX	XXXXXXXXXXXX	·	21E Subcontracted Direct Care 206
22R Dept of Correction (DOC)		XXXXXXXXXXXX	XXXXXXXXXXXX	-	22E Staff Training 204
23R Dept. of Elementary & Secondary Educ. (DOE)	752,886			752,886	23E Staff Mileage / Travel 205
24R Parole Board (PAR)	102,000	XXXXXXXXXXX	XXXXXXXXXXXX	102,000	24E Meals 207
25R Veteran's Services (VET)			XXXXXXXXXXX		25E Client Transportation 208
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXXX	XXXXXXXXXXXX		26E Vehicle Expenses 208
27R Div.of Housing & Community Develop(OCD	)	XXXXXXXXXXXX	XXXXXXXXXXX		27E Vehicle Depreciation 208
28R POS Subcontract	,	XXXXXXXXXXXX	XXXXXXXXXXXX		28E Incidental Medical /Medicine/Pharmacy 20
29R Other Mass. State Agency POS		XXXXXXXXXXXX	XXXXXXXXXXXX	-	29E Client Personal Allowances 211
30R Mass State Agency Non - POS		XXXXXXXXXXXX	XXXXXXXXXXXXX		30E Provision Material Goods/Svs./Benefits 2
31R Mass. Local Govt/Quasi-Govt. Entities	25,915,577	XXXXXXXXXXXX	XXXXXXXXXXXX	25,915,577	31E Direct Client Wages 214
32R Non-Mass. State/Local Government	415,927	XXXXXXXXXXXX	XXXXXXXXXXXX	415,927	32E Other Commercial Prod. & Svs. 214
33R Direct Federal Grants/Contracts		XXXXXXXXXXXX	XXXXXXXXXXXX		33E Program Supplies & Materials 215
34R Medicaid - Direct Payments		XXXXXXXXXXXX	XXXXXXXXXXXX		34E Non Charitable Expenses
35R Medicaid - MBHP Subcontract		XXXXXXXXXXXX	XXXXXXXXXXXX		35E Other Expense
36R Medicare		XXXXXXXXXXXX	XXXXXXXXXXXX		36E Total Other Program Expense
37R Mass. Govt. Client Stipends		XXXXXXXXXXXX	XXXXXXXXXXXX		37E Management Fees 410
38R Client Resources		XXXXXXXXXXX	XXXXXXXXXXXX		38E Fundraising Fees 410
39R Mass. Publicly sponsored client offsets		XXXXXXXXXXX	XXXXXXXXXXXX		39E Legal Fees 410
40R Other Publicly sponsored client offsets		XXXXXXXXXXX	XXXXXXXXXXX		40E Audit Fees 410
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXXX	XXXXXXXXXXX		41E Management Consultant 410
42R Private Client 3rd Pty/other offsets	07.047.445	XXXXXXXXXXX	XXXXXXXXXXX	07.047.445	42E Other Professional Fees & Other Admin.
43R Total Assistance and Fees	27,317,445	XXXXXXXXXXXX	XXXXXXXXXXXX	27,317,445	43E Leased Office/Program Office Equip.410,
44R Federated Fundraising					44E Office Equipment Depreciation 410
45R Commercial Activities					45E Admin. Vehicle Expenses 410
46R Non-Charitable Revenue	41,111	41,111			46E Admin. Vehicle Depreciation 410
47R Investment Revenue 48R Other Revenue	4,148,192	255,919		3,892,273	47E Directors & Officers Insurance 410
49R Allocated Admin (M&G) Revenue	4,146,192 XXXXXXXXXXX	200,919		3,092,273	48E Program Support 216 49E Professional Insurance 410
50R Released Net Assets-Program	28,146			28,146	50E Working Capital Interest 410
51R Released Net Assets-Equipment	20,140			20,140	51E Total Direct Administrative Expense
52R Released Net Assets-Time					52E Admin (M&G) Reporting Center Allocation
SZIV INCLASSELS-TIME					53E Total Reimbursable & Fundraising Exp
53R TOTAL REVENUE	31,939,884	487,268		31,452,616	54E Direct State/Federal Non-Reimbursable E
54R TOTAL EXPENSE = 56E	31,885,725	407,200		31,885,725	55E Allocation of State/Fed Non-Reimbursable
55R OPERATING RESULTS	54,159	487,268		(433,109)	
Solver Electrice REGUETO	57,133	407,200		(400,109)	NON-REIMBURSABLE EXPENSE DET
COMPENSATION DISCLOSURE Enter all	compensation (salai	v henefit nackaras	vehicles consult	ant navments	1N Direct Employee Compensation & Relate
loans, etc.) from the entity & its related parties/affi					2N Direct Occupancy
sound, etc., nom the entity of its related parties/am	Reporting Entity Con		Compensation from		3N Direct Other Program/Operating
Name & Title	Salary	Other	Salary	Other	4N Direct Subcontract Expense
1C Fran Rosenburg, Executive Director	5alary 180.405		Jalai y		5N Direct Administrative Expense
2C	100,405				6N Direct Other Expense
20					3N Direct Other Expense

ION SUPPLEMENTAL INFORMATION	SCHED	ULE A - Una	udited	FY	END:	6/30/2023	FEIN:	042576982
		Organization		lmin (M&G)		und Raising		All Programs
EXPENSE	FTE	Expense	FTE		FTE	Expense	FTE	Expense
1E Total Direct Prog.Staff FTE/Exp 101-138	321.57	19,030,248	XXXX	Expense XXXXXXXXXX	XXXX	XXXXXXXXXXX	321.57	19,030,248
2E Chief Executive Officer - FTE/Exp.	1.00	180,405	1.00	180,405	70001	700000000	021.07	10,000,240
3E Chief Financial Officer - FTE/Exp.	1.00	148,405	1.00	148,405				
4E Accting/Clerical/Support FTE/Expense	8.40	571,335	8.40	571,335	#			
5E Admin Maint/House-Grndskeeping FTE/Exp	1.00	74,232	1.00	74,232				
6E Total Admin Employee FTE/Expense 410	11.40	974,377	11.40	974,377				
7E Commercial Products & Svs/Mkting FTE/Exp					XXXX	XXXXXXXXXXX		
8E Total FTE/Salary/Wages	332.97	20,004,625	11.40	974,377			321.57	19,030,248
9E Payroll Taxes 150		255,759		12,458				243,301
10E Fringe Benefits 151		3,015,610	-	147,217				2,868,393
11E Accrual Adjustments 12E Total Employee Compensation & Rel. Exp.		23,275,994	-	1,134,052				22,141,942
13E Facility and Prog. Equip.Expenses 301, 390		1,351,304		3,949				1,347,355
14E Facility & Prog. Equip. Depreciation 301		655,626		6,026				649,600
15E Facility Operation/Maint./Furn.390		694,438		39,070				655,368
16E Facility General Liability Insurance 390		221,792		195,919				25,873
17E Total Occupancy		2,923,160		244,964				2,678,196
18E Direct Care Consultant 201		101,731		3,592				98,139
19E Temporary Help 202								
20E Clients and Caregivers Reimb./Stipends 203				XXXXXXXXXX		XXXXXXXXXXX		
21E Subcontracted Direct Care 206				XXXXXXXXXX		XXXXXXXXXXX		
22E Staff Training 204		64,922		6,606				58,316
23E Staff Mileage / Travel 205 24E Meals 207		177,780	-	683				177,097
25E Client Transportation 208				XXXXXXXXXX		XXXXXXXXXX		
26E Vehicle Expenses 208				1000000000		700000000		
27E Vehicle Depreciation 208			-					
28E Incidental Medical /Medicine/Pharmacy 209				XXXXXXXXXX		XXXXXXXXXX		
29E Client Personal Allowances 211				XXXXXXXXXXX		XXXXXXXXXXX		
30E Provision Material Goods/Svs./Benefits 212				XXXXXXXXXXX		XXXXXXXXXXX		
31E Direct Client Wages 214		330,070		XXXXXXXXXX		XXXXXXXXXXX		330,070
32E Other Commercial Prod. & Svs. 214								
33E Program Supplies & Materials 215		364,277		XXXXXXXXXX		XXXXXXXXXX		364,277
34E Non Charitable Expenses		007.470	-	454 770				475.005
35E Other Expense		327,173 1,365,953		151,778 162,659				175,395
36E Total Other Program Expense 37E Management Fees 410		1,303,933		102,039				1,203,294 XXXXXXXXX
38E Fundraising Fees 410				XXXXXXXXXX				
39E Legal Fees 410		24,649		24,649				XXXXXXXXXX
40E Audit Fees 410		20,000		20,000				XXXXXXXXXXX
41E Management Consultant 410								XXXXXXXXXXX
42E Other Professional Fees & Other Admin. Expenses	s 410	187,088		56,037				131,051
43E Leased Office/Program Office Equip.410,390		196,608		85,109				111,499
44E Office Equipment Depreciation 410								
45E Admin. Vehicle Expenses 410			-					XXXXXXXXXX
46E Admin. Vehicle Depreciation 410			-					XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
47E Directors & Officers Insurance 410 48E Program Support 216				XXXXXXXXXX				
49E Professional Insurance 410			i	~~~~~~				
50E Working Capital Interest 410			-					
51E Total Direct Administrative Expense		428,345	-	185,795				242,550
52E Admin (M&G) Reporting Center Allocation		XXXXXXXXXX	-	(1,727,470)				1,727,470
53E Total Reimbursable & Fundraising Expense		27,993,452						27,993,452
54E Direct State/Federal Non-Reimbursable Expense		3,892,273				XXXXXXXXXXX		3,892,273
55E Allocation of State/Fed Non-Reimbursable Expens	е	XXXXXXXXXXX						
56E TOTAL EXPENSE = 56R		31,885,725						31,885,725
NON-REIMBURSABLE EXPENSE DETAIL	Note	e to Readers : Pleas	se see So	chedule B Note to	Readers		iate Non-F	
1N Direct Employee Compensation & Related Exp.		3,892,273				XXXXXXXXXX		3,892,273
2N Direct Occupancy 2N Direct Other Brogram/Operating						XXXXXXXXXX		
3N Direct Other Program/Operating			-			XXXXXXXXXX		
4N Direct Subcontract Expense			-			XXXXXXXXXX		
5N Direct Administrative Expense 6N Direct Other Expense			-			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
7N Direct Depreciation								
8N Total Direct Non-Reimbursable (must tie to 54E)		3,892,273				XXXXXXXXXX		3,892,273
9N Total Direct and Allocated Non-Reimbursable (54E	+55E)	3,892,273	-			XXXXXXXXXX		3,892,273
10N Eligible Non-Reimb./Fundraising Exp. Revenue Of	,	4,616,339	ł	487,268				4,129,071
11N Capital Budget Revenue Adjustments		.,,		,200		XXXXXXXXXX		.,,,,,,,,
12N Excess of Non-Reimb./Fundraising Expense over		(724,066)		(487,268)		XXXXXXXXXX		(236,798)
Departmention of Admin (M&C) Direct Non Beimburg	abla Eva							

	Reporting Entity Con	npensation	Compensation from Other Entities		
Name & Title	Salary	Other	Salary	Other	
1C Fran Rosenburg, Executive Director	180,405				
2C					
3C					
4C					
5C					
MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	
Prior Year Ma. Revenu 25,896,418					

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

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUM	PROGRAM SU	JPPLEMENTA	L INFO	RMATION SC	HEDULE B - Unau	udited	FY END:	6/30/2023	FEIN:	042576982
	UFR Program Number: 400	Program Name:	RECOVERY HIGH SCHOOL	Description:		RECOVERY HI	GH SCHOOL			tic Assistance #:	93.788 E	3
	*Program Type: 27 Pr	roaram Address:	112 SOHIER ROAD	BEVERLY	MA	01915	# Weeks operat	http://www.cfda.c ted during audit period (e.g., 52)			hours/week (e.g., 40):	40.00
		-	(Number/Street)	(City)	(State)	(Zipcode)						
			Notes and all other UFR information. In many i e; 23 = Negotiated Unit Rate; 24 = Negotiated									
REVEN		edicald Class Rati	0S STAFFING_# hours/yr = 1.00 FTI			Salary/Wage	EXPENSE - ACTUAL/P		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	7,796	1S Program Director (UFR Title 102)		1.00		1E Total Direct Progr	am Staff = 39S	11.71	930,561	955,588	-2.6 %
2R			2S Program Function Manager (UFR Title				2E Chief Executive Of					
3R 4R	Private IN-Kind Total Contribution and In-Kind	7,796	<ul> <li>3S Asst. Program Director (UFR Title 103)</li> <li>4S Supervising Professional (UFR Title 10)</li> </ul>				3E Chief Financial Off 4E Accting/Clerical Su					
	Mass Gov. Grant	6,100	5S Physician & Psychiatrist (UFR Title 10				5E Admin Maint/House					
6R			6S Physician Asst. (UFR Title 106)	,			6E Total Admin Empl	oyee				
7R		6,100		MA (Title 107)			7E Commerical produc			000 50/		
8R 9R	Dept. of Mental Health (DMH) Dept.of Developmental Services(DDS/DMF		8S R.N Non Masters (UFR Title 108) 9S L.P.N. (UFR Title 109)				8E Total FTE/Salary/ 9E Payroll Taxes 150	Nages	11.71	930,561 11.897		
10R		233,055	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 15	1		149,416		
11R		200,000	11S Occupational Therapist (UFR Title 111)	)	1.00	67,155	11E Accrual Adjustmen			140,410		
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)					ompensation & Rel. Exp		1,091,874	1,127,350	-3.1 %
13R			13S Speech / Lang. Pathol., Audiologist (UI	FR Title 113)				Equip.Expenses 301,390		11,877		
14R			14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equ			51,335		
15R 16R	Health Care Fin & Policy (HCF)-UCP MA. Comm. For the Blind (MCB)		15S Spec. Education Teacher (UFR Title 11 16S Teacher (UFR Title 116)	15)	4.00	354,758	15E Facility Operation/N 16E Facility General Lia			38,497		
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)		4.00	004,700	17E Total Occupancy			101,709	82,879	22.7 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118	3)			18E Direct Care Consul	tant 201		1,687		
19R			19S Day Care Teacher (UFR Title 119)				19E Temporary Help 20					
20R 21R	Dept.of Early Educ. & Care (EEC)-Contrac Dept.of Early Educ. & Care (EEC)-Voucher		20S Day Care Asst. Teacher / Aide (UFR Ti 21S Psychologist - Doctorate (UFR Title 12)				20E Clients and Caregi 21E Subcontracted Dire	vers Reimb./Stipends 203				
21R 22R	Dept of Correction (DOC)		213 Psychologist - Doctorate (UFR The 12. 22S Clinician-(formerly Psych.Masters)(UFF				21E Subcontracted Dire 22E Staff Training 204	CL Cale 200		6,817		
23R	Dept. of Elementary & Secondary Educ. (D	C 568,700			1.71	183,863	23E Staff Mileage / Trav	vel 205		58,318		
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR	Title 125 & 126)			24E Meals 207					
25R			25S Licensed Counselor (UFR Title 127)				25E Client Transportation					
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title				26E Vehicle Expenses					
27R 28R	Div.of Housing & Community Develop(OCE POS Subcontract		27S Cert. Alch. &/or Drug Abuse Counselor 28S Counselor (UFR Title 130)	(UFR Title 129)			27E Vehicle Depreciation	/Medicine/Pharmacy 209				
20R	Other Mass. State Agency POS		29S Case Worker / Manager - Masters (UFI	R Title 131)			29E Client Personal Allo					
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132	2)			30E Provision Material	Goods/Svs./Benefits 212				
31R		558,537	31S Direct Care / Prog. Staff Superv. (UFR				31E Direct Client Wage					
32R	Non-Mass. State/Local Government	18,302					32E Other Commercial			00.000		
33R 34R	Direct Federal Grants/Contracts Medicaid - Direct Payments		33S Direct Care / Prog. Staff II (UFR Title 1 34S Direct Care / Prog. Staff I (UFR Title 13)		1.00	87,209	33E Program Supplies 34E Non Charitable Exp			20,233		
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR		1.00		35E Other Expense	5011000		12,231		
36R	Medicare		36S Maintainence, House/Groundskeeping,		1.00		36E Total Other Progr	am Expense		99,286	68,413	45.1 %
37R			37S Direct Care / Driver Staff (UFR Title 13		1.00	30,186		Fees & Other Admin. Exp		5,320		
38R	Client Resources		38S Direct Care Overtime, Shift Differential	and Relief	XXXXXX	000 504		gram Office Equip.410,39	0	9,602		
39R 40R	Mass. spon.client SF/3rd Pty offsets Other Publicly sponsored client offsets		39S Total Direct Program Staff = 1E		11.71	930,561	44E Office Equipment E 48E Program Support 2					
40R	Private Client Fees (excluding 3rd Pty)		SERVI	CE STATISTICS			49E Professional Insura					
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service:				50E Working Capital Int					
43R	Total Assistance and Fees	1,378,594	2SS Enter total unit capacity:	6,139			51E Total Direct Admin	nistrative Expense		14,922	4,456	234.9 %
44R	Federated Fundraising					# # service units	52E Admin (M&G) Repo			86,011	209,199	-58.9 %
45R 46R	Commercial Activities Non-Charitable Revenue		3SS OSD's Program Publicly	sponsored clients:	Clients 34	delivered 6,139	53E Total Reimbursab 54E Direct State/Federa	le Expense al Non-Reimbursable Exp	ense	1,393,802	1,492,297	-6.6 %
47R	Investment Revenue		4SS Performance Report (D-1 Privately	sponsored clients:	54	0,.00	55E Allocation of State/	Fed Non-Reimbursable E				,,,
48R	Other Revenue		5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE			1,393,802	1,492,297	-6.6 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	34	6,139	57E TOTAL REVENUE			1,392,490	1,502,828	-7.3 %
50R	Released Net Assets-Program		7SS filings.				58E OPERATING RES	ULTS ation of Cost Reimb. Exce	an Davi *	(1,312)	10,531 (subject to OSD a	divotment )
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS CONTRACT I	NFORMATION		NON-REIMBURSA		ation of Cost Reinib. Exce	Descriptio	20	(subject to USD a	ujustment )
	Total Revenue = 57E	1,392,490	Dept Contract ID -11 Character		1N		Compensation & Related E	xp.	_ coonput			
			1C DOE 02318721072	OE	X 2N	Direct Occupancy						
1	SUBCONTRACTED DIRECT CARE E			4688		Direct Other Progr						
1SDC	Subcontractor Name FEIN	Expense Amt.	3C DPH 03213222130 4C	4688		Direct Subcontract Direct Administration						
2SDC			5C			Direct Administration						
3SDC			POS SUBCONTRACT INFOR	MATION	7N	Direct Depreciation	n					
4SDC			State Dept Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)			ss of Non-Reimbu		er Eligible
5SDC			1PS				llocated Non-Reimb. (54E-			Offsets is subject to		
C	Of MA Surplus Poy Patentian Char-	NI/A	2PS			Eligible Non-Reiml Capital Budget Re	bursable Exp. Revenue Of	fsets 7,796	program is	s purchased by the	Commonwealth a	nd must be
Comm	. Of MA Surplus Rev. Retention Share	N/A	553				imbursable Expense Over	Offsets (7,796)	recognized	d as a liability on th	e Financial Staten	nents.)
	PREPARER COMMENTS:				1211	2.0000 01 1011-100	Instruction Expense Over	(1,100)				

	ORGANIZATION: NORTHSHORE EDUCA	TION CONSORTIUN	M PROGRAM S	UPPLEMENTA		RMATION SC	HEDULE B - Unauc	dited	FY END:	6/30/2023	FEIN:	042576982
	UFR Program Number: 100-80	Program Name:	EDUCATIONAL PROGRAMS	Description:		EDUCATIONAL	PROGRAMS	Catalog of Fede	ral Domest	ic Assistance #:	10.555	в 84.425
		-						http://www.cfda.g				
	*Program Type: <u>N/A</u> Pr	ogram Address:	112 SOHIER ROAD (Number/Street)	BEVERLY (City)	MA (State)	01915 (Zipcode)	# Weeks operated	d during audit period (e.g., 52):	48.00	# operatin	g hours/week (e.g., 40	): <u>40.00</u>
Note to	Readers: This schedule should be read in	context with F.S.	Notes and all other UFR information. In many				ctual variances or non-reimb	oursable expenses (e.g.,	In-Kind don	ations) may be a	opropriate and des	sirable.
			te; 23 = Negotiated Unit Rate; 24 = Negotiate				modations Rate; 26 = Other	Non-negotiated Unit Rat				
REVEN	IUE		0S STAFFING_# hours/yr = 1.00 F	TE: 1920	FTE	Salary/Wage	EXPENSE - ACTUAL/PL/		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	200,856			7.00	706,003	1E Total Direct Program		309.86	18,099,687	18,419,246	-1.7 %
	Gov. In-Kind/Capital Budget		2S Program Function Manager (UFR Titl		2.00	000.050	2E Chief Executive Office 3E Chief Financial Office					
3R 4 R	Private IN-Kind Total Contribution and In-Kind	200,856	<ul> <li>3S Asst. Program Director (UFR Title 10)</li> <li>4S Supervising Professional (UFR Title 1)</li> </ul>		3.00	268,859	4E Accting/Clerical Sup					
	Mass Gov. Grant	200,030	5S Physician & Psychiatrist (UFR Title 1				5E Admin Maint/House-					
6R	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	00 0 121)			6E Total Admin Employ					
7R	Total Grants		7S N. Midwife, N.P., Psych N.,N.A., R.N.	- MA (Title 107)			7E Commerical products					
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)		17.00	1,055,192	8E Total FTE/Salary/Wa	ages	309.86	18,099,687		
9R	Dept.of Developmental Services(DDS/DMR	)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150			231,404		
10R			10S Pharmacist (UFR Title 110)		10.11	4 000 000	10E Fringe Benefits 151			2,718,977		
11R 12R	Dept.of Children and Families (DCF/DSS) Dept. of Transitional Assist (DTA/WEL)		11S Occupational Therapist (UFR Title 11 12S Physical Therapist (UFR Title 112)	1)	12.11 10.25	1,029,363 607,231	11E Accrual Adjustments 12E Total Employee Cor	managetian 9 Bal Eva		21,050,068	21,510,041	0.1.9/
12R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (I	IFR Title 113)	14.00		13E Facility and Prog. Eq			1,335,478	21,510,041	-2.1 %
14R			14S Dietician / Nutritionist (UFR Title 114)		14.00	545,545	14E Facility & Prog. Equi			598,265		
15R	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title				15E Facility Operation/Ma			616,871		
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)		71.46	6,674,109	16E Facility General Liab	ility Insurance 390		25,873		
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy			2,576,487	2,474,463	4.1 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	18)			18E Direct Care Consulta			96,452		
19R 20R	MA. Off. for Refugees & Immigr.(ORI)		19S Day Care Teacher (UFR Title 119) 20S Day Care Asst. Teacher / Aide (UFR	Title 120)			19E Temporary Help 202 20E Clients and Caregive					
20R 21R	Dept.of Early Educ. & Care (EEC)-Contract Dept.of Early Educ. & Care (EEC)-Voucher		21S Psychologist - Doctorate (UFR Title 1				21E Subcontracted Direct					
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UF				22E Staff Training 204	Could 200		51,499		
23R	Dept. of Elementary & Secondary Educ. (D	184,186			21.00	1,862,470	23E Staff Mileage / Trave	1 205		118,779		
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UF	R Title 125 & 126)			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 Ti				26E Vehicle Expenses 20					
27R	Div.of Housing & Community Develop(OCD	)	27S Cert. Alch. &/or Drug Abuse Counsel	or (UFR Title 129)	5.00	054 000	27E Vehicle Depreciation					
28R 29R	POS Subcontract Other Mass. State Agency POS		28S Counselor (UFR Title 130) 29S Case Worker / Manager - Masters (U	ER Title 121)	5.00	351,902	28E Incidental Medical /N 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	25,357,040					31E Direct Client Wages			330,070		
32R	Non-Mass. State/Local Government	397,625	32S Direct Care / Prog. Staff III (UFR Title	134)			32E Other Commercial Pr	rod. & Svs. 214				
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title				33E Program Supplies &			344,044		
	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title		131.87	3,811,066	34E Non Charitable Expe	nses		100.101		
35R	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR		8.67	340,991 349,204	35E Other Expense	- <b>F</b>		163,164 1,104,008	729,622	<b>540 0</b> /
36R 37R	Medicare Mass. Govt. Client Stipends		36S Maintainence, House/Groundskeepin 37S Direct Care / Driver Staff (UFR Title 1		7.00	97,354	36E Total Other Program 42E Other Professional F		410	1,104,008	729,022	51.3 %
38R	Client Resources		38S Direct Care Overtime, Shift Differentia		XXXXXX	51,004	43E Leased Office/Progra			101,897		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		309.86	18,099,687	44E Office Equipment De					
40R	Other Publicly sponsored client offsets						48E Program Support 21	6				
41R	Private Client Fees (excluding 3rd Pty)			ICE STATISTICS			49E Professional Insuran					
42R	Private Client 3rd Pty/other offsets	05 000 0-1	1SS Enter defined unit of service				50E Working Capital Inter				100.100	
43R 44R	Total Assistance and Fees	25,938,851	2SS Enter total unit capacity	/:	Undun #	# convice unit-	51E Total Direct Adminis 52E Admin (M&G) Report			227,628 1,641,459	135,468 1,189,850	68.0 % 38.0 %
44R 45R	Federated Fundraising Commercial Activities				Clients	# service units delivered	52E Admin (M&G) Report 53E Total Reimbursable			1,641,459 26,599,650	26,039,444	<u>38.0</u> % 2.2 %
46R	Non-Charitable Revenue		3SS OSD's Program Public	ly sponsored clients:	01101113	achitered	54E Direct State/Federal		ense	3,892,273	20,000,444	%
47R	Investment Revenue		4SS Performance Report (D-1 Private	ly sponsored clients:			55E Allocation of State/Fe	ed Non-Reimbursable E	kpense			
48R	Other Revenue	3,892,273	5SS Internet filing system)	Free Care clients:			56E TOTAL EXPENSE			30,491,923	26,039,444	17.1 %
49R	Allocated Admin (M&G) Revenue	00.110	6SS suspended for FY '08	Total:			57E TOTAL REVENUE =			30,060,126	25,896,247	16.1 %
50R	Released Net Assets-Program Released Net Assets-Equipment	28,146	7SS filings.				58E OPERATING RESUL CRE Preliminary Calculation		- D *	(431,797)	(143,197)	
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS CONTRACT				ABLE EXPENSE DETAIL	on of Cost Reimb. Exces	Descriptio	n	* (subject to OSD	adjustment)
	Total Revenue = 57E	30,060,126			1N		Compensation & Related Exp	3,892,273			ETIREMENT SYS	TEM ON-BEH
3011		00,000,120	1C DOE 23758C70532	OE		Direct Occupancy		5,002,210	5			
1	SUBCONTRACTED DIRECT CARE EX	PENSE DETAIL	2C DOE 23758D70532	OE_		Direct Other Progr						
1	Subcontractor Name FEIN	Expense Amt.	3C DOE 23758T70532	OE_	X 4N	Direct Subcontract	t Expense					
1SDC			4C DOE 23758W70532	OE_		Direct Administrati						
2SDC			5C SEEATTACHED			Direct Other Exper						
3SDC 4SDC			POS SUBCONTRACT INFO State Dept Payor Name	RMATION Payor's FEIN		Direct Depreciation	n Reimbursable (Tie to 54E)	3,892,273				
5SDC			1PS	i uyorar Ein			llocated Non-Reimb. (54E+5				irsable Expense o	
1.20			2PS				bursable Exp. Revenue Offs				to recoupment wh	
Comm.	Of MA Surplus Rev. Retention Share		3PS			Capital Budget Re		.,,_/0			e Commonwealth he Financial State	
1							imbursable Expense Over O	Offsets (229,002)	recognized	as a navinty on t	ne Financial State	ments.)
1	PREPARER COMMENTS:											

#### NORTHSHORE EDUCATION CONSORTIUM FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-2576982 FOR THE YEAR ENDED JUNE 30, 2023

SCHEDULE A - LINE 48R	SCHEDULE B - LINE 48R			
	Admin	100-800		
Member fees	200,000	-		
Massachusetts State Employees'				
Retirement System on-behalf				
payments*	-	3,892,273		
Miscellaneous fees and rebates	55,919	-		
	255,919	3,892,273		

#### **SCHEDULE B - LINE 35E: OTHER EXPENSE**

		RECOVERY	EDUCATIONA	
Other Expenditures	Admin.	HIGH SCHOOL	L PROGRAMS	Total
Lunch Program Expense	-	12,231	162,715	174,946
Conference expense	-	-	449	449
Hardware/Software	151,778	-	-	151,778
Total	151,778	12,231	163,164	327,173

400

100-800

# SCHEDULES A & B - LINE 42E: OTHER PROFESSIONAL FEES & OTHER ADMIN. EXPENSES 400 100-800

		RECOVERY	EDUCATIONA	
Other Expenditures	Admin.	HIGH SCHOOL	L PROGRAMS	Total
Dues & fees	16,961	17	6,063	23,041
Office Expense	16,888	1,197	31,573	49,658
Advertising	5,009	-	60	5,069
Moving expense	-	-	-	-
Hardware/Software	-	-	-	-
Bank fees	9,487	-	-	9,487
Telephone & Communications	7,692	4,106	88,035	99,833
Total	56,037	5,320	125,731	187,088

#### PROGRAMS 100-800 ADDITIONAL CONTRACT NUMBERS

23758Z70531909A 23758Z70531925C

# NEC Vehicles with less than 8 passenger capacity FY24

Vehicle #	Make	Model	Year	Date Purchased	Use	Current Mileage	Purchase Price
Sedan # 2	Ford	Focus	2016	FY2016	Meeting and Community Trips	49.216	\$34,301.00

# 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	FY2023	Please do not convert to PDF. See "How to Submit" for instructions.

# Part I Contractor Information (Required)

				Fiscal feat fotal POS	The contractor's Gross
Business Name	Contact Name	Contact Email	Contact Phone	State Expenditures for	Revenue for the
Busiliess Name	Contact Name	Contact Enfan	Contact Phone	the Reporting Year (e.g.	Reporting Year (e.g.
				2023)	2023)
Northshore Education Consort	Larry Fleming	lfleming@nsedu.org	9782329755	\$ 233,045.00	\$ 31,916,517.00

#### 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)**	Relationship Type (Subcontracting or Ancillary) (Choose One)	Expended Amount in the UFR Reporting Year/Prior Fiscal Year (e.g. 2023)	Committed Amount in Current Fiscal Year (e.g. 2023)
				\$-
Keane Fire & Safety	WBE - Woman Business Enterprise		\$ 484.70	\$-
Quadrant Health Strategies	WBE - Woman Business Enterprise		\$ 2,200.00	\$-
Roman Music Therapy ,LLC	WBE - Woman Business Enterprise		\$ 4,480.00	\$-
Atlantic Construction &				
Management, Inc.	MBE - Minority Business Enterprise		\$ 89,850.00	\$-
	•	TOTAL	\$ 97,014.70	\$-
		PERCENT (%) OF POS SPEND	42%	

### \*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:

Part II

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 08/24/2023

## \*\*All SDP Partners must possess one or more of

Eiscal Vear Total POS The Contractor's Gross

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

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

• The Contractor's Gross Revenue for the Reporting Year: The contractor's gross revenue for the entire organization as reported to the Internal Revenue Service or the Massachusetts Department of Revenue.

• 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.

• Relationship Type: Select one of the following types:

- Subcontracting, defined as a partnership in which the SDP partner is involved in the provision of products and/or services to the Commonwealth. Such relationships typically, but not always, involve a formal written agreement between the SDP partner and the prime contractor.

- Ancillary Products and Services, defined as a business relationship in which the SDP partner provides products or services that are not directly related to the prime contractor's contract with the Commonwealth. In most cases, this type of partnership is related to the prime contractor's general business needs. Note: If the Commonwealth receives a portion of the products or services that are provided through this relationship type, the portion received by the Commonwealth may be reported as subcontracting while the remainder of the amount may be reported as ancillary products and 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 2022, enter the amount spent with SDP partner(s) during Fiscal Year 2022.

• 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 2022, the commitment would be for Fiscal Year 2023.

#### **Additional Resources**

More information about the Supplier Diversity Program (SDP) is available at www.mass.gov/sdp

• More information about supplier diversity certifications is available at www.mass.gov/sdo

## UFR - FY '2023

## **AUDIT SERVICES CHECKLIST & CERTIFICATION**

TU De Completeu Dy Contractor	(To	Be	Com	pleted	by	Contractor)
-------------------------------	-----	----	-----	--------	----	-------------

		YES	NO
	<ul> <li>Federal Funds:         <ul> <li>a. Is this provider subject to OMB Circular A-110?</li> <li>b. If yes, were audit services acquired through solicitation of bids or competitively procured, as required under A-110?</li> <li>c. Was the independent auditor selected and engaged by the provider's audit committee Board of Directors, Board of Trustees or owner?</li> </ul> </li> <li>Training Requirements:         <ul> <li>Has the person responsible for directing your audit submitted a letter representing committee</li> </ul> </li> </ul>	X X	
	<ul> <li>a . Completion of the continuing education and training requirements for performing government audits? <ol> <li>80 hours of training in last two years?</li> <li>24 hours of the 80 hours were in government auditing, non-profit accounting or other related activity?</li> </ol> </li> <li>b.Being in the process of completing training requirements: <ol> <li>20 hours completed in last year?</li> <li>Intent to complete 80 hours within two years?</li> </ol> </li> <li>Experience/Qualifications: <ol> <li>The person responsible for directing your audit has provided a letter representing th number of government audits: <ol> <li>0-1</li> <li>2-5</li> <li>6-10</li> <li>11+</li> </ol> </li> <li>b.The Board of Public Accountancy has the following information about the audit firm _X_ no history of sanctions current sanctions sanctions older that c. The Operational Services Division has taken the following action against the audit firm _X_ no history of disqualification disqualification disqualification disqualification disqualification disqualification disqualification disqualification</li></ol></li></ul>	X X e comple : n 3 years irm:	etion of the following
IV	The contract with the audit firm for UFR audit is for a term of1 year		
IV	• Certification All the management representations made in the financial statements and schedules of th made in answering the above questions are, to the best of my knowledge, true and accurate	e UFR a te.	nd the statements

Northshore Education Consortium

the Signed:

Under pains and penalties of perjury Executive Director

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.

Northshore Education Consortium

Jun 0 Signed:

Under pains and penalties of perjury **Executive Director** 

÷



Business Office 112 Sphier Road • Beverly, MA 01915 • tel: 978-232-9755 ext. 1254 • fax: 978-232-9449 • Iffeming@nsedu.org

Larry Fleming Director of Finance and Operations

We, the Board of Directors of the Northshore Education Consortium, met on October 25, 2023 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, 2023.

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, 2023.

Danula R.H. aryclatics

Title: Board Chair

Date: October 25, 2023