

**Valley Collaborative**

Uniform Financial Report

June 30, 2025



ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF FINANCIAL POSITION AS OF  
(BALANCE SHEET)

06/30/2025

WITH COMPARATIVE TOTALS AS OF

6/30/2024

	CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
<b>ASSETS</b>						
1	Cash and Cash Equivalents	6,396,935	1,500,000		7,896,935	7,993,596
2	Accounts Receivable, Program Services	2,850,116			2,850,116	3,857,756
3	Allowance for Doubtful Accounts	(27,574)			(27,574)	(37,778)
4	Net Accounts Receivable, Program Services	2,822,542			2,822,542	3,819,978
5	Contributions Receivable					
6	Notes Receivable					
7	Prepaid Expenses	44,286			44,286	46,380
8	Other Accounts Receivable					
9	Other Current Assets					
10	Short-Term Investments					
11	<b>TOTAL CURRENT ASSETS</b>	9,263,763	1,500,000		10,763,763	11,859,954
12	Land, Buildings, and Equipment		13,829,051		13,829,051	13,316,417
13	Accumulated Depreciation		(7,215,816)		(7,215,816)	(6,567,590)
14	Net Land, Buildings and Equipment		6,613,235		6,613,235	6,748,827
15	Long-Term Investments					
16	Other Assets	947,666	2,494,371		3,442,037	4,060,665
17	Due From Other Funds					
18	<b>TOTAL ASSETS</b>	10,211,429	10,607,606		20,819,035	22,669,446
<b>LIABILITIES AND NET ASSETS</b>						
19	Accounts Payable	30,615			30,615	92,007
20	Subcontract Payable					
21	Accrued Expenses	1,067,393			1,067,393	1,654,160
22	Current Notes Payable					
23	Current Portion Long-Term Debt					
24	Deferred Revenue	500,000			500,000	1,010,000
25	Other Current Liabilities	4,947			4,947	66,972
26	<b>TOTAL CURRENT LIABILITIES</b>	1,602,955			1,602,955	2,823,139
27	Long-Term Notes & Mortgage Payable					
28	Other Liabilities	4,775,345	2,776,971		7,552,316	7,683,890
29	Due to Other Funds					
30	<b>TOTAL LIABILITIES</b>	6,378,300	2,776,971		9,155,271	10,507,029
<b>NET ASSETS</b>						
31	Without Donor Restrictions	3,787,127	6,330,635		10,117,762	10,624,776
32	With Donor Restrictions	46,002	1,500,000		1,546,002	1,537,641
33						
34	<b>TOTAL NET ASSETS</b>	3,833,129	7,830,635		11,663,764	12,162,417
35	<b>TOTAL LIABILITIES AND NET ASSETS</b>	10,211,429	10,607,606		20,819,035	22,669,446

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED

06/30/2025 WITH COMPARATIVE TOTALS FOR THE YEAR ENDED

06/30/2024

	Without Donor Restrictions	With Donor Restrictions		TOTAL THIS YEAR	TOTAL LAST YEAR
<b>REVENUES, GAINS, AND OTHER SUPPORT</b>					
1 Contributions, Gifts, Legacies, Bequests & Special Events		23,896		23,896	20,372
2 In-Kind Contributions					
3 Grants					145
4 Program Service Fees	26,617,082			26,617,082	25,232,523
5 Federated Fundraising Organization Allocation					
6 Investment Revenue	54,508			54,508	59,537
7 Revenue from Commercial Products & Services	594,762			594,762	671,271
8 Other	3,488,380			3,488,380	3,828,365
9 Net Assets Released From Restrictions:					
10 Satisfaction of Program Restrictions	15,535	(15,535)			
11 Satisfaction of Equipment Acquisition Restrictions					
12 Expiration of Time Restrictions					
13 <b>TOTAL REVENUE, GAINS, AND OTHER SUPPORT</b>	<b>30,770,267</b>	<b>8,361</b>		<b>30,778,628</b>	<b>29,812,213</b>
<b>EXPENSES AND LOSSES</b>					
14 Administration (Management & General)	2,393,689			2,393,689	2,310,777
15 Fundraising					
16 Total Program Services	26,700,715			26,700,715	25,442,693
17 <b>TOTAL EXPENSES</b>	<b>29,094,404</b>			<b>29,094,404</b>	<b>27,753,470</b>
18 Losses					
19 <b>TOTAL EXPENSES AND LOSSES</b>	<b>29,094,404</b>			<b>29,094,404</b>	<b>27,753,470</b>
<b>CHANGES IN NET ASSETS:</b>					
20 Property & Equipment Acquisitions from Unrestricted Funds					
21 Transfer of Realized Endowment Fund Appreciation					
22 Return to Donor					
23 Other Increases (Decreases)	(2,182,877)			(2,182,877)	(967,447)
24 <b>TOTAL CHANGES IN NET ASSETS</b>	<b>(507,014)</b>	<b>8,361</b>		<b>(498,653)</b>	<b>1,091,296</b>
25 <b>NET ASSETS AT BEGINNING OF YEAR</b>	<b>10,624,776</b>	<b>1,537,641</b>		<b>12,162,417</b>	<b>11,071,121</b>
26 <b>NET ASSETS AT END OF YEAR</b>	<b>10,117,762</b>	<b>1,546,002</b>		<b>11,663,764</b>	<b>12,162,417</b>

See Accompanying Notes to Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2025

INDIRECT METHOD

	<b>TOTAL</b>
<b>Cash Flows from Operating Activities:</b>	
1 Changes in Net Assets	(498,653)
Adjustments to Reconcile Change In Net Assets to Net	
Cash provided by/(used in) Operating Activities:	
2 Depreciation	909,123
3 Losses	487,054
4 Increase/Decrease in Net Accounts Receivable	997,436
5 Increase/Decrease in Prepaid Expenses	2,094
6 Increase/Decrease in Contributions Receivable	
7 Increase/Decrease in Accounts Payable	(61,392)
8 Increase/Decrease in Accrued Expenses	(586,767)
9 Increase/Decrease in Deferred Revenue	(510,000)
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	(184,805)
14 Net Cash Provided by/(used in) Operating Activities	554,090
<b>Cash Flows from Investing Activities:</b>	
15 Insurance Proceeds	
16 Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(650,751)
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	(650,751)
<b>Cash from Financing Activities:</b>	
Proceeds from Contributions Restricted For:	
22 Investment in Endowment	
23 Investment in Term Endowment	
24 Investment in Plant (Land Bldgs. & Equip.)	
Other Financing Activities:	
25 Contributions Restricted for Long-Term Investment	
26 Interest and Dividends Restricted for Reinvestment	
27 Payments on Notes Payable	
28 Payments on Long-Term Debt	
29 Other Finance Payments/Receipts	
30 Net Cash Provided by/(used in) Financing Activities	

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF CASH FLOWS for the YEAR ENDED 06/30/2025

INDIRECT METHOD

31	Net Increase/(Decrease) in Cash and Cash Equivalents	(96,661)
32	Cash and Cash Equivalents at Beginning of Year	7,993,596
33	Cash and Cash Equivalents at End of Year	7,896,935

Supplemental Disclosure of Cash Flow Information:

34	Cash Paid During the Year for Interest	
35	Cash Paid During the Year for Taxes/Other	

Supplemental Data for Noncash Investing and Financing Activities:

36	Gifts of Equipment	
37	Other Noncash Investing and Financing Activities	
38		
39		
40		

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/2025

	SUPPORTING SERVICES			PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
1. Employee Compensation & Related Expenses	24,041,144	1,404,264		22,636,880
2. Occupancy	1,346,553	29,048		1,317,505
3. Other Program / Operating Expense	1,366,618	4,803		1,361,815
4. Subcontract Expense				
5. Direct Administrative Expense	1,283,305	838,020		445,285
6. Other Expenses	147,661			147,661
7. Depreciation of Buildings and Equipment	909,123	117,554		791,569
<b>8. TOTAL EXPENSES</b>	<b>29,094,404</b>	<b>2,393,689</b>		<b>26,700,715</b>

See Accompanying Notes to Financial Statements

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ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/25

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>05-101</u>	<u>04-102</u>	<u>NPOS-200</u>	<u>NPOS-400</u>	<u>NPOS-450</u>
1. Employee Compensation & Related Expenses	<u>264,381</u>	<u>98,728</u>	<u>6,147,026</u>	<u>2,651,723</u>	<u>236,576</u>
2. Occupancy	<u>47,617</u>	<u>25,984</u>	<u>249,318</u>	<u>135,695</u>	<u>448</u>
3. Other Program / Operating Expense	<u>7,129</u>	<u>9,930</u>	<u>384,034</u>	<u>144,591</u>	<u>4</u>
4. Subcontract Expense					
5. Direct Administrative Expense	<u>5,940</u>	<u>1,868</u>	<u>102,388</u>	<u>54,309</u>	<u>37</u>
6. Other Expenses			<u>59,889</u>	<u>38,128</u>	
7. Depreciation of Buildings and Equipment	<u>6,413</u>	<u>355</u>	<u>306,901</u>	<u>191,815</u>	<u>7,801</u>
<b>8. TOTAL EXPENSES</b>	<u>331,480</u>	<u>136,865</u>	<u>7,249,556</u>	<u>3,216,261</u>	<u>244,866</u>

See Accompanying Notes to Financial Statements

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ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/25

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>01-500</u>	<u>NPOS-660</u>	<u>NPOS-712</u>		
1. Employee Compensation & Related Expenses	<u>3,019,258</u>	<u>6,894,805</u>	<u>3,324,383</u>		
2. Occupancy	<u>216,754</u>	<u>445,306</u>	<u>196,383</u>		
3. Other Program / Operating Expense	<u>488,915</u>	<u>223,148</u>	<u>104,064</u>		
4. Subcontract Expense					
5. Direct Administrative Expense	<u>63,965</u>	<u>134,503</u>	<u>82,275</u>		
6. Other Expenses	<u>1,588</u>	<u>29,751</u>	<u>18,305</u>		
7. Depreciation of Buildings and Equipment	<u>122,275</u>	<u>82,382</u>	<u>73,627</u>		
<b>8. TOTAL EXPENSES</b>	<u>3,912,755</u>	<u>7,809,895</u>	<u>3,799,037</u>		

See Accompanying Notes to Financial Statements

ORGANIZATION: VALLEY COLLABORATIVE

ORGANIZATION SUPPLEMENTAL INFORMATION SCHEDULE A - Unaudited

FY END: 6/30/2025 FEIN: 043121303

REVENUE	Total Organization	Admin.(M&G)	Fund Raising	Total All Prog
1R Contributions, Gifts, Legacies, Bequests				
2R Gov. In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXX	
3R Private IN-Kind				
4R Total Contributions and In-Kind				
5R Mass Gov. Grants		XXXXXXXXXX	XXXXXXXXXX	
6R Other Grant (exclud. Fed.Direct)				
7R Total Grants				
8R Dept. of Mental Health (DMH)		XXXXXXXXXX	XXXXXXXXXX	
9R Dept. of Developmental Services(DDS/DMR)	3,992,795	XXXXXXXXXX	XXXXXXXXXX	3,992,795
10R Dept. of Public Health (DPH)		XXXXXXXXXX	XXXXXXXXXX	
11R Dept. of Children and Families (DCF/DSS)		XXXXXXXXXX	XXXXXXXXXX	
12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXX	XXXXXXXXXX	
13R Dept. of Youth Services (DYS)		XXXXXXXXXX	XXXXXXXXXX	
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXX	XXXXXXXXXX	
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXX	XXXXXXXXXX	
16R MA. Comm. For the Blind (MCB)	30,676	XXXXXXXXXX	XXXXXXXXXX	30,676
17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXX	XXXXXXXXXX	
18R MA. Rehabilitation Commission (MRC)	436,479	XXXXXXXXXX	XXXXXXXXXX	436,479
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXX	XXXXXXXXXX	
20R Dept of Early Educ. & Care (EEC)-Contract		XXXXXXXXXX	XXXXXXXXXX	
21R Dept of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXX	XXXXXXXXXX	
22R Dept of Correction (DOC)		XXXXXXXXXX	XXXXXXXXXX	
23R Dept. of Elementary & Secondary Educ. (DOE)		XXXXXXXXXX	XXXXXXXXXX	
24R Parole Board (PAR)		XXXXXXXXXX	XXXXXXXXXX	
25R Veteran's Services (VET)		XXXXXXXXXX	XXXXXXXXXX	
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXX	XXXXXXXXXX	
27R Div. of Housing & Community Develop(OCD)		XXXXXXXXXX	XXXXXXXXXX	
28R POS Subcontract		XXXXXXXXXX	XXXXXXXXXX	
29R Other Mass. State Agency POS		XXXXXXXXXX	XXXXXXXXXX	
30R Mass State Agency Non - POS		XXXXXXXXXX	XXXXXXXXXX	
31R Mass. Local Govt/Quasi-Govt. Entities	19,334,339	XXXXXXXXXX	XXXXXXXXXX	19,334,339
32R Non-Mass. State/Local Government	2,822,793	XXXXXXXXXX	XXXXXXXXXX	2,822,793
33R Direct Federal Grants/Contracts		XXXXXXXXXX	XXXXXXXXXX	
34R Medicaid - Direct Payments		XXXXXXXXXX	XXXXXXXXXX	
35R Medicaid - MBHP Subcontract		XXXXXXXXXX	XXXXXXXXXX	
36R Medicare		XXXXXXXXXX	XXXXXXXXXX	
37R Mass. Govt. Client Stipends		XXXXXXXXXX	XXXXXXXXXX	
38R Client Resources		XXXXXXXXXX	XXXXXXXXXX	
39R Mass. Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXX	
40R Other Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXX	
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXX	XXXXXXXXXX	
42R Private Client 3rd Pty/other offsets		XXXXXXXXXX	XXXXXXXXXX	
43R Total Assistance and Fees	26,617,082	XXXXXXXXXX	XXXXXXXXXX	26,617,082
44R Federated Fundraising				
45R Commercial Activities	594,762	44,955		549,807
46R Non-Charitable Revenue				
47R Investment Revenue	54,508	54,508		
48R Other Revenue	3,488,380	208,722		3,279,658
49R Allocated Admin (M&G) Revenue	XXXXXXXXXXXX			
50R Released Net Assets-Program	15,535	15,535		
51R Released Net Assets-Equipment				
52R Released Net Assets-Time				
53R TOTAL REVENUE	30,770,267	323,720		30,446,547
54R TOTAL EXPENSE = 56E	29,094,404	111,409		28,982,995
55R OPERATING RESULTS	1,675,863	212,311		1,463,552

EXPENSE	Total Organization	Admin (M&G)	Fund Raising	Total All Programs			
1E Total Direct Prog.Staff FTE/Exp 101-138	333.76	16,243,284	XXXX	XXXXXXX	333.76	16,243,284	
2E Chief Executive Officer - FTE/Exp.	1.00	222,295	1.00	222,295			
3E Chief Financial Officer - FTE/Exp.	0.50	95,100	0.50	95,100			
4E Accting/Clerical/Support FTE/Expense	11.92	890,025	6.00	581,919	#	5.92	308,106
5E Admin Maint/House-Grmskeeping FTE/Exp							
6E Total Admin Employee FTE/Expense 410	13.42	1,207,420	7.50	899,314		5.92	308,106
7E Commercial Products & Svs/Mktng FTE/Exp					XXXX	XXXXXXXXXX	
8E Total FTE/Salary/Wages	347.18	17,450,704	7.50	899,314		339.68	16,551,390
9E Payroll Taxes 150		339,602		26,869			312,733
10E Fringe Benefits 151		2,859,771		366,672			2,493,099
11E Accrual Adjustments							
12E Total Employee Compensation & Rel. Exp.		20,650,077		1,292,855			19,357,222
13E Facility and Prog. Equip.Expenses 301, 390		608,161		18,432			589,729
14E Facility & Prog. Equip. Depreciation 301		909,123		117,554			791,569
15E Facility Operation/Maint./Furn.390		738,392		10,616			727,776
16E Facility General Liability Insurance 390							
17E Total Occupancy		2,255,676		146,602			2,109,074
18E Direct Care Consultant 201							
19E Temporary Help 202							
20E Clients and Caregivers Reimb./Stipends 203					XXXXXXXXXX	XXXXXXXXXX	
21E Subcontracted Direct Care 206					XXXXXXXXXX	XXXXXXXXXX	
22E Staff Training 204		78,689		2,166			76,523
23E Staff Mileage / Travel 205		28,879		2,637			26,242
24E Meals 207							
25E Client Transportation 208					XXXXXXXXXX	XXXXXXXXXX	
26E Vehicle Expenses 208		162,390					162,390
27E Vehicle Depreciation 208							
28E Incidental Medical //Medicine/Pharmacy 209					XXXXXXXXXX	XXXXXXXXXX	
29E Client Personal Allowances 211					XXXXXXXXXX	XXXXXXXXXX	
30E Provision Material Goods/Svs./Benefits 212					XXXXXXXXXX	XXXXXXXXXX	
31E Direct Client Wages 214		527,680			XXXXXXXXXX	XXXXXXXXXX	527,680
32E Other Commercial Prod. & Svs. 214		189,063					189,063
33E Program Supplies & Materials 215		379,917			XXXXXXXXXX	XXXXXXXXXX	379,917
34E Non Charitable Expenses							
35E Other Expense		147,661					147,661
36E Total Other Program Expense		1,514,279		4,803			1,509,476
37E Management Fees 410							XXXXXXXXXX
38E Fundraising Fees 410					XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
39E Legal Fees 410		17,139		17,139			XXXXXXXXXX
40E Audit Fees 410		39,000		39,000			XXXXXXXXXX
41E Management Consultant 410							XXXXXXXXXX
42E Other Professional Fees & Other Admin. Expenses 410		817,290		390,127			427,163
43E Leased Office/Program Office Equip.410,390		18,604		482			18,122
44E Office Equipment Depreciation 410							
45E Admin. Vehicle Expenses 410							XXXXXXXXXX
46E Admin. Vehicle Depreciation 410							XXXXXXXXXX
47E Directors & Officers Insurance 410							XXXXXXXXXX
48E Program Support 216					XXXXXXXXXX		
49E Professional Insurance 410		391,272		391,272			
50E Working Capital Interest 410							
51E Total Direct Administrative Expense		1,283,305		838,020			445,285
52E Admin (M&G) Reporting Center Allocation		XXXXXXXXXXXX		(2,282,280)			2,282,280
53E Total Reimbursable & Fundraising Expense		25,703,337					25,703,337
54E Direct State/Federal Non-Reimbursable Expense		3,391,067		111,409		XXXXXXXXXX	3,279,658
55E Allocation of State/Fed Non-Reimbursable Expense		XXXXXXXXXXXX					
56E TOTAL EXPENSE = 56R		29,094,404		111,409			28,982,995

NON-REIMBURSABLE EXPENSE DETAIL

Note to Readers: Please see Schedule B Note to Readers regarding appropriate Non-Reimbursable Exp.

COMPENSATION DISCLOSURE				
Enter all compensation (salary, benefit packages, vehicles, consultant payments, loans, etc.) from the entity & its related parties/affiliates to organization principals. Attach schedule of non-salary items.				
Name & Title	Reporting Entity Compensation		Compensation from Other Entities	
	Salary	Other	Salary	Other
1C Dr. Chris Scott, Executive Director	247,762			
2C				
3C				
4C				
5C				

1N Direct Employee Compensation & Related Exp.	3,391,067	111,409	XXXXXXXXXX	3,279,658
2N Direct Occupancy			XXXXXXXXXX	
3N Direct Other Program/Operating			XXXXXXXXXX	
4N Direct Subcontract Expense			XXXXXXXXXX	
5N Direct Administrative Expense			XXXXXXXXXX	
6N Direct Other Expense			XXXXXXXXXX	
7N Direct Depreciation			XXXXXXXXXX	
8N Total Direct Non-Reimbursable (must tie to 54E)	3,391,067	111,409	XXXXXXXXXX	3,279,658
9N Total Direct and Allocated Non-Reimbursable (54E+55E)	3,391,067	111,409	XXXXXXXXXX	3,279,658
10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets	4,153,185	323,720	XXXXXXXXXX	3,829,465
11N Capital Budget Revenue Adjustments			XXXXXXXXXX	
12N Excess of Non-Reimb./Fundraising Expense over Offsets	(762,118)	(212,311)	XXXXXXXXXX	(549,807)

MA Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.
Prior Year Ma. Revenue	22,662,862			

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

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

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: 05-101

Program Name: MRC EVALUATION & TRAINING

Description: MRC EVALUATION & TRAINING

Catalog of Federal Domestic Assistance #: 84.126 B

\*Program Type: 22

Program Address: 11 EXECUTIVE PARK DRIVE

NORTH BILLERICA

MA

01862

# Weeks operated during audit period (e.g., 52): 52.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R Contrib., Gifts, Leg., Bequests, Spec. Ev., 2R Gov. In-Kind/Capital Budget, 3R Private IN-Kind, 4R Total Contribution and In-Kind, 5R Mass Gov. Grant, 6R Other Grant (exclud. Fed.Direct), 7R Total Grants, 8R Dept. of Mental Health (DMH), 9R Dept.of Developmental Services(DDS/DMR), 10R Dept. of Public Health (DPH), 11R Dept.of Children and Families (DCF/DSS), 12R Dept. of Transitional Assist (DTA/WEL), 13R Dept. of Youth Services (DYS), 14R Health Care Fin & Policy (HCF)-Contract, 15R Health Care Fin & Policy (HCF)-UCP, 16R MA. Comm. For the Blind (MCB), 17R MA. Comm. for Deaf & H H (MCD), 18R MA. Rehabilitation Commission (MRC), 19R MA. Off. for Refugees & Immigr.(ORI), 20R Dept.of Early Educ. & Care (EEC)-Contract, 21R Dept.of Early Educ. & Care (EEC)-Voucher, 22R Dept of Correction (DOC), 23R Dept. of Elementary & Secondary Educ. (DOE), 24R Parole Board (PAR), 25R Veteran's Services (VET), 26R Ex. Off. of Elder Affairs (ELD), 27R Div.of Housing & Community Develop(OC), 28R POS Subcontract, 29R Other Mass. State Agency POS, 30R Mass State Agency Non - POS, 31R Mass. Local Govt/Quasi-Govt. Entities, 32R Non-Mass. State/Local Government, 33R Direct Federal Grants/Contracts, 34R Medicaid - Direct Payments, 35R Medicaid - MBHP Subcontract, 36R Medicare, 37R Mass. Govt. Client Stipends, 38R Client Resources, 39R Mass. spon.client SF/3rd Pty offsets, 40R Other Publicly sponsored client offsets, 41R Private Client Fees (excluding 3rd Pty), 42R Private Client 3rd Pty/other offsets, 43R Total Assistance and Fees, 44R Federated Fundraising, 45R Commercial Activities, 46R Non-Charitable Revenue, 47R Investment Revenue, 48R Other Revenue, 49R Allocated Admin (M&G) Revenue, 50R Released Net Assets-Program, 51R Released Net Assets-Equipment, 52R Released Net Assets-Time, 53R Total Revenue = 57E

SERVICE STATISTICS

Table with columns: 1SS Enter defined unit of service: COMPONENTS, 2SS Enter total unit capacity: 190, 3SS OSD's Program Publicly sponsored clients: 102, 4SS Performance Report (D-1 Privately sponsored clients: 190, 5SS Internet filing system) Free Care clients: 102, 6SS suspended for FY '08 Total: 102, 7SS filings.

Undup # Clients # service units delivered

Table with columns: Undup # Clients, # service units delivered. Values: 102, 190.

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: Dept, Contract ID -11 Characters, MMARS Code. Rows: 1C MRC CIESNORTH00 5100, 2C, 3C, 4C, 5C.

POS SUBCONTRACT INFORMATION

Table with columns: State Dept, Payor Name, Payor's FEIN. Rows: 1PS, 2PS, 3PS.

Comm. Of MA Surplus Rev. Retention Share (112,391)

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount. Rows: 1N Direct Employee Compensation & Related Exp. 38,609, 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E) 38,609, 9N Total Direct and Allocated Non-Reimb. (54E+55E) 38,609, 10N Eligible Non-Reimbursable Exp. Revenue Offsets 38,609, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets.

DESCRIPTION

MA Teachers' & State Employees' Retirement Systems on- (Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: 04-102

Program Name: MRC SUPPORTED WORK

Description: MRC SUPPORTED WORK

Catalog of Federal Domestic Assistance #: 84.126 B

http://www.cfda.gov/default.htm

\*Program Type: 22

Program Address: 11 EXECUTIVE PARK DRIVE

NORTH BILLERICA, MA

01862

# Weeks operated during audit period (e.g., 52): 52.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.
\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 2080, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-53R revenue items and 1E-58E expense items.

SERVICE STATISTICS

Table with columns: COMPONENTS, 1SS Enter defined unit of service, 2SS Enter total unit capacity, 3SS OSD's Program, 4SS Performance Report (D-1), 5SS Internet filing system, 6SS suspended for FY '08, 7SS filings.

Table with columns: Undup # Clients, # service units delivered. Values: 60, 60.

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: Dept, Contract ID -11 Characters, MMARS Code. Rows: 1C MRC CIESSES0000 5200, 2C MRC CIESSUPPEXT 5200.

POS SUBCONTRACT INFORMATION

Table with columns: State Dept, Payor Name, Payor's FEIN. Rows: 1PS, 2PS, 3PS.

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount. Rows: 1N Direct Employee Compensation & Related Exp. 14,528, 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E) 14,528, 9N Total Direct and Allocated Non-Reimb. (54E+55E) 14,528, 10N Eligible Non-Reimbursable Exp. Revenue Offsets 14,528, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets.

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: NPOS

Program Name: SCHOOL & VOCATIONAL TRAINING

Description: SCHOOL & VOCATIONAL TRAINING

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA MA 01821

# Weeks operated during audit period (e.g., 52): 44.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1760, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-53R and 1N-12N.

Table with columns: SUBCONTRACTED DIRECT CARE EXPENSE DETAIL, POS SUBCONTRACT INFORMATION. Rows include 1SDC-5SDC and 1PS-3PS.

Table with columns: NON-REIMBURSABLE EXPENSE DETAIL, Description. Rows include 1N-12N.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: HIGH SCHOOL - ALTERNATIVE & VOCATIONAL PROGRAM

Description: ALTERNATIVE & VOCATIONAL HIGH SCHOOL

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA MA 01821

(Number/Street) (City) (State) (Zipcode)

# Weeks operated during audit period (e.g., 52): 42.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.
\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R Contrib., Gifts, Leg., Bequests, Spec. Ev., 2R Gov. In-Kind/Capital Budget, 3R Private IN-Kind, 4R Total Contribution and In-Kind, 5R Mass Gov. Grant, 6R Other Grant (exclud. Fed.Direct), 7R Total Grants, 8R Dept. of Mental Health (DMH), 9R Dept.of Developmental Services(DDS/DMR), 10R Dept. of Public Health (DPH), 11R Dept.Of Children and Families (DCF/DSS), 12R Dept. of Transitional Assist (DTA/WEL), 13R Dept. of Youth Services (DYS), 14R Health Care Fin & Policy (HCF)-Contract, 15R Health Care Fin & Policy (HCF)-UCP, 16R MA. Comm. For the Blind (MCB), 17R MA. Comm. for Deaf & H H (MCD), 18R MA. Rehabilitation Commission (MRC), 19R MA. Off. for Refugees & Immigr.(ORI), 20R Dept.of Early Educ. & Care (EEC)-Contract, 21R Dept.of Early Educ. & Care (EEC)-Voucher, 22R Dept of Correction (DOC), 23R Dept. of Elementary & Secondary Educ. (DOE), 24R Parole Board (PAR), 25R Veteran's Services (VET), 26R Ex. Off. of Elder Affairs (ELD), 27R Div.of Housing & Community Develop(OCDD), 28R POS Subcontract, 29R Other Mass. State Agency POS, 30R Mass State Agency Non - POS, 31R Mass. Local Govt/Quasi-Govt. Entities, 32R Non-Mass. State/Local Government, 33R Direct Federal Grants/Contracts, 34R Medicaid - Direct Payments, 35R Medicaid - MBHP Subcontract, 36R Medicare, 37R Mass. Govt. Client Stipends, 38R Client Resources, 39R Mass. spon.client SF/3rd Pty offsets, 40R Other Publicly sponsored client offsets, 41R Private Client Fees (excluding 3rd Pty), 42R Private Client 3rd Pty/other offsets, 43R Total Assistance and Fees, 44R Federated Fundraising, 45R Commercial Activities, 46R Non-Charitable Revenue, 47R Investment Revenue, 48R Other Revenue, 49R Allocated Admin (M&G) Revenue, 50R Released Net Assets-Program, 51R Released Net Assets-Equipment, 52R Released Net Assets-Time, 53R Total Revenue = 57E

SERVICE STATISTICS

1SS Enter defined unit of service: STUDENT DAYS
2SS Enter total unit capacity:

Table with columns: Undup # Clients, # service units delivered. Total: 70, 10,366

3SS OSD's Program Publicly sponsored clients:
4SS Performance Report (D-1 Privately sponsored clients:
5SS Internet filing system) Free Care clients:
6SS suspended for FY '08 Total:
7SS filings.

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: Dept, Contract ID -11 Characters, MMARS Code. Rows 1C, 2C, 3C, 4C, 5C

POS SUBCONTRACT INFORMATION

Table with columns: State Dept, Payor Name, Payor's FEIN. Rows 1PS, 2PS, 3PS

Comm. Of MA Surplus Rev. Retention Share

PREPARER COMMENTS:

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount. Rows include 1N Direct Employee Compensation & Related Exp., 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E), 9N Total Direct and Allocated Non-Reimb. (54E+55E), 10N Eligible Non-Reimbursable Exp. Revenue Offsets, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets

DESCRIPTION

Table with columns: Description, Amount. Rows include MA Teachers' & State Employees' Retirement Systems on-

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: THERAPEUTIC SERVICES

Description: THERAPEUTIC SERVICES

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA MA 01821

# Weeks operated during audit period (e.g., 52): 42.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.
\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R Contrib., Gifts, Leg., Bequests, Spec. Ev., 2R Gov. In-Kind/Capital Budget, 3R Private IN-Kind, 4R Total Contribution and In-Kind, 5R Mass Gov. Grant, 6R Other Grant (exclud. Fed.Direct), 7R Total Grants, 8R Dept. of Mental Health (DMH), 9R Dept.of Developmental Services(DDS/DMR), 10R Dept. of Public Health (DPH), 11R Dept.of Children and Families (DCF/DSS), 12R Dept. of Transitional Assist (DTA/WEL), 13R Dept. of Youth Services (DYS), 14R Health Care Fin & Policy (HCF)-Contract, 15R Health Care Fin & Policy (HCF)-JCP, 16R MA. Comm. For the Blind (MCB), 17R MA. Comm. for Deaf & H H (MCD), 18R MA. Rehabilitation Commission (MRC), 19R MA. Off. for Refugees & Immigr.(ORI), 20R Dept.of Early Educ. & Care (EEC)-Contract, 21R Dept.of Early Educ. & Care (EEC)-Voucher, 22R Dept of Correction (DOC), 23R Dept. of Elementary & Secondary Educ. (DOE), 24R Parole Board (PAR), 25R Veteran's Services (VET), 26R Ex. Off. of Elder Affairs (ELD), 27R Div.of Housing & Community Develop(OCDD), 28R POS Subcontract, 29R Other Mass. State Agency POS, 30R Mass State Agency Non - POS, 31R Mass. Local Govt/Quasi-Govt. Entities, 32R Non-Mass. State/Local Government, 33R Direct Federal Grants/Contracts, 34R Medicaid - Direct Payments, 35R Medicaid - MBHP Subcontract, 36R Medicare, 37R Mass. Govt. Client Stipends, 38R Client Resources, 39R Mass. spon.client SF/3rd Pty offsets, 40R Other Publicly sponsored client offsets, 41R Private Client Fees (excluding 3rd Pty), 42R Private Client 3rd Pty/other offsets, 43R Total Assistance and Fees, 44R Federated Fundraising, 45R Commercial Activities, 46R Non-Charitable Revenue, 47R Investment Revenue, 48R Other Revenue, 49R Allocated Admin (M&G) Revenue, 50R Released Net Assets-Program, 51R Released Net Assets-Equipment, 52R Released Net Assets-Time, 53R Total Revenue = 57E

SERVICE STATISTICS

1SS Enter defined unit of service: STUDENT DAYS
2SS Enter total unit capacity:

Table with columns: Undup # Clients, # service units delivered. Rows include 3SS OSD's Program, 4SS Performance Report (D-1), 5SS Internet filing system, 6SS suspended for FY '08, 7SS filings.

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: Dept, Contract ID -11 Characters, MMARS Code. Rows include 1C, 2C, 3C, 4C, 5C.

POS SUBCONTRACT INFORMATION

Table with columns: State Dept, Payor Name, Payor's FEIN. Rows include 1PS, 2PS, 3PS.

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount. Rows include 1N Direct Employee Compensation & Related Exp., 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E), 9N Total Direct and Allocated Non-Reimb. (54E+55E), 10N Eligible Non-Reimbursable Exp. Revenue Offsets, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets.

DESCRIPTION

MA Teachers' & State Employees' Retirement Systems on- (Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: 01-500

Program Name: OVER 22 PROGRAM

Description: YOUNG ADULT WORKPLACE TRAINING

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: 23

Program Address: 11 EXECUTIVE PARK DRIVE

NORTH BILLERICA, MA

01862

# Weeks operated during audit period (e.g., 52): 52.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.
\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25 = Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 2080, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R Contrib., Gifts, Leg., Bequests, Spec. Ev., 2R Gov. In-Kind/Capital Budget, 3R Private IN-Kind, 4R Total Contribution and In-Kind, 5R Mass Gov. Grant, 6R Other Grant (exclud. Fed.Direct), 7R Total Grants, 8R Dept. of Mental Health (DMH), 9R Dept.of Developmental Services(DDS/DMR), 10R Dept. of Public Health (DPH), 11R Dept.Of Children and Families (DCF/DSS), 12R Dept. of Transitional Assist (DTA/WEL), 13R Dept. of Youth Services (DYS), 14R Health Care Fin & Policy (HCF)-Contract, 15R Health Care Fin & Policy (HCF)-JCP, 16R MA. Comm. For the Blind (MCB), 17R MA. Comm. for Deaf & H H (MCD), 18R MA. Rehabilitation Commission (MRC), 19R MA. Off. for Refugees & Immigr.(ORI), 20R Dept.of Early Educ. & Care (EEC)-Contract, 21R Dept.of Early Educ. & Care (EEC)-Voucher, 22R Dept of Correction (DOC), 23R Dept. of Elementary & Secondary Educ. (DOE), 24R Parole Board (PAR), 25R Veteran's Services (VET), 26R Ex. Off. of Elder Affairs (ELD), 27R Div.of Housing & Community Develop(OCDD), 28R POS Subcontract, 29R Other Mass. State Agency POS, 30R Mass State Agency Non - POS, 31R Mass. Local Govt/Quasi-Govt. Entities, 32R Non-Mass. State/Local Government, 33R Direct Federal Grants/Contracts, 34R Medicaid - Direct Payments, 35R Medicaid - MBHP Subcontract, 36R Medicare, 37R Mass. Govt. Client Stipends, 38R Client Resources, 39R Mass. spon.client SF/3rd Pty offsets, 40R Other Publicly sponsored client offsets, 41R Private Client Fees (excluding 3rd Pty), 42R Private Client 3rd Pty/other offsets, 43R Total Assistance and Fees, 44R Federated Fundraising, 45R Commercial Activities, 46R Non-Charitable Revenue, 47R Investment Revenue, 48R Other Revenue, 49R Allocated Admin (M&G) Revenue, 50R Released Net Assets-Program, 51R Released Net Assets-Equipment, 52R Released Net Assets-Time, 53R Total Revenue = 57E, 1S STAFFING # hours/yr = 1.00 FTE: 2080, 2S Program Function Manager (UFR Title 101), 3S Asst. Program Director (UFR Title 103), 4S Supervising Professional (UFR Title 104), 5S Physician & Psychiatrist (UFR Title 105 & 121), 6S Physician Asst. (UFR Title 106), 7S N. Midwife, N.P., Psych N.,N.A., R.N. - MA (Title 107), 8S R.N. - Non Masters (UFR Title 108), 9S L.P.N. (UFR Title 109), 10S Pharmacist (UFR Title 110), 11S Occupational Therapist (UFR Title 111), 12S Physical Therapist (UFR Title 112), 13S Speech / Lang. Pathol., Audiologist (UFR Title 113), 14S Dietician / Nutritionist (UFR Title 114), 15S Spec. Education Teacher (UFR Title 115), 16S Teacher (UFR Title 116), 17S Day Care Director (UFR Title 117), 18S Day Care Lead Teacher (UFR Title 118), 19S Day Care Teacher (UFR Title 119), 20S Day Care Asst. Teacher / Aide (UFR Title 120), 21S Psychologist - Doctorate (UFR Title 122), 22S Clinician-(formerly Psych.Masters)(UFR Title 123), 23S Social Worker - L.I.C.S.W. (UFR Title 124), 24S Social Worker - L.C.S.W., L.S.W (UFR Title 125 & 126), 25S Licensed Counselor (UFR Title 127), 26S Cert. Voc. Rehab. Counselor (UFR Title 128), 27S Cert. Alch. &/or Drug Abuse Counselor (UFR Title 129), 28S Counselor (UFR Title 130), 29S Case Worker / Manager - Masters (UFR Title 131), 30S Case Worker / Manager (UFR Title 132), 31S Direct Care / Prog. Staff Superv. (UFR Title 133), 32S Direct Care / Prog. Staff III (UFR Title 134), 33S Direct Care / Prog. Staff II (UFR Title 135), 34S Direct Care / Prog. Staff I (UFR Title 136), 35S Prog. Secretarial / Clerical Staff (UFR Title 137), 36S Maintenance, House/Groundskeeping, Cook 138, 37S Direct Care / Driver Staff (UFR Title 138), 38S Direct Care Overtime, Shift Differential and Relief, 39S Total Direct Program Staff = 1E, 1E Total Direct Program Staff = 39S, 2E Chief Executive Officer, 3E Chief Financial Officer, 4E Accting/Clerical Support, 5E Admin Maint/House-Grdskeeping, 6E Total Admin Employee, 7E Commerical products & Svs/Mkting, 8E Total FTE/Salary/Wages, 9E Payroll Taxes 150, 10E Fringe Benefits 151, 11E Accrual Adjustments, 12E Total Employee Compensation & Rel. Exp., 13E Facility and Prog. Equip.Expenses 301,390, 14E Facility & Prog. Equip. Depreciation 301, 15E Facility Operation/Maint./Furn.390, 16E Facility General Liability Insurance 390, 17E Total Occupancy, 18E Direct Care Consultant 201, 19E Temporary Help 202, 20E Clients and Caregivers Reimb./Stipends 203, 21E Subcontracted Direct Care 206, 22E Staff Training 204, 23E Staff Mileage / Travel 205, 24E Meals 207, 25E Client Transportation 208, 26E Vehicle Expenses 208, 27E Vehicle Depreciation 208, 28E Incidental Medical /Medicine/Pharmacy 209, 29E Client Personal Allowances 211, 30E Provision Material Goods/Svs./Benefits 212, 31E Direct Client Wages 214, 32E Other Commercial Prod. & Svs. 214, 33E Program Supplies & Materials 215, 34E Non Charitable Expenses, 35E Other Expense, 36E Total Other Program Expense, 42E Other Professional Fees & Other Admin. Exp. 410, 43E Leased Office/Program Office Equip.410,390, 44E Office Equipment Depreciation 410, 48E Program Support 216, 49E Professional Insurance 410, 50E Working Capital Interest 410, 51E Total Direct Administrative Expense, 52E Admin (M&G) Reporting Center Allocation, 53E Total Reimbursable Expense, 54E Direct State/Federal Non-Reimbursable Expense, 55E Allocation of State/Fed Non-Reimbursable Expense, 56E TOTAL EXPENSE, 57E TOTAL REVENUE = 53R, 58E OPERATING RESULTS

SERVICE STATISTICS

Table with columns: 1SS Enter defined unit of service: HOURS, 2SS Enter total unit capacity: 128,208, 3SS OSD's Program Publicly sponsored clients: 137, 4SS Performance Report (D-1 Privately sponsored clients: 125,462, 5SS Internet filing system) Free Care clients: 137, 6SS suspended for FY '08 Total: 137, 7SS filings.

Table with columns: Undup # Clients, # service units delivered, 137, 125,462, 137, 125,462

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: Dept, Contract ID -11 Characters, MMARS Code, 1C DMR INTF2031830 3181, 2C DMR INTF2031A00 3163, 3C DMR INTF2031B00 3163, 4C DMR INTF2031C00 3163, SEEATTACHED

POS SUBCONTRACT INFORMATION

Table with columns: State Dept, Payor Name, Payor's FEIN, 1PS, 2PS, 3PS

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount, 1N Direct Employee Compensation & Related Exp. 425,331, 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E) 425,331, 9N Total Direct and Allocated Non-Reimb. (54E+55E) 425,331, 10N Eligible Non-Reimbursable Exp. Revenue Offsets 921,019, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets (495,688)

Description

Table with columns: Description, Amount, MA Teachers' & State Employees' Retirement Systems on-

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL

Table with columns: Subcontractor Name, FEIN, Expense Amt., 1SDC, 2SDC, 3SDC, 4SDC, 5SDC

Comm. Of MA Surplus Rev. Retention Share (191,126)

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: ELEMENTARY SCHOOL - ELEMENTARY BEHAVIORAL PROGRAM

Description: ELEMENTARY BEHAVIORAL PROGRAM

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: N/A

Program Address: 135 COBURN ROAD

TYNGSBOROUGH MA 01879

(Number/Street) (City) (State) (Zipcode)

# Weeks operated during audit period (e.g., 52): 42.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.
\* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R Contrib., Gifts, Leg., Bequests, Spec. Ev., 2R Gov. In-Kind/Capital Budget, 3R Private IN-Kind, 4R Total Contribution and In-Kind, 5R Mass Gov. Grant, 6R Other Grant (exclud. Fed.Direct), 7R Total Grants, 8R Dept. of Mental Health (DMH), 9R Dept.of Developmental Services(DDS/DMR), 10R Dept. of Public Health (DPH), 11R Dept.Of Children and Families (DCF/DSS), 12R Dept. of Transitional Assist (DTA/WEL), 13R Dept. of Youth Services (DYS), 14R Health Care Fin & Policy (HCF)-Contract, 15R Health Care Fin & Policy (HCF)-UCP, 16R MA. Comm. For the Blind (MCB), 17R MA. Comm. for Deaf & H H (MCD), 18R MA. Rehabilitation Commission (MRC), 19R MA. Off. for Refugees & Immigr.(ORI), 20R Dept.of Early Educ. & Care (EEC)-Contract, 21R Dept.of Early Educ. & Care (EEC)-Voucher, 22R Dept of Correction (DOC), 23R Dept. of Elementary & Secondary Educ. (DOE), 24R Parole Board (PAR), 25R Veteran's Services (VET), 26R Ex. Off. of Elder Affairs (ELD), 27R Div.of Housing & Community Develop(OCDD), 28R POS Subcontract, 29R Other Mass. State Agency POS, 30R Mass State Agency Non - POS, 31R Mass. Local Govt/Quasi-Govt. Entities, 32R Non-Mass. State/Local Government, 33R Direct Federal Grants/Contracts, 34R Medicaid - Direct Payments, 35R Medicaid - MBHP Subcontract, 36R Medicare, 37R Mass. Govt. Client Stipends, 38R Client Resources, 39R Mass. spon.client SF/3rd Pty offsets, 40R Other Publicly sponsored client offsets, 41R Private Client Fees (excluding 3rd Pty), 42R Private Client 3rd Pty/other offsets, 43R Total Assistance and Fees, 44R Federated Fundraising, 45R Commercial Activities, 46R Non-Charitable Revenue, 47R Investment Revenue, 48R Other Revenue, 49R Allocated Admin (M&G) Revenue, 50R Released Net Assets-Program, 51R Released Net Assets-Equipment, 52R Released Net Assets-Time, 53R Total Revenue = 57E

SERVICE STATISTICS

1SS Enter defined unit of service: STUDENT DAYS
2SS Enter total unit capacity:

Table with columns: Undup # Clients, # service units delivered. Total: 141, 19,076

Table with columns: 3SS OSD's Program, 4SS Performance Report (D-1), 5SS Internet filing system, 6SS suspended for FY '08, 7SS filings. Total: 141

MASSACHUSETTS CONTRACT INFORMATION

Table with columns: 1C Dept, Contract ID -11 Characters, MMARS Code

POS SUBCONTRACT INFORMATION

Table with columns: 1PS State Dept, Payor Name, Payor's FEIN, 2PS, 3PS

NON-REIMBURSABLE EXPENSE DETAIL

Table with columns: Description, Amount. Rows include 1N Direct Employee Compensation & Related Exp., 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E), 9N Total Direct and Allocated Non-Reimb. (54E+55E), 10N Eligible Non-Reimbursable Exp. Revenue Offsets, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets

(Any Excess of Non-Reimbursable Expense over Eligible Revenue Offsets is subject to recoupment where the program is purchased by the Commonwealth and must be recognized as a liability on the Financial Statements.)

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2025

FEIN: 043121303

UFR Program Number: NPOS

Program Name: MIDDLE SCHOOL - EMOTIONAL BEHAVIORAL PROGRAM

Description: EMOTIONAL BEHAVIORAL PROGRAM

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

\*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA MA 01821

# Weeks operated during audit period (e.g., 52): 42.00

# operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-53R revenue items and 1N-12N expense items.

Table with columns: Subcontractor Name, FEIN, Expense Amt. Rows include 1SDC, 2SDC, 3SDC, 4SDC, 5SDC.

Table with columns: State Dept, Payer Name, Payer's FEIN. Rows include 1C, 2C, 3C, 4C, 5C.

Table with columns: Description, Amount. Rows include 1N Direct Employee Compensation & Related Exp., 2N Direct Occupancy, 3N Direct Other Program/Operating, 4N Direct Subcontract Expense, 5N Direct Administrative Expense, 6N Direct Other Expense, 7N Direct Depreciation, 8N Total Direct Non-Reimbursable (Tie to 54E), 9N Total Direct and Allocated Non-Reimb. (54E+55E), 10N Eligible Non-Reimbursable Exp. Revenue Offsets, 11N Capital Budget Revenue Adjustment, 12N Excess of Non-Reimbursable Expense Over Offsets.

Table with columns: Description, Amount. Rows include MA Teachers' & State Employees' Retirement Systems on-

PREPARER COMMENTS:

VALLEY COLLABORATIVE  
 FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-3121303  
 FOR THE YEAR ENDED JUNE 30, 2025

SCHEDULE A - LINES 1C - 4C - OTHER COMPENSATION

	Travel Allow.	Phone Allow.	Total
Chris Scott, Executive Director	3,600	1,200	4,800
Total 1C-4C Salary and Other	247,762		
54E - Excess salaries	(25,467)		
2E - Chief Executive Officer	222,295		

SCHEDULE A - LINE 54E - NON-REIMBURSABLE EXPENSE DESCRIPTION

Excess salaries	25,467	1N
Massachusetts State Employees' Retirement System on-behalf payments.	85,942	1N
	<u>111,409</u>	

SCHEDULE A & B - LINE 48R - OTHER REVENUE

	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPOS-712	Total
Massachusetts Teachers' and State Employees' Retirement Systems on-behalf payments.**	85,942	38,609	14,528	887,988	389,591	38,117	425,331	999,310	486,184	3,365,600
Gain on trade-in of assets	122,780	-	-	-	-	-	-	-	-	122,780
	<u>208,722</u>	<u>38,609</u>	<u>14,528</u>	<u>887,988</u>	<u>389,591</u>	<u>38,117</u>	<u>425,331</u>	<u>999,310</u>	<u>486,184</u>	<u>3,488,380</u>

SCHEDULE B - LINE 35E: OTHER EXPENSE

Other Expenditures	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPOS-712	Total
Graduation and other student activities	-	-	-	7,707	6,856	-	-	2,414	992	17,969
Field trips/outdoor education	-	-	-	52,182	31,272	-	1,588	27,337	17,313	129,692
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>59,889</b>	<b>38,128</b>	<b>-</b>	<b>1,588</b>	<b>29,751</b>	<b>18,305</b>	<b>147,661</b>

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

Other Expenditures	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPOS-712	Total
ADP & Bank Charges	76,974	-	-	-	-	-	-	-	-	76,974
Advertising	23,201	-	-	-	-	-	-	-	-	23,201
Conferences & Meetings	7,129	-	-	724	485	-	115	2,281	970	11,704
Consultants & Contracted Services	195,207	-	-	17,526	12,659	-	-	1,727	25,318	252,437
Dues & Memberships	22,952	-	-	250	-	-	3,094	260	-	26,556
Office Supplies & Other	59,739	3,846	1,868	71,533	32,095	-	50,808	115,267	48,052	383,208
Postage	1,744	-	-	1,744	1,744	-	2,414	2,652	1,388	11,686
Telephone & Communications	3,181	2,094	-	8,187	4,902	37	4,427	6,113	2,583	31,524
<b>Total</b>	<b>390,127</b>	<b>5,940</b>	<b>1,868</b>	<b>99,964</b>	<b>51,885</b>	<b>37</b>	<b>60,858</b>	<b>128,300</b>	<b>78,311</b>	<b>817,290</b>

SCHEDULE B - LINE 54E - NON-REIMBURSABLE EXPENSE DESCRIPTION

	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPOS-712	Total
Massachusetts Teachers' and State Employees' Retirement Systems on-behalf payments.**	38,609	14,528	887,988	389,591	38,117	425,331	999,310	486,184	3,279,658
	<u>38,609</u>	<u>14,528</u>	<u>887,988</u>	<u>389,591</u>	<u>38,117</u>	<u>425,331</u>	<u>999,310</u>	<u>486,184</u>	<u>3,279,658</u>

SCHEDULES A & B -PROGRAM 01-500 ADDITIONAL CONTRACT NUMBERS

DEPT	CONTRACT ID	MMARS
DMR	INTF2031D00	3163
DMR	INTF2031EA0	3168
DMR	INTF2031TU6	3196
DMR	INTF203A804	3181
DMR	INTF203AD04	3163
DMR	INTF203AEA1	3168
DMR	INTF233AC04	3163
DMR	INTF2430TA7	3196
DMR	INTF2533030	
DMR	INTF253ATU6	3196
MCB	7000TMCBSU	2115
MRC	OSCMRCEMPDA	2251
MRC	OSCMRCEMPDA	2225

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-3121303  
 FOR THE YEAR ENDED JUNE 30, 2025

VEHICLE LISTING

<u>Make</u>	<u>Model</u>	<u>Model Year</u>	<u>Own/Lease</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Primary Use</u>	<u>Garaged</u>
Dodge	Grand Caravan	2012	Capital lease	7/2/2012	21,793	General transportation	40 Linnell Circle, Billerica, MA
Ford	F350	2014	Purchase	4/15/2014	47,918	General transportation	40 Linnell Circle, Billerica, MA
Ford	E250	2014	Purchase	7/1/2014	27,204	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	6/30/2018	35,660	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	6/30/2019	29,633	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Toyota	Sienna	2021	Purchase	1/5/2021	36,588	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Silverado	2020	Purchase	5/28/2021	31,283	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2022	Purchase	5/25/2022	31,424	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2022	Purchase	8/2/2022	33,995	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2021	Purchase	8/16/2022	31,541	General transportation	40 Linnell Circle, Billerica, MA
Ram	Promaster	2022	Purchase	10/17/2022	84,055	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2023	Purchase	2/27/2023	37,395	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2023	Purchase	2/27/2023	37,395	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2021	Purchase	2/27/2023	31,541	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/5/2023	57,629	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/12/2023	67,283	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/28/2023	49,300	General transportation	40 Linnell Circle, Billerica, MA
Ram	Promaster	2023	Purchase	7/28/2023	88,076	General transportation	40 Linnell Circle, Billerica, MA
Chrysler	Pacifica	2023	Purchase	9/29/2023	42,772	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	9/29/2023	49,436	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	12/13/2023	58,675	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	1/19/2024	58,710	General transportation	40 Linnell Circle, Billerica, MA
Ford	F350	2024	Purchase	8/15/2024	77,051	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	8/19/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	8/19/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	8/19/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	8/19/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/13/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/13/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/13/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/13/2024	84,185	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/13/2024	61,367	General transportation	40 Linnell Circle, Billerica, MA
Ford	T-350	2024	Purchase	9/27/2024	55,173	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2024	Purchase	10/24/2024	60,896	General transportation	40 Linnell Circle, Billerica, MA

2,252,814

# 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)	2025	Please do not convert to PDF. See "How to Submit" for instructions.
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## Part I Contractor Contact Information (Required)

Business Name	Contact Name	Contact Email	Contact Phone
Valley Collaborative	James A. George, CPA, CVA, JD	<a href="mailto:jgeorge@valleycollaborative.org">jgeorge@valleycollaborative.org</a>	978-528-7883

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

Provider's Revenue from Commonwealth POS Contracts in the UFR Reporting Year (e.g. FY2025)	\$	30,778,628.00
Provider's Total Gross Revenue in the UFR Reporting Year (e.g. FY2025)	\$	3,564,995.00

## 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. FY2025)	Committed Amount in Current Fiscal Year (e.g. FY2026)
SHI International	MBE, WBE		\$ 77,786.00	\$ 116,860.00
Sun Specialties	WBE, DBE		\$ 5,125.00	\$ 5,028.00
<b>TOTAL</b>			\$ 82,911.00	\$ 121,888.00
<b>PERCENT (%) OF POS SPEND</b>			0%	

### 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](http://www.mass.gov/sdp)
- More information about supplier diversity certifications is available at [www.mass.gov/sdo](http://www.mass.gov/sdo)

UFR - FY 2025

AUDIT SERVICES CHECKLIST & CERTIFICATION
(To Be Completed by Contractor)

- I. 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?
b. Being in the process of completing training requirements:

- 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:
b. The Board of Public Accountancy has the following information about the audit firm:
c. The Operational Services Division has taken the following action against the audit firm:
d. The external quality control review of the audit firm indicates:

- IV. Audit Services:
The contract with the audit firm for UFR audit is for a term of 1 year

V. 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.

Signed: [Signature]
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.

VALLEY COLLABORATIVE

Signed: [Signature]
Under pains and penalties of perjury
Executive Director



# Central Administration

11 Executive Park Dr, Billerica MA 01862 | Tel: (978)528-7800 | [www.valleycollaborative.org](http://www.valleycollaborative.org)

We, the Board of Directors of Valley Collaborative, met on November 20, 2025 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, 2025.

In addition, we, the Board of Directors of Valley Collaborative, hereby certify under penalty of perjury that to the best of the board 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, 2025.

Title: *Ray Long*  
*Board Chair*

Date: *11-20-2025*