Northshore Education Consortium

Uniform Financial Report

June 30, 2024

UNIFORM	FINANCIAL STATEMENT	S AND INDEPENDEN	T AUDITOR'S REPORT	COVER PAGE - Page 1 of	1		Feder	al Employer Identification Number (FEIN) for Filing Entity - 9 digi	its: 042576982
					Other corporate names	& FEINs i	f applicable		
l	For the Year Ended:	6/30/2024	Filed Electronically? (Y/N):	Y	(Use for consolidated finar	icial statem	ents.)		
		(M/D/YYYY)		1					
	Filing Organization:	NORTHSHORE EDUC	CATION CONSORTIUM						
		(legal name)		(Doing Business As name, if applicable)					
								Massachusetts Vendor Code Numb	er
A	.G. Public Charities Acct.#		Business Address:	112 SOHIER ROAD	BEVERLY	MA	01915		
				(Street)	(City)	(State)	(Zip)		
	CEO or CEO :	LAWRENCE	FLEMING	CFO	978-232-9755			:: LFLEMING@NSEDU.ORG	
	0E0 01 01 0 :	(First Name)	(Last Name)	(Title)	(Phone : Area Code / Number)	L-11	iaii addi 033	LI ELIMINO (WINDEDU. ONO	
		, ,	, ,	, ,	,				
	CPA:	FRITZ DEGUGLIELM	O LLC	CPA Firm's Current Mass. License		CPA's E-m	iail Address	DANIELS@FD-CPA.COM	
				CPA Firm's Federal Employer Id. (FEIN) #: <u>043447507</u>			A-133 Audit Submitted? (Y/N):	N
Mai	nagement Company Name:							Have basic F/S been audited? (Y/N):	<u>Y</u>
								UFR Exemption/Exception Cod	
	Orga	anization Type Code : [For-Profit Organization	: NO	Date of Org./Incorp.:		1974	Special Education (SPED) Contractor (Y/N):	
							YYYY)	Principal Purch. Agend	cy: DOE
	501(c)(3) Feder	ral Tax Exempt (Y/N):	N If Yes, Date of Exemption	1:	Cost Allocation Method Code:	MD	P	Program Performance Report (Internet system) is <u>not</u> r equired: _	
L				(M/D/YYYY)				Primary Contractor(s):
Program				Pi	ogram Address			•	MMARS
Number	Program Name		Subcontractor Name	Street	City	State	Zip Code	Program Description	Prog.Code
	-	0110011001	Oubcontractor Hame					-	
400	RECOVERY HIG			112 SOHIER ROAD	BEVERLY	MA	01915	RECOVERY HIGH SCHOOL	4688
100-800	EDUCATIONAL	PROGRAMS		112 SOHIER ROAD	BEVERLY	MA	01915	EDUCATIONAL PROGRAMS	
				1					
				3					
				1					
				N N					
	lote: If your agency is exe	mnt from filling this r	enort (see instructions) complete this cove	r nage only and submit it along with o	locumentation to support the	hasis of th	ne exempti	on	

ORGANIZAT	ION: NORTHSHORE EDU	JCATION CONSO	RTIUM	FEIN	1: 042576982	
STATEMENT OF FINANCIAL POSITION A (BALANCE SHEET)	S OF 06/30/2024	WI	TH COMPARATIVE	TOTALS AS OF	6/30/2023	
	CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
ASSETS						
 Cash and Cash Equivalents 	4,805,951			1	4,805,951	4,861,387
 Accounts Receivable, Program Services 				U.	1,584,419	1,405,883
3 Allowance for Doubtful Accounts	(1,037)				(1,037)	(6,867)
4 Net Accounts Receivable, Program Services	1,583,382				1,583,382	1,399,016
5 Contributions Receivable		7	1			
6 Notes Receivable						
7 Prepaid Expenses	127,550				127,550	418,450
8 Other Accounts Receivable						
9 Other Current Assets						
10 Short-Term Investments						
11 TOTAL CURRENT ASSETS	6,516,883		A A		6,516,883	6,678,853
12 Land, Buildings, and Equipment		22,265,525			22,265,525	19,332,384
13 Accumulated Depreciation		(11,284,029)	W 3		(11,284,029)	(10,842,000)
14 Net Land, Buildings and Equipment		10,981,496			10,981,496	8,490,384
15 Long-Term Investments						
16 Other Assets	3,532,830	7,118,311			10,651,141	12,426,845
17 Due From Other Funds			H A			
18 TOTAL ASSETS	10,049,713	18,099,807			28,149,520	27,596,082
LIABILITIES AND NET ASSETS						
19 Accounts Payable	46,887				46,887	244,840
20 Subcontract Payable	40,087				40,007	244,040
21 Accrued Expenses	2,018,109				2,018,109	1,826,842
22 Current Notes Payable	2,010,109				2,010,103	1,020,042
23 Current Portion Long-Term Debt		469,310			469,310	451,597
24 Deferred Revenue	850,436	403,010			850,436	401,007
25 Other Current Liabilities	000,400				000,400	
26 TOTAL CURRENT LIABILITIES	2,915,432	469,310			3,384,742	2,523,279
27 Long-Term Notes & Mortgage Payable	2,310,402	4,261,503			4,261,503	4,726,437
28 Other Liabilities	27,179,505	7,828,101			35,007,606	36,657,402
29 Due to Other Funds	27,173,303	7,020,101			33,007,000	30,037,402
30 TOTAL LIABILITIES	30,094,937	12,558,914			42,653,851	43,907,118
NET ASSETS						
31 Without Donor Restrictions	(20,191,745)	5,540,893			(14,650,852)	(16,612,650)
32 With Donor Restrictions	146,521	2,2 . 2,300			146,521	301,614
33	1.13,021					33.,311
34 TOTAL NET ASSETS	(20,045,224)	5,540,893			(14,504,331)	(16,311,036)
35 TOTAL LIABILITIES AND NET ASSET	S 10,049,713	18,099,807			28,149,520	27,596,082
See Accompanying Notes to the Financial St	atements					

	ORGANIZATION: NORTHSHORE EDU	CATION CONSOF	FEIN	N : 042576982	1
l	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	06/30/2024 VI	TH COMPARATIV	E TOTALS FOR THE YEAR ENDED	06/30/2023
l		Without Donor	With Donor	TOTAL	TOTAL
ı	REVENUES, GAINS, AND OTHER SUPPORT	Restrictions	Restrictions	THIS YEAR	LAST YEAR
1	Contributions, Gifts, Legacies, Bequests & Special Events	565	669,962	670,527	398,890
2	In-Kind Contributions				III.
3	Grants				6,100
4	Program Service Fees	30,912,508		30,912,508	27,317,445
5	Federated Fundraising Organization Allocation		0.500		45.000
6	Investment Revenue	79,302	6,503	85,805	45,890
7	Revenue from Commercial Products & Services Other	F 20F 040		F 20F 040	4,148,192
8 9	Net Assets Released From Restrictions:	5,285,010		5,285,010	4, 148, 192
10	Satisfaction of Program Restrictions	425,962	(425,962)		
11	Satisfaction of Equipment Acquisition Restrictions	244,000	(244,000)		
12	Expiration of Time Restrictions	211,000	(244,000)		
13	TOTAL REVENUE, GAINS, AND OTHER SUPPORT	36,947,347	6,503	36,953,850	31,916,517
ı	,				
ı	EXPENSES AND LOSSES				
14	Administration (Management & General)	2,537,513		2,537,513	1,727,470
15	Fundraising				W.
16	Total Program Services	32,483,724		32,483,724	30,158,255
17	TOTAL EXPENSES	35,021,237		35,021,237	31,885,725
18	Losses				
19	TOTAL EXPENSES AND LOSSES	35,021,237		35,021,237	31,885,725
l	CHANGES IN NET ASSETS:				
20	Property & Equipment Acquisitions from Unrestricted Funds				
l "	1 7 1 1 1				
21	Transfer of Realized Endowment Fund Appreciation				15
22	Return to Donor				
23	Other Increases (Decreases)	35,688	(161,596)	(125,908)	(457,684)
24	TOTAL CHANGES IN NET ASSETS	1,961,798	(155,093)	1,806,705	(426,892)
25	NET ASSETS AT BEGINNING OF YEAR	(16,612,650)	301,614	(16,311,036)	(15,884,144)
26	NET ASSETS AT END OF YEAR	(14,650,852)	146,521	(14,504,331)	(16,311,036)
-		(11,000,002)	110,021	(11,004,001)	(10,011,000)
	See Accompanying Notes to Financial Statements				

ORGANIZATION: NORTHSHORE EDUCATION CONSC

FEIN:

042576982

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2024

INDIRECT METHOD

l	Cash Flows from Operating Activities:	TOTAL
1	Changes in Net Assets	1,806,705
ı	Adjustments to Reconcile Change In Net Assets to Net	
l .	Cash provided by/(used in) Operating Activities:	
2	Depreciation	445,906
3	Losses	125,908
4	Increase/Decrease in Net Accounts Receivable	(184,366)
5	Increase/Decrease in Prepaid Expenses	290,900
6	Increase/Decrease in Contributions Receivable	
7	Increase/Decrease in Accounts Payable	(197,953)
8	Increase/Decrease in Accrued Expenses	191,267
9	Increase/Decrease in Deferred Revenue	850,436
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	
14	Net Cash Provided by/(used in) Operating Activities	3,328,803
ı	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(2,933,142)
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	
21	Net Cash Provided by/(used in) Investing Activities	(2,933,142)
l	Cash from Financing Activities:	
ı	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	
l	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	(451,097)
29	Other Finance Payments/Reciepts	
30	Net Cash Provided by/(used in) Financing Activities	(451,097)
l	See Accompanying Notes to the Financial Statements	

	ORGANIZATION: NORTHSHORE EDUCATION CONSC	FEIN:	042576982
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2024	
l	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		(55,436) 4,861,387 4,805,951
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	221,184	
	Supplemental Data for Noncash Investing and Financing Activities:		
36 37 38 39	Gifts of Equipment Other Noncash Investing and Financing Activities Bond fees financed through bond note	179,141	
40	See Accompanying Notes to the Financial Statements		

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982

Statement of Functional Expenses for the Year Ended: 06/30/2024

		SUPPORTING SERVICES		PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
Employee Compensation & Related Expenses	30,091,310	1,688,153		28,403,157
2. Occupancy	2,384,388	335,096		2,049,292
3. Other Program / Operating Expense	1,419,472	124,330		1,295,142
4. Subcontract Expense				
5. Direct Administrative Expense	249,236	141,009		108,227
6. Other Expenses	434,802	215,833		218,969
7. Depreciation of Buildings and Equipment	442,029	33,092		408,937
8. TOTAL EXPENSES	35,021,237	2,537,513		32,483,724

See Accompanying Notes to Financial Statements

ORGANIZATION: NORTHSHORE EDUCATION CONSORTIUM FEIN: 042576982

Statement of Functional Expenses for the Year Ended: 06/30/24

	PROGRAM#	PROGRAM#	PROGRAM#	PROGRAM#	PROGRAM#
	400	100-800			
1. Employee Compensation & Related Expenses	1,214,362	27,188,795			
2. Occupancy	72,463	1,976,829			
3. Other Program / Operating Expense	130,117	1,165,025			
4. Subcontract Expense					
5. Direct Administrative Expense	7,131	101,096			
6. Other Expenses	7,479	211,490			
7. Depreciation of Buildings and Equipment	37,879	371,058			
8. TOTAL EXPENSES	1,469,431	31,014,293			

See Accompanying Notes to Financial Statements

REVENUE To												
>CVCNIIC -						al Organization	Ad	lmin (M&G)	F	und Raising	Total	All Programs
	otal Organization	Admin.(M&G)	Fund Raising	Total All Prog	EXPENSE FTE	Expense	FTE	Expense	FTE	Expense	FTE	Expense
1R Contributions, Gifts, Legacies, Bequests	565	1000000000	1000000000	565	1E Total Direct Prog.Staff FTE/Exp 101-138 331.51		XXXX	XXXXXXXXXX	XXXX	XXXXXXXXX	331.51	20,138,209
2R Gov. In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXX		2E Chief Executive Officer - FTE/Exp. 1.00		1.00	184,013				
3R Private IN-Kind 4R Total Contributions and In-Kind	565			565	3E Chief Financial Officer - FTE/Exp. 1.00 4E Accting/Clerical/Support FTE/Expense 15.00		1.00	171,593 924,791				
5R Mass Gov. Grant	505	XXXXXXXXXX	XXXXXXXXXXX	303	4E Accting/Clerical/Support FTE/Expense 15.00 5E Admin Maint/House-Grndskeeping FTE/Exp 1.00		1.00	80,000				
6R Other Grant (exclud. Fed.Direct)		***********	**********		6E Total Admin Employee FTE/Expense 410 18.00		18.00	1,360,397				
7R Total Grants					7E Commercial Products & Svs/Mkting FTE/Exp	1,000,007	10.00	1,500,557	XXXX	XXXXXXXXXX		
8R Dept. of Mental Health (DMH)		XXXXXXXXXXX	XXXXXXXXXXX		8E Total FTE/Salary/Wages 349.51	21,498,606	18.00	1,360,397			331.51	20,138,209
9R Dept.of Developmental Services(DDS/DMR)		XXXXXXXXXX	XXXXXXXXXX		9E Payroll Taxes 150	334,998		23,952	-			311,046
10R Dept. of Public Health (DPH)	284,184	XXXXXXXXXX	XXXXXXXXXX	284,184	10E Fringe Benefits 151	3,087,943		219,051			1	2,868,892
11R Dept.of Children and Families (DCF/DSS)		XXXXXXXXXX	XXXXXXXXXX		11E Accrual Adjustments	84,753		84,753				
12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXX	XXXXXXXXXX		12E Total Employee Compensation & Rel. Exp.	25,006,300		1,688,153				23,318,147
13R Dept. of Youth Services (DYS)		XXXXXXXXXX	XXXXXXXXXX		13E Facility and Prog. Equip.Expenses 301, 390	1,329,563		16,568				1,312,995
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXX	XXXXXXXXXX		14E Facility & Prog. Equip. Depreciation 301	442,029		33,092			_	408,937
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXXX	XXXXXXXXXXX		15E Facility Operation/Maint./Furn.390	751,333		41,909				709,424
16R MA. Comm. For the Blind (MCB)		XXXXXXXXXXX	XXXXXXXXXXX		16E Facility General Liability Insurance 390	303,492		276,619				26,873
17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXXX	XXXXXXXXXXX		17E Total Occupancy	2,826,417	1	368,188				2,458,229
18R MA. Rehabilitation Commission (MRC) 19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXXXX	XXXXXXXXXXXX		18E Direct Care Consultant 201 19E Temporary Help 202	266,116		117,152			-	148,964
20R Dept.of Early Educ. & Care (EEC)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		20E Clients and Caregivers Reimb./Stipends 203			XXXXXXXXXX		XXXXXXXXXX		
21R Dept.of Early Educ. & Care (EEC)-Contract 21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXXX	XXXXXXXXXXX		21E Subcontracted Direct Care 206		-	XXXXXXXXXX		XXXXXXXXXX	-	
22R Dept of Correction (DOC)		XXXXXXXXXXX	XXXXXXXXXXX		22E Staff Training 204	69,225	1	4,574		^^^^	-	64,651
23R Dept. of Elementary & Secondary Educ. (DOE)	730,054	XXXXXXXXXXX	XXXXXXXXXXX	730,054	23E Staff Mileage / Travel 205	203,414	-	2,604			-	200,810
24R Parole Board (PAR)	700,004	XXXXXXXXXXX	XXXXXXXXXXX	7.00,004	24E Meals 207	200, 114		2,004			-	200,010
25R Veteran's Services (VET)		XXXXXXXXXX	XXXXXXXXXX		25E Client Transportation 208			XXXXXXXXX		XXXXXXXXX		
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXX	XXXXXXXXXXX		26E Vehicle Expenses 208							
27R Div.of Housing & Community Develop(OCD)		XXXXXXXXXX	XXXXXXXXXXX		27E Vehicle Depreciation 208							
28R POS Subcontract		XXXXXXXXXX	XXXXXXXXXX		28E Incidental Medical /Medicine/Pharmacy 209			XXXXXXXXX		XXXXXXXXXX		
29R Other Mass. State Agency POS		XXXXXXXXXX	XXXXXXXXXX		29E Client Personal Allowances 211			XXXXXXXXX		XXXXXXXXXX		
30R Mass State Agency Non - POS	20.000.000	XXXXXXXXXXX	XXXXXXXXXXX	00.000.000	30E Provision Material Goods/Svs./Benefits 212	050 700		XXXXXXXXXX		XXXXXXXXXX		050 700
31R Mass. Local Govt/Quasi-Govt. Entities 32R Non-Mass. State/Local Government	29,380,620	XXXXXXXXXXXX	XXXXXXXXXXX	29,380,620	31E Direct Client Wages 214	353,798		XXXXXXXXXX		XXXXXXXXX		353,798
33R Direct Federal Grants/Contracts	517,650	XXXXXXXXXXX	XXXXXXXXXXX	517,650	32E Other Commercial Prod. & Svs. 214 33E Program Supplies & Materials 215	526,919		XXXXXXXXXX		XXXXXXXXXX		526,919
34R Medicaid - Direct Payments		XXXXXXXXXXX	XXXXXXXXXXX		34E Non Charitable Expenses	320,919	1	^^^^^		^^^^^	-	520,919
35R Medicaid - MBHP Subcontract		XXXXXXXXXXX	XXXXXXXXXXX		35E Other Expense	434,802	-	215,833			-	218,969
36R Medicare		XXXXXXXXXXX	XXXXXXXXXXX		36E Total Other Program Expense	1,854,274		340,163			-	1,514,111
37R Mass. Govt. Client Stipends		XXXXXXXXXXX	XXXXXXXXXXX		37E Management Fees 410	1,001,211		010,100				XXXXXXXXXX
38R Client Resources		XXXXXXXXXXX	XXXXXXXXXXX		38E Fundraising Fees 410		-	XXXXXXXXX			-	XXXXXXXXXX
39R Mass. Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXXX		39E Legal Fees 410	4,691		4,691			•	XXXXXXXXX
40R Other Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXX		40E Audit Fees 410	28,450		28,450				XXXXXXXXX
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXX	XXXXXXXXXX		41E Management Consultant 410							XXXXXXXXX
42R Private Client 3rd Pty/other offsets		XXXXXXXXXX	XXXXXXXXXX		42E Other Professional Fees & Other Admin. Expenses 410	147,657		98,883				48,774
43R Total Assistance and Fees	30,912,508	XXXXXXXXXX	XXXXXXXXXX	30,912,508	43E Leased Office/Program Office Equip.410,390	68,438		8,985				59,453
44R Federated Fundraising					44E Office Equipment Depreciation 410							
45R Commercial Activities					45E Admin. Vehicle Expenses 410							XXXXXXXXXX
46R Non-Charitable Revenue 47R Investment Revenue	70.202	70 202			46E Admin. Vehicle Depreciation 410						-	XXXXXXXXXXX
47R Investment Revenue 48R Other Revenue	79,302 5,285,010	79,302 200,000		5,085,010	47E Directors & Officers Insurance 410			XXXXXXXXXX				**********
49R Allocated Admin (M&G) Revenue	XXXXXXXXXX	200,000		5,005,010	48E Program Support 216 49E Professional Insurance 410		-	^^^^^				
50R Released Net Assets-Program	425,962	183,783		242,179	50E Working Capital Interest 410						-	
51R Released Net Assets-Figuipment	244,000	100,100		244,000	51E Total Direct Administrative Expense	249,236		141,009				108,227
52R Released Net Assets-Time	2,000			2,000	52E Admin (M&G) Reporting Center Allocation	XXXXXXXXXX		(2,537,513)			-	2,537,513
-					53E Total Reimbursable & Fundraising Expense	29,936,227		, ,,,,,,,,,			-	29,936,227
53R TOTAL REVENUE	36,947,347	463,085		36,484,262	54E Direct State/Federal Non-Reimbursable Expense	5,085,010				XXXXXXXXXX		5,085,010
54R TOTAL EXPENSE = 56E	35,021,237			35,021,237	55E Allocation of State/Fed Non-Reimbursable Expense	XXXXXXXXX					1	
55R OPERATING RESULTS	1,926,110	463,085		1,463,025		35,021,237						35,021,237
_						te to Readers: Pleas	e see S	hedule B Note to	Readers		ate Non-R	
			s, vehicles, consulta		1N Direct Employee Compensation & Related Exp.	5,085,010				XXXXXXXXX		5,085,010
oans, etc.) from the entity & its related parties/affiliat	•				2N Direct Occupancy					XXXXXXXXXX		
	Reporting Entity Com		Compensation from		3N Direct Other Program/Operating					XXXXXXXXX		
	Salary	Other	Salary	Other	4N Direct Subcontract Expense					XXXXXXXXX		
1C Fran Rosenburg, Executive Director	184,013				5N Direct Administrative Expense					XXXXXXXXXX		
2C		11			6N Direct Other Expense					XXXXXXXXXX		
3C 4C					7N Direct Depreciation	E 00E 040				XXXXXXXXXX		E 00E 040
					8N Total Direct Non-Reimbursable (must tie to 54E)	5,085,010				XXXXXXXXXX		5,085,010
5C Boundary Boundary Betantian		44	<u> </u>		9N Total Direct and Allocated Non-Reimbursable (54E+55E)	5,085,010		100.005		XXXXXXXXXX		5,085,010
MA. Surplus Revenue Retention S	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets	6,034,839		463,085		XXXXXXXXXX		5,571,754
Prior Voor Mo. Boyony 00 004 540												
Prior Year Ma. Revenu 26,901,518					11N Capital Budget Revenue Adjustments 12N Excess of Non-Reimb./Fundraising Expense over Offsets	(949,829)		(463,085)		XXXXXXXXXX		(486,744)

	ORGANIZATION: NORTHSHORE EDUCA	ATION CONSORTIUM	PROGRAM SUF	PPLEMENTA	L INFOR	RMATION SC	HEDULE B - Unaudited	FY END:	6/30/2024	FEIN: 04	42576982
	UFR Program Number: 400	Program Name:	RECOVERY HIGH SCHOOL	Description:		RECOVERY HIG		Catalog of Federal Domesti		93.788 B	
	*Program Type: 27 Pr	ogram Address:	112 SOHIER ROAD	BEVERLY	MA	01915		http://www.cfda.gov/default.ht audit period (e.g., 52): 48.00		hours/week (e.g., 40):	40.00
Note to	Peaders: This schedule should be read in	context with E.S.	(Number/Street) Notes and all other UFR information. In many ins	(City)	(State)	(Zipcode)	ctual variances or non-reimhursahle	evnenses (e.a. In-Kind don	ations) may be an	propriate and desira	hle
			e; 23 = Negotiated Unit Rate; 24 = Negotiated A		te; 25= Non	-negotiated Accon	nodations Rate; 26 = Other Non-ne	gotiated Unit Rate; 27 = Cost			
REVEN			OS STAFFING_# hours/yr = 1.00 FTE:	1920		Salary/Wage	EXPENSE - ACTUAL/PLANNED		Actual		% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.		1S Program Director (UFR Title 102)		1.00	150,000	1E Total Direct Program Staff	= 39S 15.00	1,019,555	992,589	2.7 %
	Gov. In-Kind/Capital Budget Private IN-Kind		2S Program Function Manager (UFR Title 10 3S Asst. Program Director (UFR Title 103)	01)			2E Chief Executive Officer 3E Chief Financial Officer				
	Total Contribution and In-Kind		4S Supervising Professional (UFR Title 104)				4E Accting/Clerical Support				
5R	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 105)				5E Admin Maint/House-Grndski	eeping			
			6S Physician Asst. (UFR Title 106)	/			6E Total Admin Employee				
7R	Total Grants		7S N. Midwife, N.P., Psych N., N.A., R.N M.	A (Title 107)			7E Commerical products & Svs.	/Mkting			
8R	Dept. of Mental Health (DMH)	1	8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/Wages	15.00	1,019,555		
9R	Dept.of Developmental Services(DDS/DMF		9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		15,477		
10R	Dept. of Public Health (DPH) Dept. of Children and Families (DCF/DSS)	284,184	10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		179,330		
			11S Occupational Therapist (UFR Title 111) 12S Physical Therapist (UFR Title 112)				11E Accrual Adjustments 12E Total Employee Compensa	ation & Bol Evn	1,214,362	1,119,260	8.5 %
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UFF	? Title 113)			13E Facility and Prog. Equip.Exp		17,104	1,113,200	0.5 /6
			14S Dietician / Nutritionist (UFR Title 114)	t ride rioj			14E Facility & Prog. Equip. Depr		37,879		
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 115)			15E Facility Operation/Maint./Ful		55,359		
16R	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)		4.00	311,454	16E Facility General Liability Insu	urance 390			
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy		110,342	205,897	-46.4 %
18R	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118)				18E Direct Care Consultant 201				
19R 20R	MA. Off. for Refugees & Immigr.(ORI) Dept.of Early Educ. & Care (EEC)-Contract		19S Day Care Teacher (UFR Title 119) 20S Day Care Asst. Teacher / Aide (UFR Title	120\			19E Temporary Help 202	ah /Ctinanda 202			
21R			21S Psychologist - Doctorate (UFR Title 122)				20E Clients and Caregivers Rein 21E Subcontracted Direct Care 2				
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UFR				22E Staff Training 204	200	277		
23R	Dept. of Elementary & Secondary Educ. (D	C 544,536	23S Social Worker - L.I.C.S.W. (UFR Title 12		2.00	188,668	23E Staff Mileage / Travel 205		25,531		
24R	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR T	itle 125 & 126)			24E Meals 207				
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)				25E Client Transportation 208				
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title				26E Vehicle Expenses 208				
27R	Div.of Housing & Community Develop(OCD)	27S Cert. Alch. &/or Drug Abuse Counselor (I	JFR Title 129)			27E Vehicle Depreciation 208	(D) 000			
28R 29R	POS Subcontract Other Mass. State Agency POS		28S Counselor (UFR Title 130) 29S Case Worker / Manager - Masters (UFR	Title 121)			28E Incidental Medical /Medicine 29E Client Personal Allowances				
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132)	riue isi)			30E Provision Material Goods/Sv				
31R	Mass. Local Govt/Quasi-Govt. Entities	751,602	31S Direct Care / Prog. Staff Superv. (UFR Ti	tle 133)			31E Direct Client Wages 214	VO./Deficition 2.12			
32R	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title 13-				32E Other Commercial Prod. & S	Svs. 214			
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 135				33E Program Supplies & Materia	als 215	104,309		
34R	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 136		6.00	272,448	34E Non Charitable Expenses		- 1-0		
	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR Tit		1.00	50,967	35E Other Expense		7,479	202.005	545.00
36R 37R	Medicare Mass. Govt. Client Stipends		36S Maintainence, House/Groundskeeping, C 37S Direct Care / Driver Staff (UFR Title 138)	JOOK 138	0.50	27,468 18,550	36E Total Other Program Expe 42E Other Professional Fees & 0		137,596 769	302,695	-54.5 %
38R	Client Resources		38S Direct Care Overtime, Shift Differential at	nd Relief	XXXXXX	10,550	43E Leased Office/Program Office		6,362		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		15.00	1,019,555	44E Office Equipment Depreciat		0,002		
40R	Other Publicly sponsored client offsets						48E Program Support 216				
41R			SERVICI	E STATISTICS			49E Professional Insurance 410				
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service:	STUDENT DAYS			50E Working Capital Interest 410		Ш		
43R	Total Assistance and Fees	1,580,322	2SS Enter total unit capacity:	9,648			51E Total Direct Administrative		7,131	405.004	<u> </u>
44R 45R	Federated Fundraising Commercial Activities				Clients	# service units delivered	52E Admin (M&G) Reporting Cer 53E Total Reimbursable Expen		136,090 1,605,521	125,621 1,753,473	8.3 % -8.4 %
	Non-Charitable Revenue		3SS OSD's Program Publicly s	ponsored clients:	48	7,017	54E Direct State/Federal Non-Re		1,003,321	1,700,470	-0.4 %
47R	Investment Revenue			ponsored clients:			55E Allocation of State/Fed Non-				
48R	Other Revenue		5SS Internet filing system) F	ree Care clients:			56E TOTAL EXPENSE	· ·	1,605,521	1,753,473	-8.4 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	48	7,017	57E TOTAL REVENUE = 53R		1,618,609	1,755,268	-7.8 %
50R	Released Net Assets-Program	38,287	7SS filings.				58E OPERATING RESULTS		13,088	1,795	
51R 52R	Released Net Assets-Equipment Released Net Assets-Time		MASSACHUSETTS CONTRACT INF	ODMATION		NON DEIMBURGA	CRE Preliminary Calculation of C BLE EXPENSE DETAIL	ost Reimb. Excess Rev. * Descriptio		(subject to OSD adju	ustment)
	Total Revenue = 57E	1,618,609	Dept Contract ID -11 Characters				ompensation & Related Exp.	Descriptio	11		
3310	Total Nevellue – 37 L	1,010,003	1C DPH 03W23019162	4688		Direct Cimployee C	ompensation & Related Exp.				
	SUBCONTRACTED DIRECT CARE E	KPENSE DETAIL		OE		Direct Other Progra	am/Operating				
	Subcontractor Name FEIN	Expense Amt.	3C	1		Direct Subcontract					
1SDC		1	4C			Direct Administrativ					
2SDC			5C	la je		Direct Other Exper					
3SDC 4SDC			POS SUBCONTRACT INFORMA State Dept Payor Name	ATION Payor's FEIN		Direct Depreciation	eimbursable (Tie to 54E)				
5SDC			State Dept Payor Name	r ayur s rein			located Non-Reimb. (54E+55E)	(Any Exces	s of Non-Reimbur	rsable Expense over	Eligible
JUDU			2PS				oursable Exp. Revenue Offsets	Revenue C	offsets is subject to	recoupment where	the
Comm	Of MA Surplus Rev. Retention Share	N/A	3PS			Capital Budget Rev		program is		Commonwealth and	
	PREPARER COMMENTS:		· 				mbursable Expense Over Offsets	(38,287) recognized	as a liability on the	ne Financial Statemer	nts.)

	ORGANIZATION: NORTHSHORE EDUC	ATION CONSORTIUM	PROGRAM SU	PPLEMENTA	L INFO	RMATION SC	HEDULE B - Unaudited	FY END:	6/30/2024	FEIN:	042576982
	UFR Program Number: 100-80	Program Name:	EDUCATIONAL PROGRAMS	Description:		EDUCATIONAL		of Federal Domest		10.555	в 84.425
	*Program Type: N/A Pr	rogram Address:	112 SOHIER ROAD	BEVERLY	MA	01915	# Weeks operated during audit period	w.cfda.gov/default.h (e.g., 52): 48.00		ng hours/week (e.g., 40	0): 40.00
Note to	Readers: This schedule should be read in	context with F.S.	(Number/Street) Notes and all other UFR information. In many in	(City) nstances the preser	(State)	(Zipcode) ificant planned to a	ctual variances or non-reimbursable expens	es (e.a In-Kind don	ations) may be a	ppropriate and de	sirable.
			te; 23 = Negotiated Unit Rate; 24 = Negotiated	Accomodations Ra	te; 25= No	n-negotiated Accon	nodations Rate; 26 = Other Non-negotiated				
REVEN			OS STAFFING_# hours/yr = 1.00 FTE	1920		Salary/Wage	EXPENSE - ACTUAL/PLANNED	FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	565	1S Program Director (UFR Title 102)	104)	6.00	675,892	1E Total Direct Program Staff = 39S	316.51	19,118,654	19,545,536	-2.2 %
	Gov. In-Kind/Capital Budget Private IN-Kind		2S Program Function Manager (UFR Title 3S Asst. Program Director (UFR Title 103)		2.00	123,966	2E Chief Executive Officer 3E Chief Financial Officer				
	Total Contribution and In-Kind	565			2.00	123,300	4E Accting/Clerical Support				
5R	Mass Gov. Grant		5S Physician & Psychiatrist (UFR Title 105				5E Admin Maint/House-Grndskeeping				
	Other Grant (exclud. Fed.Direct)	1	6S Physician Asst. (UFR Title 106)				6E Total Admin Employee				
	Total Grants		7S N. Midwife, N.P., Psych N.,N.A., R.N N	MA (Title 107)	40.00	4 400 400	7E Commerical products & Svs/Mkting	040.54	40.440.054		
8R 9R	Dept. of Mental Health (DMH) Dept. of Developmental Services(DDS/DMR		8S R.N Non Masters (UFR Title 108) 9S L.P.N. (UFR Title 109)		16.00	1,138,420	8E Total FTE/Salary/Wages 9E Payroll Taxes 150	316.51	19,118,654 295,569		
10R	Dept. of Public Health (DPH)	·)	10S Pharmacist (UFR Title 110)		-		10E Fringe Benefits 151		2,689,562		
	Dept.of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 111)		13.11	1,075,863	11E Accrual Adjustments		_,,,,,,,,		
12R	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)		9.00	682,227	12E Total Employee Compensation & F		22,103,785	22,868,787	-3.3 %
13R	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UF	R Title 113)	15.34	1,016,020	13E Facility and Prog. Equip.Expenses 3		1,295,891	() () () () () () () () () ()	1
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)	E)			14E Facility & Prog. Equip. Depreciation :	301	371,058		
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)	ວ)	77.06	7,175,890	15E Facility Operation/Maint./Furn.39016E Facility General Liability Insurance 3	90	654,065 26,873		
17R	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)		11.00	7,175,090	17E Total Occupancy	90	2,347,887	2,438,434	-3.7 %
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118)			18E Direct Care Consultant 201		148,964	2,100,104	
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)-Contrac		20S Day Care Asst. Teacher / Aide (UFR Tit				20E Clients and Caregivers Reimb./Stipe	nds 203			
21R 22R	Dept.of Early Educ. & Care (EEC)-Voucher Dept of Correction (DOC)		21S Psychologist - Doctorate (UFR Title 122 22S Clinician-(formerly Psych.Masters)(UFR				21E Subcontracted Direct Care 206 22E Staff Training 204		64,374		
23R	Dept. of Elementary & Secondary Educ. (D	C 185,518			22.00	1,980,253	23E Staff Mileage / Travel 205		175,279		
	Parole Board (PAR)	100,010	24S Social Worker - L.C.S.W., L.S.W (UFR		22.00	1,000,200	24E Meals 207		110,210		
25R	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)	,			25E Client Transportation 208				
26R	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title				26E Vehicle Expenses 208				
27R	Div.of Housing & Community Develop(OCD	0)	27S Cert. Alch. &/or Drug Abuse Counselor	(UFR Title 129)	- 0.00	447.000	27E Vehicle Depreciation 208	000			
28R 29R	POS Subcontract Other Mass. State Agency POS		28S Counselor (UFR Title 130) 29S Case Worker / Manager - Masters (UFF	7 Titlo 121\	6.00	417,636	28E Incidental Medical /Medicine/Pharma 29E Client Personal Allowances 211	cy 209			
30R	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 132				30E Provision Material Goods/Svs./Benef	its 212			
31R	Mass. Local Govt/Quasi-Govt. Entities	28,629,018					31E Direct Client Wages 214		353,798		
32R	Non-Mass. State/Local Government	517,650					32E Other Commercial Prod. & Svs. 214				
33R	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 13				33E Program Supplies & Materials 215		422,610		
34R 35R	Medicaid - Direct Payments Medicaid - MBHP Subcontract		34S Direct Care / Prog. Staff I (UFR Title 13 35S Prog. Secretarial / Clerical Staff (UFR T		131.00 9.00		34E Non Charitable Expenses 35E Other Expense		211,490		
36R	Medicare Subcontract		36S Maintainence, House/Groundskeeping,		8.00		36E Total Other Program Expense		1,376,515	1,121,519	22.7 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 138		2.00	109,049	42E Other Professional Fees & Other Adi	min. Exp. 410	48,005	1,121,010	
38R	Client Resources		38S Direct Care Overtime, Shift Differential		XXXXXX		43E Leased Office/Program Office Equip		53,091		
39R	Mass. spon.client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		316.51	19,118,654	44E Office Equipment Depreciation 410				
40R	Other Publicly sponsored client offsets		0ED)#				48E Program Support 216				
41R 42R	Private Client Fees (excluding 3rd Pty) Private Client 3rd Pty/other offsets		1SS Enter defined unit of service:	CE STATISTICS			49E Professional Insurance 410 50E Working Capital Interest 410				
42R 43R	Total Assistance and Fees	29,332,186					51E Total Direct Administrative Expens	e	101,096	81,895	23.4 %
44R	Federated Fundraising	_0,002,100			Undup #	# # service units	52E Admin (M&G) Reporting Center Alloc		2,401,423	2,153,044	11.5 %
45R	Commercial Activities					delivered	53E Total Reimbursable Expense		28,330,706	28,663,679	-1.2 %
46R 47R	Non-Charitable Revenue Investment Revenue		3SS OSD's Program Publicly	sponsored clients:			54E Direct State/Federal Non-Reimbursa 55E Allocation of State/Fed Non-Reimbur		5,085,010		%
	Other Revenue	5,085,010		sponsored clients: Free Care clients:			56E TOTAL EXPENSE	saule Expense	33,415,716	28,663,679	16.6 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:			57E TOTAL REVENUE = 53R		34,865,653	30,095,036	15.9 %
50R	Released Net Assets-Program	203,892	7SS filings.				58E OPERATING RESULTS		1,449,937	1,431,357	
51R	Released Net Assets-Equipment	244,000					CRE Preliminary Calculation of Cost Reim		1	* (subject to OSD	adjustment)
52R	Released Net Assets-Time	0100=0=	MASSACHUSETTS CONTRACT IN				BLE EXPENSE DETAIL	Descriptio		SETIDELIE: S	TEM 6 5-
53R	Total Revenue = 57E	34,865,653		rs MMARS Code			compensation & Related Exp. 5,08	5,010 STATE AN	ID TEACHERS' F	RETIREMENT SYS	STEM ON-BEH
	SUBCONTRACTED DIRECT CARE EX	XPENSE DETAIL		OF		Direct Occupancy Direct Other Progra	am/Operating				
	Subcontractor Name FEIN	Expense Amt.		OE		Direct Subcontract					
1SDC	10 10		4C DOE 24758Z70531	OE	X 5N	Direct Administrativ	ve Expense				
2SDC			5C			Direct Other Exper					
3SDC			POS SUBCONTRACT INFORM State Dept Payor Name			Direct Depreciation		95.010			
4SDC 5SDC			State Dept Payor Name 1PS	Payor's FEIN						ursable Expense o	
5556		-	2PS				, ,	Revenue C		to recoupment wh	
Comm	Of MA Surplus Rev. Retention Share		3PS	16		Capital Budget Re	venue Adjustment	recognized		e Commonwealth the Financial State	
								48,457) recognized	as a nability on	uie filialiciai State	ments.)
I	PREPARER COMMENTS:										

NORTHSHORE EDUCATION CONSORTIUM FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-2576982 FOR THE YEAR ENDED JUNE 30, 2024

SCHEDULE A - LINE 48R		SCHEDULE B - LINE 48R
	Admin	100-800
Member fees	200,000	-
Massachusetts State Employees'		
Retirement System on-behalf		
payments*	-	5,085,010
	200,000	5,085,010

SCHEDULE B - LINE 35E: OTHER EXPENSE

400 100-800

		RECOVERY	EDUCATIONA	
Other Expenditures	Admin.	HIGH SCHOOL	L PROGRAMS	Total
Lunch Program Expense	-	6,927	201,034	207,961
Supplies and Materials	35,750	-	=	35,750
Hardware/Software	180,083	552	10,456	191,091
Total	215,833	7,479	211,490	434,802

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	16,749	193	3,513	20,455
Office Expense	21,010	500	44,200	65,710
Advertising	60	-	-	60
Hardware/Software	5,116	-	-	5,116
Bank fees	12,689	-	-	12,689
Telephone & Communications	43,259	76	292	43,627
Total	98,883	769	48,005	147,657

NEC Vehicles with less than 8 passenger capacity FY24

Vehicle #	Make	Model	Year	Date Purchased	Use	Current Mileage	Purchase Price
					Meeting and Community		
Sedan # 2	Ford	Focus	2016	FY2016	Trips	50,851	\$34,301.00

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

Providers must complete this form in its entirety to be qualified to contract with Commonwealth Agencies for POS services.

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

Submission for Fiscal Year (YYYY) 2024 Please do not convert to PDF. See "How to Submit" for instructions.

Part I Contractor Contact Information (Required)

Business Name	Contact Name	Contact Email	Contact Phone
Northshore Education Consortium	Larry Fleming	Ifleming@nsedu.org	9782329755

Part II Provider Revenue Information for the UFR Reporting Year (Required)

Provider's Revenue from Commonwealth POS Contracts in the URF Reporting Year (e.g. FY2024)	\$ 284,184.00
Provider's Total Gross Revenue in the UFR Reporting Year (e.g. FY2024)	\$ 36,953,850.00

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

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

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 (e.g. FY2024)	Committed Amount in Current Fiscal Year (e.g. FY2025)
keane Fire & Safety Equip Co	WBE - Woman Business Enterprise	Ancillary Products and Services	\$ 220.15	
Quadrant Health Strategies	WBE - Woman Business Enterprise	Ancillary Products and Services	\$ 4,500.00	
Roman Music Therapy Services, LLC	WBE - Woman Business Enterprise	Ancillary Products and Services	\$ 8,360.00	
Atlantic Construction & Management	MBE - Minority Business Enterprise	Ancillary Products and Services	\$ 363,202.00	
		TOTAL	\$ 376,282.15	\$ -
		PERCENT (%) OF POS SPEND	132%	

Acceptable Partnership Types

- Subcontracting is a business relationship in which the SDP partner is involved in the provision of services directly to the client or to the Commonwealth.
- Ancillary Products and Services is 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 but instead are related to their general business
 operations.

*Eligible SDP Partners can be found by searching:

Supplier Diversity Office Directory of Certified Businesses

Veteran Small Business Certification (sba.gov)

How to Submit this Form:

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

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

MBE - Minority Business Enterprise

WBE - Woman Business Enterprise

SDVOBE - Service-Disabled Veteran-Owned Business Enterprise

VBE - Veteran-Owned Business Enterprise

M/NPO - Minority Non-Profit Organization

W/NPO - Women Non-Profit Organization

V/NPO - Veteran Non-Profit Organization

DOBE - Disability-Owned Business Enterprise

LGBTBE - Lesbian, Gay, Bisexual or Transgender Business Enterprise

Form updated 07/18/2023

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) in one of the diverse business categories, e.g. a Minority- and/or Women Business/Organization. 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. Providers filing an Exempt UFR Filing are still required to include the completed SDP form with their filing.

Part I - Contractor Contact Information (Required)

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

Part II - Provider Revenue Information for the UFR Reporting Year (Required)

- The Provider's Revenue from Commonwealth POS Contracts in the UFR Reporting Year can be found on the "POS Expenditure and Federal Funds Listing" posted by OSD on the provider's UFR eFiling site.
- Provider's Total Gross Revenue in the UFR Reporting Year is the contractor's gross revenue for the entire organization as reported to the Internal Revenue Service or the Massachusetts Department of Revenue.

Note: The UFR Reporting Year is the completed fiscal year for which the UFR filing is being submitted.

Part III - 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 is a business relationship in which the SDP partner is involved in the provision of services directly to the client or to the Commonwealth.
- Ancillary Products and Services is a business relationship in which the SDP partner provides products and/or services that are not directly related to the Provider's contract with the Commonwealth but instead are related to their general business operations.

Note: If the Commonwealth only receives **a portion** of the products or services provided by a partner, the full amount should still be reported. 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: Enter the amount (as an exact dollar figure) that your organization spent with SDP partner(s) during UFR reporting year.
- 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.

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 '2024

AUDIT SERVICES CHECKLIST & CERTIFICATION

(To Be Completed by Contractor)

1. Federal Funds: a. Is this provider subject to OMB Circular A-110? b. If yes, were audit services acquired through solicitation of bids or competitively procured, as required under A-110? c. Was the independent auditor selected and engaged by the provider's audit committee Board of Directors, Board of Trustees or owner? II. Training Requirements: Has the person responsible for directing your audit submitted a letter representing completion of the following: a. Completion of the continuing education and training requirements for performing government audits? 1. 80 hours of training in last two years? 2. 24 hours of the 80 hours were in government auditing, non-profit accounting or other related activity? b.Being in the process of completing training requirements: 1. 20 hours complete 80 hours within two years? III. Experience/Qualifications: a. The person responsible for directing your audit has provided a letter representing the completion of the following number of government audits: 0-1 2-5 6-10 X_11+ b. The Board of Public Accountancy has the following information about the audit firm: X_no history of sanctions c. The Operational Services Division has taken the following action against the audit firm: X_no history of disqualification current disqualification disqualification older than 3 years d. The external quality control review of the audit firm indicates: X_no problems qualification adverse report IV. Price: 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 the UFR and the statements made in answering the above questions are, to the best of my knowledge, true and accurate. Northshore Education Consortium Signed: Under pains and penalties of perjury Executive Director			YES	NO
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Under pains and penalties of perjury		August Hone de		
		Northshore Education Consortium Signed: William Vicinian	7	
Executive Director		Under pains and penalties of per	jury	
		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.		the auditor's final report.		
Northshore Education Consortium Signed: (Muyenf # Losen		Northshore Education Consortium Signed: (Muyene H Kesen	1	
				
Under pains and penalties of perjury Executive Director			erliny	

Administrative Offices

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

Francine H. Rosenberg M.Ed. **Executive Director**

> We, the Board of Directors of the Northshore Education Consortium, met on October 23, 2024 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, 2024.

> 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, 2024.

Title: Chair, Board of Riscotors

Date: 10/23/24