**AUDITED FINANCIAL STATEMENTS** 

June 30, 2016

UNIFORM I	INANCIAL STATEMENTS AND INDEPENDEN	NT AUDITOR'S REPORT	COVER PAGE - Page 1 of	1		Federa	I Employer Identification Number (FEIN) for Filing Entity - 9 digi	ts: 042681340
			•	Other corporate names		f applicable:		
	For the Year Ended 6/30/2016	Filed Electronically? (Y/N):	<u>Y</u>	(Use for consolidated finan	cial statem	ients.)		
	(M/D/YYYY) Filing Organization: New Hope, Inc,		Same					
	(legal name)		(Doing Business As name, if applicable)					
			,,				Massachusetts Vendor Code Numb	er VC 6000165979
A.C	3. Public Charities Acct.# 018742	Buşiness Address:	140 Park Street	Attleboro	MA	02703		
		_	(Street)	(City)	(State)	(Zip)		
	CEO or CFO Benjamin (First Name)	Furman	Chief Financial Officer	508-226-4015	E-n	nail address:	bfurman@new-hope.org	
	• • • • • • • • • • • • • • • • • • • •	(Last Name)	(Title)	(Phone : Area Code / Number)			4 H= H	
	CPA Damiano, Burk and N		CPA Firm's Current Mass, License CPA Firm's Federal Employer Id. (FEIN)		PA'S E-m	iaii Address:	jnuttali@dbricpas.com A-133 Audit Submitted? (Y/N):	
Mana	agement Company Name; N/A		CFA Filling Federal Employer Id. (FEIN)	w. 433003000			Have basic F/S been audited? (Y/N):	
		71					UFR Exemption/Exception Cod	
	Organization Type Code:	: C For-Profit Organization	1. NO	Date of Org./Incorp.		/1979	Special Education (SPED) Contractor (Y/N):	N
						YYYY)	Principal Purch. Agen	cy: DSS
	501(c)(3) Federal Tax Exempt (Y/N):	: Y If Yes, Date of Exemption	n: 04/071980 (M/D/YYY)	Cost Allocation Method Code	MD	Pi	rogram Performance Report (Internet system) is not required:	-
							Primary Contractor	<u> </u>
Program	Denocem Name	Colorando Nomo		ogram Address	Chata	Zia Cada	Decree Description	MMARS
Number	Program Name	Subcontractor Name	Street	City	State	Zip Code	Program Description	Prog.Code
05 07	Rape Crisis Services		140 Park Street	Attleboro	MA_	02703	Counseling and Education	3361
12	RESPECT SAFEPLAN Court Advocacy		140 Park Street 140 Park Street (multisite)	Attleboro Attleboro	MA	02703	Education	3486 VWA
25	New Start		18 Broadway	Taunton	MA	02780	Court Advocacy Transitional Living Program	
28	Southern Region Community Based Services		140 Park Street (multisite)	Attieboro	MA	02703	Counseling, Casework and Advocacy	DVCB
29	Western Regioin Community Based Services		291 Main Street (multisite)	Milford	MA	01757	Counseling, Casework, Advocacy and Visitation	DVCB
30	Domestic Violence Emergency Shelter		140 Park Street (multisite confidential)	Attleboro	MA	02703	Emergency Shelter/Casework/Counseling	DVRE
		*****						
				***************************************				
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			***************************************					
				***************************************				
				***************************************				
No	te: If your agency is exempt from filling this	s report (see instructions) complete this cove	er page only and submit it along with d	ocumentation to support the	basis of t	ho exempti	on.	

# FINANCIAL STATEMENTS

June 30, 2016

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### INDEPENDENT AUDITORS' REPORT

To the Board of Directors New Hope, Inc. Attleboro, MA 02703

## Report on the Financial Statements

We have audited the accompanying financial statements of New Hope, Inc. (a nonprofit organization) which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New Hope, Inc. as of June 30, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Matters

#### Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information shown on pages 19 to 28 is presented for purposes of additional analysis as required by the *Uniform Financial Reporting Standards* issued by the Commonwealth of Massachusetts, and is not a required part of the financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

## Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated November 9, 2016 on our consideration of New Hope, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering New Hope, Inc.'s internal control over financial reporting and compliance.

Damiano, Burk & Nuttall, P.C. Lincoln, RI November 9, 2016

	ORGANIZATION : N	ew Hope, Inc,			FEIN	042681340	
S	TATEMENT OF FINANCIAL POSITION AS OF (BALANCE SHEET)	06/30/2016	WIT	TH COMPARATIVE	TOTALS AS OF	6/30/2015	
		CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
	ASSETS						
1	Cash and Cash Equivalents	706,099		***************************************		706,099	626,098
2	Accounts Receivable, Program Services	269,582				269,582	192,298
3	Allowance for Doubtful Accounts						
4	Net Accounts Receivable, Program Services	269,582				269,582	192,298
5	Contributions Receivable	124,948			·	124,948	134,385
6	Notes Receivable						
7	Prepaid Expenses	25,480				25,480	26,990
8	Other Accounts Receivable	1,637	*			1,637	8,881
9	Other Current Assets					·	
10	Short-Term Investments	4 407 740				1 107 710	
11	TOTAL CURRENT ASSETS	1,127,746	700 744			1,127,746	988,652
12	Land, Buildings, and Equipment		762,744			762,744	761,185
13	Accumulated Depreciation		(338,943)			(338,943)	(300,534)
14	Net Land, Buildings and Equipment		423,801			423,801	460,651
15	Long-Term Investments	4.470				4.470	
16	Other Assets	1,170				1,170	
17 18	Due From Other Funds TOTAL ASSETS	1,128,916	423,801			1,552,717	1,449,303
	LIABILITIES AND NET ASSETS						
19	Accounts Payable	14,497				14,497	27,031
20	Subcontract Payable					444.000	440.500
21	Accrued Expenses	111,828				111,828	119,536
22	Current Notes Payable						4.570
23	Current Portion Long-Term Debt		4,575			4,575	4,570
24	Deferred Revenue	1,963				1,963	355
25	Other Current Liabilities	9,738				9,738	10,844
26	TOTAL CURRENT LIABILITIES	138,026	4,575			142,601	162,336
27	Long-Term Notes & Mortgage Payable		193,613			193,613	198,193
28	Other Liabilities			<del></del>			
29 30	Due to Other Funds TOTAL LIABILITIES	138,026	198,188			336,214	360,529
		**************************************					
	NET ASSETS						
31	Unrestricted	760,811	225,613			986,424	922,984
32	Temporarily Restricted	230,079				230,079	165,790
33	Permanently Restricted						
34	TOTAL NET ASSETS	990,890	225,613			1,216,503	1,088,774
35	TOTAL LIABILITIES AND NET ASSETS	1,128,916	423,801	2.00.00		1,552,717	1,449,303
	See Accompanying Notes to the Financial Statement	s					

	ORGANIZATION: New Hope, Inc,		FEI	N: 042681340		
	STATEMENT OF ACTIVITIES FOR THE YEAR ENDED	06/30/2016 /17	H COMPARATIV	E TOTALS FOR THE	YEAR ENDED	06/30/2015
1	REVENUES, GAINS, AND OTHER SUPPORT Contributions, Gifts, Legacies, Bequests & Special Events	UNRESTRICTED 79,848	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL THIS YEAR 79,848	TOTAL LAST YEAR 181,846
2	In-Kind Contributions	90,138			90.138	34,618
3	Grants	59,801	112,916		172,717	162,315
4	Program Service Fees	2,132,499			2,132,499	2,040,381
5	Federated Fundraising Organization Allocation	7,760	104,470		112,230	102,372
6	Investment Revenue	1,875			1,875	1,754
7	Revenue from Commercial Products & Services			***************************************	•	
8	Other	463			463	4,249
9 10 11	Net Assets Released From Restrictions: Satisfaction of Program Restrictions	49,190	(49,190)			(1)
12	Satisfaction of Equipment Acquisition Restrictions Expiration of Time Restrictions	103,907	(103,907)			2
13	TOTAL REVENUE, GAINS, AND OTHER SUPPORT	2,525,481	64,289		2,589,770	2,527,536
'	TOTAL REVEROL, GAINS, AND OTHER SOFF ORT	2,323,461	04,209		2,369,770	2,327,336
	EXPENSES AND LOSSES					
14	Administration (Management & General)	425,462			425,462	396,530
15	Fundraising	87,052			87,052	132,615
16	Total Program Services	1,949,527			1,949,527	1,924,636
17	TOTAL EXPENSES	2,462,041			2,462,041	2,453,781
18	Losses					
19	TOTAL EXPENSES AND LOSSES	2,462,041			2,462,041	2,453,781
	CHANGES IN NET ASSETS:					
20	Property & Equipment Acquisitions from Unrestricted Funds			_	· · · · · · · · · · · · · · · · · · ·	
21	Transfer of Realized Endowment Fund Appreciation					
22	Return to Donor	***************************************				
23	Other Increases (Decreases)	***************************************				
24	TOTAL CHANGES IN NET ASSETS	63,440	64,289		127,729	73,755
			- 1,222		,. 20	1. 00
25 26	NET ASSETS AT BEGINNING OF YEAR NET ASSETS AT END OF YEAR	922,984 986,424	165,790 230,079		1,088,774 1,216,503	1,015,019 1,088,774
s	ee Accompanying Notes to Financial Statements					

ORGANIZATION: New Hope, Inc, FEIN: 042681340

Statement of Functional Expenses for the Year Ended: 06/30/2016

		SUPPORTING	SERVICES	PROGRAM SERVICES
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
Employee Compensation & Related Expenses	1,919,282	323,313	28,136	1,567,833
2. Occupancy	135,278	12,465	463	122,350
3. Other Program / Operating Expense	175,563	6,468	1,078	168,017
4. Subcontract Expense	56,863	21,824	35,039	
5. Direct Administrative Expense	136,648	51,181	17,371	68,096
6. Other Expenses				•
7. Depreciation of Buildings and Equipment	38,407	10,211	4,965	23,231
8. TOTAL EXPENSES	2,462,041	425,462	87,052	1,949,527

See Accompanying Notes to Financial Statements

ORGANIZATION: New Hope, Inc.	FEIN:	042681340

Statement of Functional Expenses for the Year Ended: 06/30/16

	PROGRAM#	PROGRAM#	PROGRAM#	PROGRAM#	PROGRAM#
	05	07	12	25	28
Employee Compensation & Related Expenses	198,062	173,536	339,303	2,947	127,562
2. Occupancy	9,341	15,456	4,699	159_	7,442
3. Other Program / Operating Expense	18,897	4,656	12,546	11,414	36,938
4. Subcontract Expense					
5. Direct Administrative Expense	6,154	6,934	10,765	174	7,781
6. Other Expenses				44	
7. Depreciation of Buildings and Equipment	1,044	415	104	2	922
8. TOTAL EXPENSES	233,498	200,997	367,417	14,696	180,645

See Accompanying Notes to Financial Statements

ORGANIZATION : New Hope, Inc.  Statement of Functional Expenses	FEI tor the Year Ended				
	PROGRAM #	PROGRAM #	PROGRAM#	PROGRAM#	PROGRAM#
Employee Compensation & Related Expenses	231,558	494,865	Access to the second se	4	**************************************
2. Occupancy	22,656	62,597		-	
3. Other Program / Operating Expense	56,952	26,614	***************************************	4	
4. Subcontract Expense	-	****	4,124,1		
5. Direct Administrative Expense	12,584	23,704			
6. Other Expenses					
7. Depreciation of Buildings and Equipment	455	20,289	40.00.00.00.00.00.00.00.00.00.00.00.00.0	***	
8. TOTAL EXPENSES	324,205	628,069		<u></u>	
See Accompanying Notes to Financial Statements					

ORGANIZATION: New Hope, Inc.	FEIN:	042681340

## STATEMENT OF CASH FLOWS for the YEAR ENDED 06/30/2016

## **INDIRECT METHOD**

	Cash Flows from Operating Activities:	TOTAL
1	Changes in Net Assets	127,729
l	Adjustments to Reconcile Change In Net Assets to Net	
1	Cash provided by/(used in) Operating Activities:	
2	Depreciation	38,409
3	Losses	
4	Increase/Decrease in Net Accounts Receivable	(70,040)
5	Increase/Decrease in Prepaid Expenses	1,510
6	Increase/Decrease in Contributions Receivable	9,437
7	Increase/Decrease in Accounts Payable	(12,534)
8	Increase/Decrease in Accrued Expenses	(8,814)
9	Increase/Decrease in Deferred Revenue	1,608
10	Increase/Decrease in Subcontract Payable	
11	Contributions Restricted for Long-Term Investment	
12	Net Unrealized and Realized Gains on Long-Term Investments	
13	Other Cash Used in/Provided by Operating Activities	(1,170)
14	Net Cash Provided by/(used in) Operating Activities	86,135
	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	
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	
	Cash from Financing Activities:	
l	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	(1,559)
	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	(4,575)
29	Other Finance Payments/Reciepts	
30	Net Cash Provided by/(used in) Financing Activities	(6,134)
	• • • •	
	See Accompanying Notes to the Financial Statements	

	ORGANIZATION : New Hope, Inc,	FEIN:	042681340
	STATEMENT OF CASH FLOWS for the YEAR ENDED	06/30/2016	
	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	- - -	80,001 626,098 706,099
	Supplemental Disclosure of Cash Flow Information:		
34 35	Cash Paid During the Year for Interest Cash Paid During the Year for Taxes/Other	9,031	
	Supplemental Data for Noncash Investing and Financing Activities:		
36 37 38	Gifts of Equipment Other Noncash Investing and Financing Activities		
39 40		•	
	See Accompanying Notes to the Financial Statements		:

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 1. Nature of Activities and Services:

### Nature of Activities:

New Hope, Inc., a non-profit organization, administers programs for clients in Southeastern and South Central, Massachusetts. The agency receives the majority of its revenue from contracts with the Commonwealth of Massachusetts.

## Description of Services:

<u>Domestic Violence Services</u> - The program is designed to reduce the incidence of violence occurring within families and households and to remedy the effects of such violence. A safe, temporary, supportive environment is provided for individuals and families who have been physically or emotionally abused. In addition, the following services are provided: 24-hour confidential telephone hotline, community based advocacy, case management, housing service, counseling, family life skills, and civilian police advocacy.

Rape Crisis Program – The program services include a 24-hour confidential telephone hotline, counseling, information and referral, case management, interagency coordination, client advocacy, and multicultural awareness and outreach. The agency provides medical advocacy services to both Morton Hospital in Taunton, Massachusetts and Sturdy Memorial Hospital in Attleboro, Massachusetts. These are hospital based crisis intervention services for all victims who seek a sexual assault examination at that hospital.

<u>RESPECT Program</u> – This is a Department of Public Health certified intervention program for individuals who abuse their partners. The program's goal is to help individuals end their violent behavior towards their partner by using cognitive-behavioral techniques in a curriculum based group format.

<u>New Start Transitional Living Program</u> – Provides counseling and case management to families that have been victimized by domestic violence in a multi-site transitional housing environment.

<u>Education & Training</u> – School and community based prevention and education programs on child assault prevention, bullying and harassment, dating violence and other related topics are provided to students and adults.

<u>Family Visitation Center</u> –The visitation center provides children with a safe, comfortable environment when supervised visits with their non-custodial parents are required.

<u>SAFEPLAN Advocacy</u> – Advocates provide court advocacy services through a certified program to individuals seeking restraining orders in five district courts in Worcester County and two district courts in Bristol County.

## Basis of Accounting:

The accompanying financial statements of New Hope, Inc. have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

## 2. Summary of Significant Accounting Policies:

## Income Tax Status:

New Hope, Inc. is an exempt Organization for federal income tax purposes under Section 501 (c)(3) of the Internal Revenue Code, and is classified as other than a private foundation.

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 2. Summary of Significant Accounting Policies: (continued)

## Income Tax Status: (continued)

The Organization has adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. Management believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect to the company's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at June 30, 2016. Generally, the past three years of tax returns are open for examination by the taxing authorities, years prior to 2013 are closed.

## Basis of Presentation:

Financial statement presentation is in accordance with FASB Accounting Standards Codification (ASC) 958-205 and subsections. Under ASC 958-205, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

## Comparative Financial Information:

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the organization's financial statements for the year ended June 30, 2015, from which the summarized information was derived.

#### Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Accordingly, actual results could differ from those estimates.

### Cash and Cash Equivalents:

For purposes of the Statement of Cash Flows, the Organization considers cash and cash equivalents to include time deposits, certificates of deposit, and all highly liquid debt instruments with original maturities of three months or less.

#### **Donations and Pledges:**

Contributions are recognized when the donor makes a promise to give to the company that is, in substance, unconditional. Contributions that are received with donor restrictions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restriction expires in the fiscal year in which the contributions are recognized. Long-term contributions are recorded discounted to their present value using a risk-free discount rate corresponding with the term of the contribution.

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 2. Summary of Significant Accounting Policies: (continued)

## Property and Equipment and Depreciation Policies:

Expenditures for property and equipment are stated at cost. Donated assets are recorded at their estimated fair market value at the date of contribution. Depreciation of property and equipment is calculated on the straight-line method over the following estimated lives:

Building	40 years
Office equipment and furniture	5-10 years
Shelter furniture/appliances	5 years
Playground equipment	5 years
Computer equipment	3-5 years
Leasehold improvements	3-15 years
Vehicles	5 years

New Hope, Inc. implemented a capitalization policy in which assets with lives greater than one year and costs greater than \$1,500 are capitalized.

## Functional Expenses:

Expenses are charged to either program or management and general categories based on specific identification. Indirect expenses of the organization are allocated among the various programs based on estimated usage. Each indirect expense is allocated as it is incurred.

### 3. Cash Deposits:

New Hope, Inc. keeps the majority of its cash at one local bank, and sometimes those cash balances exceed the \$250,000 FDIC insurance amount. The bank is a member of the Massachusetts Depository Insurance Fund that offers depository insurance coverage to deposit customers maintaining balances in excess of \$250,000.

#### 4. Contributions Receivable:

Contributions receivable as of June 30, 2016 and 2015 consist of allocations from various United Way agencies. Contributions receivable in less than one year are recorded at the stated amount. A discount is recorded for multi-year contributions. All receivables are collectible in one year or less. The balances at June 30, 2016 and 2015 were \$124,948 and \$134,385, respectively.

## 5. Property, Plant and Equipment:

Property, plant and equipment owned by New Hope, Inc. at June 30, 2016 and 2015 are composed of the following:

	-	Balance 6/30/15	Ad	Sale/ Additions Retirements			Tra	ansfer	Balance 6/30/16		
Office furniture	\$	42,144	\$	-	\$	_	\$	-	\$	42,144	
Shelter furniture		19,013		<del>-</del>		-		-		19,013	
Computer equipment		46,279		1,559		-		-		47,83 <b>8</b>	
Building		433,903		-		-		-		433,903	
Building Improvements		132,486		-		-		-		132,486	
Leashold improvements		87,360	******				**************************************	-		87,360	
Total	\$	761,185	\$	1,559	\$		\$	-	\$	762,744	

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 5. Property, Plant and Equipment: (continued)

Related depreciation expense and accumulated depreciation is as follows:

,	_	Balance 6/30/15	A	dditions	-	ale/ ements	Re	class		Balance 6/30/16 \$ 34,264 17,562 30,405 139,056		
Office furniture	\$	28,887	\$	5,377	\$	_	\$	-	\$	34,264		
Shelter furniture		15,659		1,903		-		-		17,562		
Computer equipment		21,662		8,743		-		-		30,405		
Building		128,208		10,848		-		-		139,056		
Building Improvements		40,494		6,210		•		-		46,704		
Leashold improvements		65,624		5,328		-		-	<del></del>	70,952		
Total	\$	300,534	\$	38,409	\$	_	\$		\$	338,943		

## Debt Obligations:

Debt obligation at June 30, 2016 consists of:

5.25% mortgage payable, in the original amount of \$223,000, secured by real estate, dated February 17, 2010. The loan was modified on November 4, 2011 and the interest was reduced to 4.5%. The monthly payment is \$1,133.83 including interest through March 1, 2040.

198,188

Future maturities of long-term debt are as follows:

Year Ending June 30	
2017	\$ 4,780
2018	5,000
2019	5,229
2020	5,469
2021	5,721
After 5 Years	171,989
	<u>\$ 198,188</u>

### 7. Revenue Retention:

Beginning with fiscal year ending June 30, 1993, the Massachusetts Department of Purchased Services has, under regulation 808CMR 1.19(3) Not-for-Profit Surplus Revenue Retention, required non-profit providers to calculate, on an annual basis, their surplus/(deficit) with the Commonwealth of MA for each program that the organization receives state funding as defined by 808CMR 1.01(l).

Providers may retain a surplus up to 5% of total revenues, attributable to the Commonwealth of MA, annually with the cumulative amount retained not to exceed 20% of the provider's prior year's gross revenue from purchasing agencies. Amounts exceeding the 5% or 20% thresholds must be categorized as a payable to the Commonwealth of MA and all amounts of surplus revenue must be recorded in a segregated unrestricted fund balance account.

### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 7. Revenue Retention: (continued)

As of June 30, 2016, New Hope, Inc.'s surplus (deficit) revenue is as follows:

Year Ending June 30	_	
1993	\$	(63,470)
1994		(88,914)
1995		(91,283)
1996		(28,075)
1997		(106,737)
1998		(143,429)
1999		(181,187)
2000		(136, 145)
2001		(216,634)
2002		(169,086)
2003		(173,860)
2004		(36,015)
2005		(38,312)
2006		(58,464)
2007		(133,865)
2008		(138,985)
2009		(171,971)
2010		(238,851)
2011		(280,693)
2012		(297,909)
2013		(294,469)
2014		(175,116)
2015		(98,880)
2016		(114,990)
	\$ (	3,477,340)

Because the cumulative amount is a deficit, there is no liability due to the Commonwealth of MA at June 30, 2016.

## 8. Donated Services/Donated Occupancy/Donated Equipment:

Donated services during the fiscal years ending June 30, 2016 and 2015 represents time spent by volunteers under each program. The volunteers are supervised and the time spent by each is recorded by the program director. Services provided include hotline coverage, clinical office aid, elementary school educational program, court advocacy and shelter coverage. The services are tracked hourly and are valued at \$12 per hour. Total donated services recognized as revenue and in-kind expense at June 30, 2016 and 2015 was \$41,797 and \$44,191, respectively.

Donated occupancy during the fiscal year ended June 30, 2016 represents twelve months of reduced rent at an Attleboro, MA shelter. Monthly payments were \$250, with an estimated monthly fair market rent of \$1,850. Total donated occupancy recognized as revenue and in-kind expense at June 30, 2016 and 2015 was \$19,200.

## 9. Commitments:

The organization leases office and shelter space under operating leases expiring in various years through 2019. Total rent expense for the fiscal years ending June 30, 2016 and 2015 was \$65,059 and \$64,453, respectively.

## NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 9. Commitments: (continued)

Minimum future rental payments for office and shelter space under non-cancelable operating leases that have remaining terms in excess of one year as of June 30, 2016 for each of the next three years and in the aggregate are:

Year Ending June 30	
2017	\$ 3,000
2018	3,000
2019	 1,250
	\$ 7,250_

## 10. Net Assets:

## Permanently Restricted Net Assets:

Permanently restricted net assets result from contributions or other inflows of assets whose use by New Hope is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of New Hope. There were no permanently restricted net assets at June 30, 2016 and 2015.

## Temporarily Restricted Net Assets:

Temporarily restricted net assets are limited by donor-imposed time and/or purpose restrictions that either expire by passage of time or can be fulfilled and removed by actions of the organization pursuant to the restriction. Temporarily restricted net assets as of June 30, 2016 and 2015 were as follows:

	 2016	 2015	
Southeast DV Services	\$ 696	\$ 696	
Dishwasher/Clothesline Shelter	409	593	
Fund a Need	5,123	5,773	
Central DV Services	3,398	3,398	
Rockland Trust Corporate Partnership	_	5,000	
Webster Five- RESPECT	2,000	-	
Kraft-Patriot's Foundation	100,000	-	
TJX Foundation	2,500	-	
Walpole Church	-	100	
Agnes Lindsey Trust	650	3,150	
AllCom Credit Union	-	500	
Capital One Grant- Children's Services			
Southeast DV Services	1,964	1,964	
United Way Webster/Dudley- Central DV Services	4	4	
Verizon	5,000	5,000	
Worcester Community Foundation	-	10,000	
Bristol County Savings Foundation	-	2,000	
NAMI-Southeast DV Services	2,000	2,000	
Murray Universal Unitarian Church-DV Services	265	265	
Balfour Foundation	-	20,000	
Susan Scarnecchia- Outreach and Training	697	752	
CMB Wireless Group (Verizon Hopeline)	425	210	
For periods after June 30, 2015 (United Way)	-	104,385	
For periods after June 30, 2016 (United Way)	 104,948	 -	
	\$ 230,079	\$ 165,790	

#### NOTES TO FINANCIAL STATEMENTS

June 30, 2016

## 10. Net Assets: (continued)

Net assets were released from donor restriction by satisfying the restricted purposes or by occurrence of other events specified by donors as follows:

Purpose restrictions accomplished:	2016			2015
r di pose restrictions accomplished.				
Southeast DV Services	\$	-	\$	125
Verizon		785		1,190
Dishwasher/Clothesline Shelter		184		40
Balfour Foundations		20,000		-
Agnes Lindsey Trust		2,500		-
Fund A Need		650		1,656
High Risk Funds- Emergency Housing		-		462
Rotary Club of Attleboro		2,416		-
Central DV Services		-		125
Walpole Church		100		-
Franklin Square Foundation		-		24,208
BCBS MA Catalyst Fund		5,000		+
Susan Scarnecchia- Outreach and Training		55		-
Bristol County Savings Foundation		2,000		1,500
AllCom Credit Union		500		-
Webster Five- RESPECT		-		1,500
Rockland Trust Corporate Sponsorship		5,000		-
Worcester Community Foundation		10,000		10,000
Subtotal		49,190		40,806
Time restrictions accomplished		103,907		120,468
Total released restrictions	\$	153,097	\$	161,274

## 11. Current Vulnerability Due to Certain Concentrations:

The Organization relies heavily upon funding through government contracts. The operations of the Organization are subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies, including the Commonwealth of Massachusetts. Such administrative directives, rules and regulations are subject to change by an act of Congress or an administrative change mandated by the Commonwealth of Massachusetts. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change.

## 12. Subsequent Events:

Events that occur after the balance sheet date but before the financial statements were issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the balance sheet date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the balance sheet date require disclosure in the accompanying notes. Management evaluated the activity of the Organization through November 9, 2016 (the date the financial statements were issued) and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

## SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

## For the Year Ended June 30, 2016

	STATE CONTRACT NUMBER	CFDA NUMBER	FEDERAL EXPENDITURE	S
Department of Early Education and Care:				
Child and Adult Food Program	DOESCDOE15758A70532117A DOESCDOE15758C70532117A DOESCDOE15758C70532117A DOESCDOE15758T70532117A DOESCDOE15758V70532117A	10.558 10.558 10.558 10.558 10.558	\$ 11,923 46; 26( 1,54 123	2 0 4
Department of Public Health-WIC Program:				
	DPHINTF3401M03700115034 DPHINTF3401M03700115034 DPHINTF3401M03700115034	93.758 16.017 93.136	5,833 13,71 20,000	7
Department of Social Services:				
Social Services Block Grant	DSS0000009952016DOMVIOL	93.671	146,816	6
Department of Justice:				
Crime Victim Assistance	VWASAFE2016NWHP0000	16.575	177,30	2_
TOTAL			\$ 377,986	0_

## NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2016

## Note A: Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards includes the federal grant activity of New Hope, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

ORGANIZATION: New Hope,	. Inc.	~		ORGANIZATI	ON SUPPLEMENTAL INFORMATION SC	HEDULE A - Unau	dited FY	END: 6/30/2016	FEIN: 04	42681340
						Total Organization	Admin (M&G)	Fund Raising	Total All Pro	rograms
REVENUE	Total Organization	Admin.(M&G)	Fund Raising	Total All Prog	EXPENSE		FTE Expense	FTE Expense		Expense
1R Contributions, Gifts, Legacies, Bequests	79,848	610	44,449	34,789			XXXX XXXXXXXXX	XXXX XXXXXXXXX	35.26	1,318,236
2R Gov In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXXXX		2E Chief Executive Officer - FTE/Exp.	1.00 82,923	1,00 82,498			425
3R Private IN-Kind	90,138	162	37,097	52,879	3E Chief Financial Officer - FTE/Exp.	1.00 67,074	0.96 63,688		0.04	3,406
4R Total Contributions and In-Kind	169,986	772	81,546	87,668	4E Accting/Clerical/Support FTE/Expense	3.13 150,420	2.67 124,659	0.42 23,869	0.04	1,892
5R Mass Gov Grant 6R Other Grant (exclud Fed Direct)	59,801	10,000	XXXXXXXXXXX	49,801	5E Admin Maint/House-Grndskeeping FTE/Exp 6E Total Admin Employee FTE/Expense 410	5.13 300,417	4.63 270,825	0.42 23,869	0.08	5,723
7R Total Grants	59,801	10,000		49,801	7E Commercial Products & Svs/Mkting FTE/Exp	3.13 300,417	270,023	XXXX XXXXXXXXX		0,725
BR Dept. of Mental Health (DMH)	30,001	XXXXXXXXXX	XXXXXXXXXXX	10,001		40,39 1,618,653	4.63 270,825	0.42 23,869	35.34	1,323,959
9R Dept of Developmental Services(DDS/DMR	3)	XXXXXXXXXXX	XXXXXXXXXXX		9E Payroll Taxes 150	156,941	23,427	2,191		131,323
10R Dept of Public Health (DPH)	326,229	XXXXXXXXX	XXXXXXXXXX	326,229	10E Fringe Benefits 151	143,688	29,061	2,076		112,551
11R Dept of Children and Families (DCF/DSS)	1,235,911	XXXXXXXXXXX	XXXXXXXXXX	1,235,911	11E Accrual Adjustments					
12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXX	XXXXXXXXXXX		12E Total Employee Compensation & Rel. Exp.	1,919,282	323,313	28,136		1,567,833
13R Dept. of Youth Services (DYS)		XXXXXXXXXXX	XXXXXXXXXXX		13E Facility and Prog. Equip.Expenses 301, 390	8,250	1,083		-	7,167
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXXX	XXXXXXXXXXX		14E Facility & Prog. Equip. Depreciation 301	14,618	2,101	403		12,114
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXXX	XXXXXXXXXXX		15E Facility Operation/Maint /Furn.390	123,403 3,625	10,838 546	<u>458</u>	-	112,109 3,074
16R MA Comm For the Blind (MCB) 17R MA Comm for Deaf & H H (MCD)		XXXXXXXXXXX	XXXXXXXXXXX		16E Facility General Liability Insurance 390 17E Total Occupancy	149,896	14,566	866		134,464
18R MA Rehabilitation Commission (MRC)		XXXXXXXXXXX	XXXXXXXXXXX		18E Direct Care Consultant 201	2,182	14,000			2,182
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXXXXX	XXXXXXXXXXXX		19E Temporary Help 202					
20R Dept. of Early Educ, & Care (EEC)-Contract		XXXXXXXXXXX	XXXXXXXXXXXX		20E Clients and Caregivers Reimb./Stipends 203		XXXXXXXXXXX	XXXXXXXXXX		
21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXXXX	XXXXXXXXXXXX		21E Subcontracted Direct Care 206	***************************************	XXXXXXXXXX	XXXXXXXXXXX		
22R Dept of Correction (DOC)		XXXXXXXXXXX	XXXXXXXXXXX		22E Staff Training 204	6,432	385	729		5,318
23R Dept. of Elementary & Secondary Educ. (DOE)	13, 184	XXXXXXXXXXXX	XXXXXXXXXXX	13,184	23E Staff Mileage / Travel 205	27,544	4,523	349		22,672
24R Parole Board (PAR)		XXXXXXXXXXX	XXXXXXXXXXXX		24E Meais 207	16,112	797			15,315
25R Veleran's Services (VET)		XXXXXXXXXXX	XXXXXXXXXX		25E Client Transportation 208	1,269	XXXXXXXXX	XXXXXXXXXX	-	1,269
26R Ex Off of Elder Affairs (ELD)		XXXXXXXXXXX	XXXXXXXXXXX		26E Vehicle Expenses 208	601	601			
27R Div of Housing & Community Develop(OCD 28R POS Subcontract	)}		XXXXXXXXXXXX		27E Vehicle Depreciation 208 28E Incidental Medical /Medicine/Pharmacy 209		XXXXXXXXXXXX	XXXXXXXXXXXX		
29R Other Mass. State Agency POS	388,610	XXXXXXXXXX	XXXXXXXXXXX	388,610	29E Client Personal Allowances 211		XXXXXXXXXXX	XXXXXXXXXXX		
30R Mass State Agency Non - POS	300,010	XXXXXXXXXXX	XXXXXXXXXXX		30E Provision Material Goods/Svs./Benefits 212	83,164	XXXXXXXXXXX	XXXXXXXXXXX		83,164
31R Mass. Local Govt/Quasi-Govt. Entities		XXXXXXXXXX	XXXXXXXXXXX		31E Direct Client Wages 214		XXXXXXXXXX	XXXXXXXXXX		
32R Non-Mass State/Local Government		XXXXXXXXXXXX	XXXXXXXXXXX		32E Other Commercial Prod. & Svs. 214					
33R Direct Federal Grants/Contracts	6,412	XXXXXXXXXXX	XXXXXXXXXXX	6,412	33E Program Supplies & Materials 215	4,418	XXXXXXXXXX	XXXXXXXXXX		4,418
34R Medicaid - Direct Payments		XXXXXXXXXXXX	XXXXXXXXXXXXX		34E Non Charitable Expenses					
35R Medicaid - MBHP Subcontract		XXXXXXXXXX	XXXXXXXXXXXXX		35E Other Expense	444 722	6,306	1,078		134,338
36R Medicare		XXXXXXXXXXXX	XXXXXXXXXX		36E Total Other Program Expense	141,722 21,824	21,824	1,076		(XXXXXXXXX
37R Mass. Govt Client Stipends 38R Client Resources	162,153	XXXXXXXXXXXX	XXXXXXXXXXXXXX	162,153	37E Management Fees 410 38E Fundraising Fees 410	35,039	XXXXXXXXXXXX	35,039		OXXXX
39R Mass. Publicly sponsored client offsets	102,133	XXXXXXXXXX	XXXXXXXXXXX	102,133	39E Legal Fees 410	756	758			OCCOCCCCC
40R Other Publicly sponsored client offsets		XXXXXXXXXXX	XXXXXXXXXX		40E Audit Fees 410	9,300	9,300		XX	CXXXXXXXXX
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXXX	XXXXXXXXXXX		41E Management Consultant 410	7,956		7,956	XX	OXXXXXXXX
42R Private Client 3rd Pty/other offsets		XXXXXXXXXXX	XXXXXXXXXXX		42E Other Professional Fees & Other Admin. Expenses 41		30,496			47,566
43R Total Assistance and Fees	2,132,499	XXXXXXXXXXXX	XXXXXXXXXXXX	2,132,499	43E Leased Office/Program Office Equip.410,390	18,838	4,003	415		14,420
44R Federaled Fundraising	7,760	-		7,760	44E Office Equipment Depreciation 410	10,313	4,251	4,562		1,500 (XXXXXXXX
45R Commercial Activities					45E Admin. Vehicle Expenses 410					OOXXXXXXX
46R Non-Charitable Revenue	4.076	4.075			46E Admin. Vehicle Depreciation 410 47E Directors & Officers Insurance 410	2,797	2,797			CXXXXXXXX
47R Investment Revenue 48R Other Revenue	1,875 463	1,875		450	47E Directors & Officers insurance 410  48E Program Support 216	8,886	XXXXXXXXXX	8,886		
49R Allocated Admin (M&G) Revenue	XXXXXXXXXXXX				49E Professional Insurance 410	10,053	3,829	114		6,110
50R Released Net Assets-Program	49,190	7,416	7,600	34,174	50E Working Capital Interest 410					
51R Released Net Assets-Equipment					51E Total Direct Administrative Expense	203,824	77,256	56,972		69,596
52R Released Net Assets-Time	103,907			103,907	52E Admin (M&G) Reporting Center Allocation	XXXXXXXXXXX	(421,441)	19,207		402,234
					53E Total Reimbursable & Fundraising Expense	2,414,724		106,259		2,308,465
53R TOTAL REVENUE	2,525,481	20,076	89,146	2,416,259	54E Direct State/Federal Non-Reimbursable Expense	47,317 XXXXXXXXX	4,021	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		43,296 3,838
54R TOTAL EXPENSE = 56E	2,462,041	20.070	106,442	2,355,599	55E Allocation of State/Fed Non-Reimbursable Expense 56E TOTAL EXPENSE = 56R	2,462,041	(4,021)	106,442		2,355,599
55R OPERATING RESULTS	63,440	20,076	(17,298)	60,660	NON-REIMBURSABLE EXPENSE DETAIL		see Schedule 8 Note to	Readers regarding approp	riate Non-Reimhi	
COMPENSATION DISCLOSURE Enter all	compensation (esta	ny honofit narkana	s vehicles consult	ant navments	1N Direct Employee Compensation & Related Exp.	in t-change to topac		XXXXXXXXXXX		
loans, etc.) from the entity & its related parties/aft					2N Direct Occupancy			XXXXXXXXXXX		
	Reporting Entity Con		Compensation from		3N Direct Other Program/Operating	33,841	162	XXXXXXXXXX		33,579
Name & Title	Salary	Other	Salary	Other	4N Direct Subcontract Expense			XXXXXXXXXXX		
1C Marcia Szymanski, Chief Executive Officer/President		S 4,423			5N Direct Administrative Expense			XXXXXXXXXXX		
2C Benjamin Furman, Chief Financial Officer	67,074	\$ 4,423			6N Direct Other Expense			XXXXXXXXXXX		
3C Trish Glover, VP, Clinical Services	66,678	\$ 4,423			7N Direct Depreciation	13,476	3,859	XXXXXXXXX		9,617
4C Wendy Allmendinger, VP, Operations	61,379	\$ 6,593			8N Total Direct Non-Reimbursable (must tie to 54E)	47,317	4,021	XXXXXXXXXXX	-	43,296
5C Lori Sousa, Director, Development & Marketing	54,023	\$ 4,083			9N Total Direct and Allocated Non-Reimbursable (54E+5)		47.24	XXXXXXXXXX		
MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.	10N Eligible Non-Reimb./Fundralsing Exp. Revenue Offset	s 303,836	20,078			283,760
Prior Year Ma. Revenue 1,837,902			(3,477,340)		11N Capital Budget Revenue Adjustments 12N Excess of Non-Reimb./Fundraising Expense over Offs	sets (256,702)	(20,076)			(236,626)
Comm. of MA cost reimbursement overbilling	n totaliminary cale	subject to adjust	menti		Description of Admin (M&G) Direct Non-Reimbursable					
The state of the same of the state of the state of the same of the	s sprannersty call.	to anjusti			The same of the sa	······································				

#### UNAUDITED

Vendor Code: VC6000165979

463

PROVIDER: New Hope, Inc. Organization Supplemental Information - Revenue: FY END: 6/30/2016 LN REVENUE SOURCE 29R Other Mass State Agency - POS Executive Office of Health & Human Services - FY2016 Chapter 257 Payment Program 5 Executive Office of Health & Human Services - FY2016 Chapter 257 Payment Program 7 Program 12 Massachusetts Office of Victim Assistance Executive Office of Health & Human Services - FY2016 Chapter 257 Payment Program 28 Executive Office of Health & Human Services - FY2016 Chapter 257 Payment Program 29 48R Other Revenue Administration Cell Phone Recycling 13 Staff Training Reimbursement **450** Program 7

Total

## UNAUDITED

PROVIDER: New Hope, Inc.

Vendor Code: VC6000165979

Organization Supplemental Information - Expenses: FY END: 6/30/2016

LN EXPENSE

42E: Other Professional Fees & Other Admin Expenses	ADMIN. (MGT. & GEN.)
Annual Meeting & Report	1,757
Community Outreach	2,099
Dues, Fees & Subscriptions	2,622
Office, Copier & Computer Supplies/Support	7,263
Payroll Service	3,184
Postage	1,018
Program/Household Supplies	910
Recruitment	197
Telephone, Cell Phone & DSL Service	<u>11,446</u>
	30.496

## Compensation Disclosure:

Reporting Entity Compensation - Other:

Includes the employer's contribution to the cost of health, dental and life insurance premiums.

	ORGANIZATION: New Hope, Inc.		PROGRAM SL	IPPLEMENTA	LINFOR	RMATION SC	HEDULE B - Unaudited		FY END:_	5/30/2016	FEIN:	042681340
	UFR Program Number: 05	Program Name:	Rape Crisis Services	Description:		Counseling and	! Education	Catalog of Fede	rai Domesti	c Assistance #: 93	.136 в	16.017
	- Triogram Homoor.	, rogram rame.	The Color of the Color					hilp://www.cfda.g				
	*Program Type: 24	Program Address:	140 Park Street (Number/Street)	Attleboro (City)	(State)	02703 (Zipcode)	# Weeks operated during	audit period (e.g., 52)	52.00	# operating ho	urs/week (e.g., 40):	35,00
Note to	Readers: This schedule should be read in	n context with F.S. N	otes and all other UFR information. In many in				ial variances or non-reimbursable	expenses (e.g., In	-Kind donatic	ons) may be appropr	iate and desirab	le.
• Progra	am Type codes: 21 = SPED; 22 = HCFP/N		23 = Negotiated Unit Rate; 24 = Negotiated	Accomodations Rate	; 25= Non-	negotiated Accomo	dations Rate; 26 = Other Non-neg	otiated Unit Rate;	27 = Cost R	eimbursement; NA =	Not Applicable	
REVEN		3,809	OS STAFFING_# hours/yr = 1.00 FT 1S Program Director (UFR Title 102)	E: 1820	FTE	Salary/Wage 26,882	EXPENSE - ACTUAL/PLANNER  1E Total Direct Program Staf		FTE 4.67	Actual 168,221	Planned 147,694	% Var 13.9 %
	Contrib , Gifts, Leg , Bequests, Spec. Ev Gov In-Kind/Capital Budget	3,009	2S Program Function Manager (UFR Title	101)	0.44	20,002	2E Chief Executive Officer	1 - 353	4.07	375	147,054	13.9 %
	Private IN-Kind	14,772	3S Asst, Program Director (UFR Title 103)				3E Chief Financial Officer					
	Total Contribution and In-Kind	18,581	4S Supervising Professional (UFR Title 10				4E Accting/Clerical Support	•				
	Mass Gov. Grant Other Grant (exclud. Fed.Direct)	5,408	5S Physician & Psychiatrist (UFR Title 10 6S Physician Asst. (UFR Title 106)	5 & 121)			5E Admin Maint/House-Gmdsi 6E Total Admin Employee	eeping		375		
	Total Grants	5,408	7S N. Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical products & Svs	/Mkting		519		
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/Wages	-	4.67	168,596		
	Dept of Developmental Services(DDS/DM		9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150			15,522		
	Dept. of Public Health (DPH)	224,981	10S Pharmacist (UFR Title 110) 11S Occupational Therapist (UFR Title 111				10E Fringe Benefits 151 11E Accrual Adjustments		-	13,944		
	Dept of Children and Families (DCF/DSS) Dept of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	,			12E Total Employee Compens	ation & Rel. Exp		198,062	177,514	11.6 %
	Dept of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UI	FR Title 113)			13E Facility and Prog. Equip.Ex		-	1,655		
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip. Dep			986		
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 1	15)			15E Facility Operation/Maint./Fu			7,470		
	MA. Comm. For the Blind (MCB) MA. Comm. for Deaf & H H (MCD)		16S Teacher (UFR Title 116) 17S Day Care Director (UFR Title 117)				16E Facility General Liability In: 17E Total Occupancy	surance 390	-	10,327	11,935	-13.5 %
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118	3)			18E Direct Care Consultant 201		-	15,527	11,550	-10.0
	MA. Off for Refugees & Immigr (ORI)		19S Day Care Teacher (UFR Title 119)	•			19E Temporary Help 202					
	Dept of Early Educ & Care (EEC)-Contra		20S Day Care Asst Teacher / Aide (UFR T				20E Clients and Caregivers Rei					
	Dept of Early Educ & Care (EEC)-Vouche	er	21S Psychologist - Doctorate (UFR Title 12				21E Subcontracted Direct Care 22E Staff Training 204	206		473		
	Dept of Correction (DOC) Dept of Elementary & Secondary Educ. (	DOE!	22S Clinician-(formerly Psych Masters)(UFI 23S Social Worker - L.I.C.S.W. (UFR Title				23E Staff Mileage / Travel 205			3,045		
	Parole Board (PAR)	DO <u>E)</u>	24S Social Worker - L.C.S.W., L.S.W (UFR				24E Meals 207		-	54		
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)	,			25E Client Transportation 208		]			
	Ex Off of Elder Affairs (ELD)		26S Cert. Voc. Rehab, Counselor (UFR Titl				26E Vehicle Expenses 208					
	Div of Housing & Community Develop(OC	(D)	27S Cert. Alch. &/or Drug Abuse Counselor	(UFR Title 129)	456	55.053	27E Vehicle Depreciation 208	-/05				
	POS Subcontract Other Mass. State Agency POS	7.785	28S Counselor (UFR Title 130) 29S Case Worker / Manager - Masters (UF	D Tille 131\	1.56	55,852	28E Incidental Medical /Medicin 29E Client Personal Allowances					
	Mass State Agency Non - POS	7,765	30S Case Worker / Manager (UFR Title 13)				30E Provision Malerial Goods/S		•			
	Mass. Local Govl/Quasi-Govl. Entities		31S Direct Cere / Prog. Staff Superv. (UFR		0.61	24,171	31E Direct Client Wages 214					
	Non-Mass. State/Local Government		32S Direct Care / Prog. Staff III (UFR Title				32E Other Commercial Prod. &					
	Direct Federal Grants/Contracts		33S Direct Care / Prog Staff II (UFR Title 1		1.85	55,335	33E Program Supplies & Materi 34E Non Charitable Expenses	als 215	•	553		
	Medicaid - Direct Payments Medicaid - MBHP Subcontract		34S Direct Care / Prog. Staff I (UFR Title 1: 35S Prog. Secretarial / Clerical Staff (UFR)		0.21	5,981	35E Other Expense					
	Medicare		36S Maintainence, House/Groundskeeping				36E Total Other Program Exp	ense		4,125	4,050	1.9 %
37R	Mass, Govl Client Stipends		37S Direct Care / Driver Staff (UFR Title 13				42E Other Professional Fees &			3,763		
	Client Resources		38S Direct Care Overtime, Shift Differential	and Relief	XXXXXX		43E Leased Office/Program Off		,	1,630		
	Mass, spon client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		4.67	168,221	44E Office Equipment Deprecia 48E Program Support 216	tion 410		33		
	Other Publicly sponsored client offsets Private Client Fees (excluding 3rd Pty)		SERV	ICE STATISTICS			49E Professional Insurance 410	)		761		
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Interest 4					
43R	Total Assistance and Fees	232,766	2SS Enter total unit capacity				51E Total Direct Administrativ			6,187	4,619	33.9 %
	Federated Fundraising	356				# service units	52E Admin (M&G) Reporting Co		,	48,253 266,954	45,623 243,741	5.8 % 9.5 %
	Commercial Activities Non-Charitable Revenue		3SS OSD's Program Publici	y sponsored clients:	Clients	delivered	53E Total Reimbursable Expe 54E Direct State/Federal Non-F		ense .	14,797	22,094	-33.0 %
	Investment Revenue	-		y sponsored clients:			55E Allocation of State/Fed No			460		
48R	Olher Revenue		5SS Internet filing system)	Free Care clients:		605	56E TOTAL EXPENSE			282,211	265,835	6.2 %
	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	14,644	605	57E TOTAL REVENUE = 53R			266,845 (15,366)	265,835	0.4 %
	Released Net Assets-Program	2,239	7SS filings.				58E OPERATING RESULTS CRE Preliminary Calculation of	Cost Raimh Evca	ss Rev *		subject to OSD ac	diretment \
	Released Net Assets-Equipment Released Net Assets-Time	7,495	MASSACHUSETTS CONTRACT	INFORMATION		NON-REIMBURSA	ABLE EXPENSE DETAIL	COSt Nemio. Exce	Descriptio		abject to OOD at	justinent j
	Total Revenue = 57E	266,845	Dept Contract ID -11 Charact		1N		ompensation & Related Exp.					
			1C DPH 03700115034	3361	2N	Direct Occupancy						
	SUBCONTRACTED DIRECT CARE		2C EOHHS 7NEWHO255RG	5005		Direct Other Progra Direct Subcontract		14,772	Valuation o	of Donated Services		
1SDC	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontract Direct Administration	•					
2SDC			5C			Direct Other Exper						
3SDC			POS SUBCONTRACT INFOR		- 7N	Direct Depreciation	n	25	Donation/g	rant funded program	asset deprecial	on
4SDC			State Dept Payor Name	Payor's FEIN			teimbursable (Tie to 54E)	14,797	(Any Excer	ss of Non-Reimbursa	ble Expense ove	er Eligible
5SDC			1PS				liocated Non-Reimb. (54E+55E)	15,257	Revenue 0	Offsets is subject to n	ecoupment when	e the
Comm	Of MA Surplus Rev. Retention Share	(49,445)	2PS			Capital Budget Re	bursable Exp. Revenue Offsets venue Adiustment	34,079		purchased by the C		
Joinn.	or ma outplus nev. Retellion onare	(43,445)					imbursable Expense Over Offsets	(18,822)	recognized	l as a liability on the	rmancial Statem	erits.)
	PREPARER COMMENTS:											

	ORGANIZATION: New Hope, Inc.			PROGRAM SU	IPPLEMENTA	L INFO	RMATION SC	HEDULE B - Unaud	dited	FY END:	6/30/2016	FEIN:_	042681340
	UFR Program Number: 07	Program Name:	RESPECT		Description:		Educa	<b>S</b> on	Catalog of Fede	ral Domestic	c Assistance #:		35.00 ole.  % Var -11.5 %  -11.7 %  -11.9 %  62.3 %  62.3 %  4.6 % -9.1 %  adjustment )
	*Brancian Tuno. 27	Dragger Addragg	140 Red Sweet		Attleboro	MA	02703	# Maske promised	http://www.cfda.g I during audit period (e.g., 52)			hours/week (e.g., 40)	35.00
	*Program Type: 27	Program Address:	(Number/	Street)	(City)	(State)	(Zipcode)	•					
Note to	Readers: This schedule should be read	in context with F.S. N	lotes and all other UF	R information. In many in	stances the present	e of signific	cant planned to act	ual variances or non-reimbur	rsable expenses (e.g., li	n-Kind donatio	ns) may be appr	opriate and desiral	we.
* Progr REVEN	am Type codes: 21 = SPED; 22 = HCFP/	Medicaid Class Rate		it Rate;  24 = Negotiated IG_# hours/yr ≍ 1.00 FT		e; 25= Non- FTE	negotiated Accomo Salary/Wage	odations Rate; 26 = Other No EXPENSE - ACTUAL/PLA	on-negotiated Unit Rate Annen	; 27 = Cost R	eimpursement; N Actual	A = Not Applicable Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev.	1,875		tor (UFR Title 102)	E	1.02	49,712	1E Total Direct Program		3.22	145,918	165,017	
	Gov. In-Kind/Capital Budget			tion Manager (UFR Title	101)	0.28	17,460	2E Chief Executive Offic					
	Private IN-Kind			Director (UFR Title 103)				3E Chief Financial Office					
	Total Contribution and In-Kind	1,875		rofessional (UFR Title 10				4E Accting/Clerical Supp					
	Mass Gov Grant			sychiatrist (UFR Title 10 t. (UFR Title 106)	5 & 121)			5E Admin Maint/House-0 6E Total Admin Employ					
	Other Grant (exclud, Fed.Direct) Total Grants	-		P., Psych N., N.A., R.N 1	MA (Title 107)			7E Commerical products					
	Dept of Mental Health (DMH)			isters (UFR Title 108)				8E Total FTE/Salary/Wa		3.22	145,918		
	Dept of Developmental Services(DDS/DM	MR)	9S L.P N, (UFR 1					9E Payroli Taxes 150			15,120		
	Dept. of Public Health (DPH)	101,248						10E Fringe Benefits 151			12,498		
	Dept of Children and Families (DCF/DSS	<u> </u>		Therapist (UFR Title 111	)			11E Accrual Adjustments			173,536	196,634	-117 %
	Dept of Transitional Assist (DTA/WEL) Dept of Youth Services (DYS)			apist (UFR Title 112) 3. Pathol., Audiologist (UI	D Tille 1131			12E Total Employee Cor 13E Facility and Prog. Eq			411	170,034	-11.7
	Health Care Fin & Policy (HCF)-Contract			ritionist (UFR Title 114)	K Title 115)			14E Facility & Prog. Equip		-	207		
	Health Care Fin & Policy (HCF)-UCP			on Teacher (UFR Title 1	15)			15E Facility Operation/Ma			14,767		
	MA. Comm. For the Blind (MCB)		16S Teacher (UFF					16E Facility General Liab	ility insurance 390		278		
	MA. Comm. for Deaf & H H (MCD)			ctor (UFR Title 117)				17E Total Occupancy	-1.204	-	15,663	17,780	<u>-11.9</u> %
	MA. Rehabilitation Commission (MRC)			d Teacher (UFR Title 11)	5)			18E Direct Care Consulta 19E Temporary Help 202		-			
	MA. Off for Refugees & Immigr.(ORI)  Dept of Early Educ & Care (EEC)-Contr			icher (UFR Title 119) t. Teacher / Aide (UFR T	itle 120)			20E Clients and Caregive					
	Dept. of Early Educ & Care (EEC)-Vouch			Doctorate (UFR Title 12				21E Subcontracted Direct					
	Dept of Correction (DOC)			nerly Psych.Masters)(UF				22E Staff Training 204			794		
	Dept. of Elementary & Secondary Educ.	(DOE)		r - L.I.C.S.W (UFR Title				23E Staff Mileage / Trave	el 205		2,661		
	Parole Board (PAR)			r - L.C.S.W., L.S.W (UFR	Title 125 & 126)			24E Meals 207	- 200		12		
	Veteran's Services (VET)			nselor (UFR Title 127) hab. Counselor (UFR Titl	a 128\			25E Client Transportation 26E Vehicle Expenses 20					
	Ex. Off of Elder Affairs (ELD)  Div.of Housing & Community Develop(Office)	CD)		or Drug Abuse Counselor				27E Vehicle Depreciation					
	POS Subcontract		28S Counselor (U		(0.111111111111111111111111111111111111			28E Incidental Medical /N					
	Other Mass. State Agency POS	3,399		/ Manager - Masters (UF	R Title 131)			29E Client Personal Allov					
	Mass State Agency Non - POS			/ Manager (UFR Title 13:				30E Provision Material G					
	Mass, Local Govl/Quasi-Govl, Entities			Prog. Staff Superv. (UFR		0.16	5,428	31E Direct Client Wages 32E Other Commercial P					
	Non-Mass. State/Local Government Direct Federal Grants/Contracts			Prog. Staff III (UFR Title Prog. Staff II (UFR Title 1		1.27	58,632	33E Program Supplies &			1,169		
	Medicaid - Direct Payments			Prog. Staff I (UFR Title 1:				34E Non Charitable Expe					
	Medicaid - MBHP Subcontract			rial / Clerical Staff (UFR		0.49	14,686	35E Other Expense					
	Medicare			House/Groundskeeping				36E Total Other Program			4,656	2,869	<u>623</u> %
	Mass. Govt. Client Stipends			Driver Staff (UFR Title 13		WINNEY		42E Other Professional F			4,323 1,929		
	Client Resources	128,111		vertime, Shift Differential	and Relief	3 22	145,918	43E Leased Office/Progra 44E Office Equipment De		٠ .	203		
	Mass. spon.client SF/3rd Pty offsets Other Publicly sponsored client offsets		. 393 I DIRECT	Program Staff = 1E			143,310	48E Program Support 21					
	Private Client Fees (excluding 3rd Pty)	<del></del>	•	SERV	ICE STATISTICS			49E Professional Insuran			682		
	Private Client 3rd Pty/other offsets		1SS Enter	defined unit of service	Hour			50E Working Capital Inte		,			
	Total Assistance and Fees	232,758	_ 2SS _ E	inter total unit capacity	8,320			51E Total Direct Admini			7,137	4,026	
	Federated Fundraising		-				# service units	52E Admin (M&G) Repor			44,346 245,338	47,094 268,403	
	Commercial Activities Non-Charitable Revenue		3SS OSD's Progra	m Public	y sponsored clients:	Clients	delivered	53E Total Reimbursable 54E Direct State/Federal		ense	- 5	200,403	
	Investment Revenue		4SS Performance		y sponsored clients:			55E Allocation of State/F			423		
48R	Other Revenue	450	5SS Internet filing	system)	Free Care clients:	224		56E TOTAL EXPENSE			245,766	268,403	
	Allocated Admin (M&G) Revenue		68S suspended fo	r FY '08	Total:	224	6,572				244,083	268,403	-9.1 %
	Released Net Assets-Program	9,000	78S filings					58E OPERATING RESU CRE Preliminary Calculat		ora Day T	(1,683)	*/eubiest to OSD	adjustment )
	Released Net Assets-Equipment		- 446640	HUSETTS CONTRACT	INFORMATION		NON-DEIMBURS	ABLE EXPENSE DETAIL	ion of Cost Reimb. Exce	Descriptio	n	(Subject to OSD	adjustifierit )
	Released Net Assets-Time Total Revenue = 57E	244,083		Contract ID -11 Charact		1N		Compensation & Related Exp	D.	Doodiipiio			
00.1	Total Navelide - STE	244,000	1C DPH	M3000414100	3486		Direct Occupancy						
	SUBCONTRACTED DIRECT CARE	E EXPENSE DETAIL		7NEWHO255RG	5005		Direct Other Progr						
	Subcontractor Name FEIN	Expense Amt.			-		Direct Subcontrac						
1SDC			4C				Direct Administrat Direct Other Expe						
2SDC 3SDC			5C	SUBCONTRACT INFOR	MATION		Direct Depreciation		5	Donation/o	rant funded prod	ram assel depreci	ation
4SDC			State Dept	Payor Name	Payor's FEIN			Reimbursable (Tie to 54E)	5				
5SDC			1PS		-	_		Mocated Non-Reimb, (54E+	55E) 428			ursable Expense o to recoupment who	
			2PS					bursable Exp. Revenue Offs	sets 11,325			e Commonwealth	
Comm.	Of MA Surplus Rev. Retention Share	N/A	3PS					evenue Adjustment	Wasta #40 0071	recognized		the Financial State	
	PREPARER COMMENTS:					12N	EXCESS of Non-Re	eimbursable Expense Over C	Offsets (10,897)	•			
	FALFARER CUMMENTS:												

OF	RGANIZATION: New Hope, Inc.		PROGRAM S	UPPLEMENTA	L INFOF	RMATION SCI	HEDULE B - Unaudit	ed	FY END:	6/30/2016	FEIN:	042681340
UFR F	Program Number: 12	Program Name:	SAFEPLAN Court Advocacy	Description:		Court Advo	cacy	_		c Assistance #:	16.575	
	*Program Type: 27	rogram Address:	140 Park Street (multisite)	Attleboro	MA	02703	# Weeks operated dur	http://www.cfda.g ring audit period (e.g., 52)			ours/week (e.g., 40)	35,00
Note to Read	ders: This schedule should be read in	context with F.S. I	(Number/Street) lotes and all other UFR information. In many	(City) instances the presenc	(State) e of signific	(Zipcode) ant planned to actua	al variances or non-reimbursal	ble expenses (e.g., li	n-Kind donation	ons) may be appro	oriate and desiral	ole.
Program Ty	ype codes; 21 = SPED; 22 = HCFP/N	ledicaid Class Rate	; 23 = Negotiated Unit Rale; 24 = Negotiated	Accomodations Rate	; 25= Non-	negotiated Accomod	dalions Rate; 26 = Other Non-	negotiated Unit Rate	; 27 = Cost R	eimbursement; NA Actual	Not Applicable Planned	% Var
REVENUE 1B Cont	trib , Gifts, Leg., Bequests, Spec Ev	12,561	0S STAFFING_# hours/yr = 1.00 F 1S Program Director (UFR Title 102)	TE: 1820	0.08	Salary/Wage 3,675	EXPENSE - ACTUAL/PLANN 1E Total Direct Program S		FTE 9.12	280,730	288,809	-28 %
	In-Kind/Capital Budget	(2,001	2S Program Function Manager (UFR Title	101)	0.17	10,242	2E Chief Executive Officer					
3R Priva	ate IN-Kind	3,679	3S Asst, Program Director (UFR Title 103	)			3E Chief Financial Officer		0.04	3,406		
	I Contribution and In-Kind	16,240	4S Supervising Professional (UFR Title 1				4E Accting/Clerical Support		0.04	1,892		
	s Gov Grant	7.450	5S Physician & Psychiatrist (UFR Title 1	05 & 121)			5E Admin Maint/House-Grn 6E Total Admin Employee		0.08	5,298		
7R Tota	er Grant (exclud, Fed, Direct)	7,150 7,150	6S Physician Asst. (UFR Title 106) 7S N Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)			7E Commerical products &			3,290		
	t. of Mental Health (DMH)	7,150	8S R.N Non Masters (UFR Title 108)	imri(ring tor)			8E Total FTE/Salary/Wage		9,20	286,028		
	t of Developmental Services(DDS/DM	R)	9S L.P N. (UFR Title 109)				9E Payroli Taxes 150			29,100		
- •	t. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151			24,175		
	t of Children and Families (DCF/DSS)		11S Occupational Therapist (UFR Title 11	1)			11E Accrual Adjustments			120.202	242 704	120/
	t. of Transitional Assist (DTAWEL)		12S Physical Therapist (UFR Title 112)	IED Title 112\			12E Total Employee Compo 13E Facility and Prog. Equip		٠.	339,303 638	343,784	%
	t of Youth Services (DYS)  Ith Care Fin & Policy (HCF)-Contract		13S Speech / Lang. Pathol., Audiologist (L 14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip. D			5,0		
	Ith Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 1				15E Facility Operation/Maint			3,999		
	Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	,			16E Facility General Liability			62		
	Comm for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy			4,699	4,964	5.3 %
	Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	(8)			18E Direct Care Consultant 2 19E Temporary Help 202	201				
	Off for Refugees & Immigr (ORI)		19S Day Care Teacher (UFR Title 119) 20S Day Care Asst. Teacher / Aide (UFR	Title 120\			20E Clients and Caregivers I	Reimh /Stinends 203				
	t of Early Educ. & Care. (EEC)-Contra t of Early Educ. & Care. (EEC)-Vouche		21S Psychologist - Doctorate (UFR Title 1				21E Subcontracted Direct Ca		•			
	t of Correction (DOC)	-	22S Clinician-(formerly Psych.Masters)(UI				22E Staff Training 204			2,717		
	I. of Elementary & Secondary Educ. (I	DOE)	23S Social Worker - L.I.C.S.W (UFR Title				23E Staff Mileage / Travel 20	05		5,499		
	ble Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UF	R Title 125 & 126)			24E Meals 207			8		
	eran's Services (VET)		25S Licensed Counselor (UFR Title 127)	H- 400)			25E Client Transportation 20	08		40		
	Off. of Elder Affairs (ELD) of Housing & Community Develop(OC	n,	26S Cert. Voc. Rehab, Counselor (UFR Ti 27S Cert. Alch, &/or Drug Abuse Counseld				26E Vehicle Expenses 208 27E Vehicle Depreciation 20	NR.				
	S Subcontract		28S Counselor (UFR Title 130)	(OPK Title 125)			28E Incidental Medical /Med					
	er Mass. State Agency POS	360,826		FR Title 131)			29E Client Personal Allowan					
30R Mass	s State Agency Non - POS		30S Case Worker / Manager (UFR Title 13	32)			30E Provision Material Good					
	s. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (UFF		- 467	*****	31E Direct Client Wages 214					
	-Mass: State/Local Government cl Federal Grants/Contracts		32S Direct Care / Prog. Staff III (UFR Title 33S Direct Care / Prog. Staff II (UFR Title		7.20	209,698	32E Other Commercial Prod. 33E Program Supplies & Ma			603		
	dicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title		1,20	203,030	34E Non Charitable Expense					
	icaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR				35E Other Expense					
36R Medi			36S Maintainence, House/Groundskeepin				36E Total Other Program E			8,867	5,300	67.3 %
	s. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title 1				42E Other Professional Fee			8,615		
	nt Resources		38S Direct Care Overtime, Shift Differentia	al and Relief	XXXXXX		43E Leased Office/Program		0	845 104		
	s. spon client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		9.12	280,730	44E Office Equipment Depre 48E Program Support 216	sciation 410		104		
	er Publicly sponsored client offsets ate Client Fees (excluding 3rd Pty)		- SER	VICE STATISTICS			49E Professional Insurance	410		1,305		
	ate Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Interes					
	al Assistance and Fees	380,826	2SS Enter total unit capacity				51E Total Direct Administr	ative Expense		10,869	8,969	21.2 %
	erated Fundraising	4,699	•			# service units	52E Admin (M&G) Reporting			80,254	257.047	
	mercial Activities		255 000 D	ly sponsored clients:	Clients	delivered	53E Total Reimbursable Ex 54E Direct State/Federal No		nense	443,992 3,679	363,017 4,147	22.3 % -11.3 %
	-Charitable Revenue stment Revenue			ly sponsored clients:			55E Allocation of State/Fed			766	86,453	99.1
	er Revenue		5SS Internet filing system)	Free Care clients:	1,705	6,746	56E TOTAL EXPENSE		-	448,437	453,617	-1.1 %
	cated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	1,705	6,746	57E TOTAL REVENUE = 53			420,125	453,617	-7.4 %
	eased Net Assets-Program	10,000	7SS filings				58E OPERATING RESULTS			(28,312)		- d' t t - 1
	eased Net Assets-Equipment			INCODIATION.		HON BEINGLIDEA	CRE Preliminary Calculation	of Cost Reimb. Exce	ess Rev * Description		(subject to OSD	adjusiment )
	eased Net Assets-Time al Revenue = 57E	21,210 420,125					BLE EXPENSE DETAIL ompensation & Related Exp.		Description	<b>,,,</b>		
33N 10ta	M Kevende - 5/E	420,123	1C MOVA 016NWHP0000	WA		Direct Occupancy	on periodicina (texted Exp.					
	SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL			X 3N	Direct Other Progra		3,679	Valuation	of Donated Service	5	
	ocontractor Name FEIN	Expense Amt.				Direct Subcontract						
1SDC			4C			Direct Administrativ						
2SDC			POS SUBCONTRACT INFO	PMATION		Direct Other Expen Direct Depreciation			-			
4SDC			State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	3,679		(No. 2-1		
SSDC			1PS				located Non-Reimb, (54E+55E	4,445		ss of Non-Reimbur Offsets is subject to		
			2PS				oursable Exp. Revenue Offsets	59,299		purchased by the		
Comm. Of M	IA Surplus Rev. Retention Share	N/A	3PS			Capital Budget Rev		- IF4 AF4	- recognize	d as a liebility on the		
PR	REPARER COMMENTS:				12N	Excess of Non-Reli	mbursable Expense Over Offs	ets (54,854)	L .			

	ORGANIZATION: New Hope, Inc.			PROGRAM SUPPLEMENTA	L INFO	RMATION SC	HEDULE I	B - Unaudited	FY END:_	6/30/2016	FEIN:_	042681340
UFR Program Number: 25 Program Name:		New Start Description:			Transitional Living Program C			Catalog of Federal Domestic Assistance #:				
	-	-						http://www.cfda.g		_		
	*Program Type: 27 P	rogram Address:		Taunton	MA	02780	#1	Weeks operaled during audit period (e.g., 52)	4.00	# operating h	ou <b>rs/wee</b> k (e.g., 40):	35.00
ole t	o Readers: This schedule should be read in	context with F.S. N	Number/St Oles and all other UFF	reet) (City) R information. In many instances the present	(State)	(Zipcode)	ual variances or	r non-reimhursable expenses (e.n. li	n-Kind donalio	nel may be annon	viate and desirat	hie
Prog	ram Type codes: 21 = SPED; 22 = HCFP/M	edicaid Class Rate	23 = Negotialed Unit	Rate: 24 = Negotiated Accommodations Rate	e; 25= Non-	negotiated Accomo	dations Rate: 2	26 = Other Non-negotiated Unit Rate	: 27 = Cost Re	imbursement: NA	= Not Applicable	ne.
EVE	NUE			G_# hours/yr = 1.00 FTE: 1820		Salary/Wage		ACTUAL/PLANNED	FTE	Actual	Planned	% Var
	Contrib Gifts, Leg., Bequests, Spec. Ev.		1S Program Direct				1E Total Di	irect Program Staff = 39S	0.07	2,369	2,205	7.4 %
2R				on Manager (UFR Title 101)		13		recutive Officer				
	Private IN-Kind Total Contribution and In-Kind			Director (UFR Title 103)				nancial Officer				
5R				ofessional (UFR Title 104) ychiatrist (UFR Title 105 & 121)				Clerical Support				
5R			6S Physician Asst.			· · · · · · · · · · · · · · · · · · ·		Naint/House-Gmdskeeping dmin Employee				
	Total Grants			Psych N., N.A., R.N MA (Title 107)				rical products & Svs/Mkling				
8R				iters (UFR Title 108)				TE/Salary/Wages	0.07	2,369		
9R	Dept of Developmental Services(DDS/DMF	()	9S LP.N. (UFR Tit				9E Payroll			214		
	Dept. of Public Health (DPH)		10S Pharmacist (UF	R Title 110)			10E Fringe B	Benefils 151		364		
	Dept of Children and Families (DCF/DSS)			herapist (UFR Title 111)			11E Accrual		_			
	Dept of Transitional Assist (DTA/WEL)		12S Physical Thera					mployee Compensation & Rel. Exp	_	2,947	2,625	12.3 %
	Dept. of Youth Services (DYS)			Pathol., Audiologist (UFR Title 113)				and Prog. Equip.Expenses 301,390	_			
	Health Care Fin & Policy (HCF)-Contract			itionist (UFR Title 114)				& Prog. Equip. Depreciation 301	_			
	Health Care Fin & Policy (HCF)-UCP MA: Comm. For the Blind (MCB)			n Teacher (UFR Title 115)				Operation/Maint,/Furn.390	_	159		
	MA. Comm. for Deaf & H H (MCD)		16S Teacher (UFR 17S Day Care Direct			<del></del>		General Liability Insurance 390	_	159	456	40.00
	MA. Rehabilitation Commission (MRC)			Teacher (UFR Title 118)			17E Total O	are Consultant 201		2,182	156	1.9 %
	MA. Off. for Refugees & Immigr (ORI)		19S Day Care Tead				19E Tempora		_	2,702		
	Dept of Early Educ. & Care (EEC)-Contrac	t		Teacher / Aide (UFR Title 120)				and Caregivers Reimb./Stipends 203	_			
	Dept of Early Educ & Care (EEC)-Voucher			Doctorate (UFR Title 122)				tracted Direct Care 206	_			
	Dept of Correction (DOC)			erly Psych Masters)(UFR Title 123)			22E Staff Tra		_			
23R	Dept. of Elementary & Secondary Educ. (D	OE)		L.I.C.S.W (UFR Title 124)				leage / Travel 205				
24R	Parole Board (PAR)			L.C.S.W., L.S.W (UFR Title 125 & 126)			24E Meals 2		_			
25R	Veteran's Services (VET)		25S Licensed Count	selor (UFR Title 127)			25E Client To	ransportation 208	_			
	Ex. Off of Elder Affairs (ELD)		26S Cert, Voc. Reha	ab. Counselor (UFR Title 128)			26E Vehicle	Expenses 208				
	Div. of Housing & Community Develop(OCD	))		Drug Abuse Counselor (UFR Title 129)				Depreciation 208	_			
	POS Subcontract		28S Counselor (UF)					al Medical /Medicine/Pharmacy 209	-			
	Other Mass. State Agency POS			Manager - Masters (UFR Title 131)		-		ersonal Allowances 211	_			
	Mass State Agency Non - POS			Manager (UFR Title 132)	0.04	1.569		n Material Goods/Svs./Benefits 212		9,110		
	Mass Local Govt/Quasi-Govt Entities Non-Mass State/Local Government			rog, Staff Superv. (UFR Title 133) rog, Staff III (UFR Title 134)	0.04	1,612		lient Wages 214 ommercial Prod. & Svs. 214	_			
	Direct Federal Grants/Contracts	6,412		rog. Staff II (UFR Title 134)	0.03	744		ommercial Prod. & Svs. 214 n Supplies & Materials 215	_	122		
	Medicaid - Direct Payments	0,412		rog. Staff I (UFR Title 135)	0.03			aritable Expenses	-	122		
	Medicaid - MBHP Subcontract			al / Clerical Staff (UFR Title 137)			35E Other E		-			
	Medicare			House/Groundskeeping, Cook 138				ther Program Expense	_	11,414	5,910	93.1 %
37R	Mass. Govt Client Stipends			river Staff (UFR Title 138)				rofessional Fees & Other Admin, Exp	. 410	128		
38R	Client Resources		38S Direct Cara Ove	ertime, Shift Differential and Relief	XXXXXX			Office/Program Office Equip.410,390		29		
39R	Mass soon client SF/3rd Pty offsets		39S Total Direct Pr	rogram Staff = 1E	0.07	2,369	44E Office E	quipment Depreciation 410	_	2		
40R	Other Publicly sponsored client offsets						48E Program	Support 216	_			
	Private Client Fees (excluding 3rd Pty)			SERVICE STATISTICS				ional Insurance 410	_	17		
	Private Client 3rd Pty/other offsets			lefined unit of service: Bedday				Capital Interest 410	_			
		6,412	2SS En	ster total unit capacity: 372				irect Administrative Expense	-	176	10	1,660.0 %
	Federated Fundraising					# service units		M&G) Reporting Center Allocation	-	1,232	1,487	-17.1 %
	Commercial Activities Non-Charitable Revenue		20010001 0	Publicly sponsored clients:	Clients	delivered		eimbursable Expense Itale/Federal Non-Reimbursable Expe		15,928	10,188	56.3 %
	Investment Revenue		3SS OSD's Program 4SS Performance R					on of State/Fed Non-Reimbursable Expo		12	2,828	-100.0 %
48R			5SS Internet filing s			372	56E TOTAL		_	15,940	13,117	21.5 %
49R	Allocated Admin (M&G) Revenue	-	6SS suspended for					REVENUE = 53R	-	8,912	13,117	-32.1 %
50R	Refeased Net Assets-Program	2,500	7SS filings.				58E OPERA	TING RESULTS	-	(7,028)		
51R	Released Net Assets-Equipment						CRE Prelimin	nary Calculation of Cost Reimb. Exce	ss Rev. * -	• (	subject to OSD a	djustment )
52R	Released Net Assets-Time		MASSACH	USETTS CONTRACT INFORMATION		NON-REIMBURSA	BLE EXPENSI	E DETAIL	Description		-	
53R	Total Revenue = 57E	8,912	Dept C	ontract ID -11 Characters MMARS Code		Direct Employee Co	ompensation &	Related Exp.				
			1C			Direct Occupancy						
	SUBCONTRACTED DIRECT CARE E		2C			Direct Other Progra						
ene	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontract						
SDC			4C			Direct Administrativ					460-	
SDC			5C	UBCONTRACT INFORMATION		Direct Other Expen Direct Depreciation		***				
SDC		-	State Dept	Payor Name Payor's FEIN		Total Direct Non-Re		ie to 54F)				
SDC			1PS	. ayer rame rayer of Ent	-	Total Direct and All	,			of Non-Reimburs		
			2PS			Eligible Non-Reimb				sets is subject to		
omm	. Of MA Surplus Rev. Retention Share	N/A	3P\$			Capital Budget Rev				urchased by the (		
	•		·			Excess of Non-Rei			recognized a	as a liability on the	FIGURE STATE	Herits.)
	PREPARER COMMENTS:											

	ORGANIZATION: New Hope, inc.		PROGRAM SU	PPLEMENTA	L INFO	RMATION SC	HEDULE B - Unaudit	ed	FY END:	6/30/2016	FEIN:_	042681340
	UFR Program Number: 28	Program Name:	Southern Region Community Based Services	Description:		Counseling, Casewo	rk and Advocacy	Catalog of Fede		_		·
	*Program Type: 23	Program Address:	140 Park Street (multisite)	Altieboro	MA	02703	# Weeks operated dur	http://www.cfda.g ring audit period (e.g., 52)			ours/week (e.g., 40):	35.00
M-4- 1-	Bandana 76% at 14 to 44 and 4		(Number/Street)	(City)	(State)	(Zipcode)						
NOIE 10	Readers: This schedule should be read in	context with F.S. N	otes and all other UFR information. In many in	stances the presenc	e of signific	cant planned to actu	ral variances or non-reimbursal	ble expenses (e.g., li	n-Kind donation	ons) may be approp	riate and desirat	de.
REVEN	am lype codes: 21 = SPED; 22 = HCFP/N	redicaid Class Rate	; 23 = Negotiated Unit Rate; 24 = Negotiated									
		4 500	OS STAFFING_# hours/yr = 1.00 FT8	E: 1820	FTE	Salary/Wage	EXPENSE - ACTUAL/PLANN		FTE	Actual	Planned	% Var
	Contrib., Gifts, Leg., Bequests, Spec. Ev. Gov In-Kind/Capital Budget	4,609	1S Program Director (UFR Title 102) 2S Program Function Manager (UFR Title	101)	0.10	4,814 13,969	1E Total Direct Program S 2E Chief Executive Officer	itan = 395	3.27	107,927	142,276	-24.1 %
	Private IN-Kind	9,762	3S Asst Program Director (UFR Title 103)			13,303	3E Chief Financial Officer					
	Total Contribution and In-Kind	14,371	4S Supervising Professional (UFR Title 10				4E Accting/Clerical Support					
	Mass Gov Grant	14,371	5S Physician & Psychiatrist (UFR Title 10				5E Admin Maint/House-Gm					
	Other Grant (exclud. Fed.Direct)	3,105	6S Physician Asst. (UFR Title 106)	J & 1217			6E Total Admin Employee					
	Total Grants	3,105	7S N. Midwife, N.P., Psych N., N.A., R.N	#Δ /Title 107\			7E Commerical products & S					
	Dept of Mental Health (DMH)	5,105	8S R.N Non Masters (UFR Title 108)	in (Title 101)			8E Total FTE/Salary/Wage		3.27	107,927		
	Dept of Developmental Services(DDS/DM	R)	9S L.P.N. (UFR Title 109)				9E Payroll Taxes 150		- 421	10,741		
	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		-	8,894		
	Dept.of Children and Families (DCF/DSS)	182,962	11S Occupational Therapist (UFR Title 111)				11E Accrual Adjustments		-	3,034		
	Dept. of Transitional Assist (DTA/WEL)	102,302	12S Physical Therapist (UFR Title 112)	'			12E Total Employee Compe	enestion & Del Evo		127,562	174,744	27.0 %
	Dept. of Youth Services (DYS)		13S Speech / Lang. Pathol., Audiologist (UF	R Title 113\			13E Facility and Prog. Equip.		• -	399	1/4,/44	-27.0 %
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)	it into i ioj			14E Facility & Prog. Equip. D		-	867		
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title 11	5)			15E Facility Operation/Maint.		-	6,743		
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	<b>-</b> ,			16E Facility General Liability		-	300		
	MA. Comm for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy	madrance 550	-	8,309	10,462	20 5 97
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 118	0			18E Direct Care Consultant 2	201	-	0,003	10,402	<u>-20.6</u> %
	MA Off for Refugees & Immigr (ORI)		19S Day Care Teacher (UFR Title 119)	''			19E Temporary Help 202	201	-			
	Dept of Early Educ. & Care (EEC)-Contra	ct	20S Day Care Asst. Teacher / Aide (UFR Ti	lle 1201			20E Clients and Caregivers F	Paimh /Stinands 203				
	Dept of Early Educ, & Care (EEC)-Vouche		21S Psychologist - Doctorate (UFR Title 12				21E Subcontracted Direct Ca		•			
	Dept of Correction (DOC)	·	22S Clinician-(formerly Psych Masters)(UFF				22E Staff Treining 204	110 200	-	145		
	Dept. of Elementary & Secondary Educ. (D	OF)	23S Social Worker - L.I.C.S.W. (UFR Title 1			-	23E Staff Mileage / Travel 20	15	-	1,373		
	Parole Board (PAR)	,0	24S Social Worker - L.C.S.W., L.S.W (UFR				24E Meals 207	.5	-	9		
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)	Time 120 d 120)			25E Client Transportation 20	na .	-			
	Ex. Off. of Elder Affairs (ELD)		26S Cert. Voc. Rehab. Counselor (UFR Title	. 128\			26E Vehicle Expenses 208	10				
	Div of Housing & Community Develop(OC	n,	27S Cert. Alch. &/or Drug Abuse Counselor		-		27E Vehicle Depreciation 20	۵				
	POS Subcontract		28S Counselor (UFR Title 130)	(OFK TILE 123)	0.48	16,297	28E Incidental Medical /Medi		-			
	Other Mass. State Agency POS	4,877		7 Title 121\	0.40	10,231	29E Client Personal Allowani		-			
	Mass State Agency Non - POS	4,677	30S Case Worker / Manager (UFR Title 132				30E Provision Material Good			26 100		
	Mass, Local Govt/Quasi-Govt, Entities		31S Direct Care / Prog. Staff Superv. (UFR				31E Direct Client Wages 214		-	25,108		
	Non-Mass, State/Local Government		32S Direct Care / Prog. Staff III (UFR Title 1		0.25	7,756	32E Other Commercial Prod.					
	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 13		2.00	59,046				541		
	Medicaid - Direct Payments		34S Direct Care / Prog. Staff i (UFR Title 13		2.00	33,040	33E Program Supplies & Mat 34E Non Charitable Expense		-	341		
	Medicaid - M8HP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR 1		0.21	6,045	35E Other Expense	38				
	Medicare		36\$ Maintainence, House/Groundskeeping,		0,21	0,045	36E Total Other Program E		-	27,176	18,013	500.00
	Mass. Govt. Client Stipends	***************************************	37S Direct Care / Driver Staff (UFR Title 13				42E Other Professional Fees		. 440	5,704	10,013	50.9 %
	Client Resources		38S Direct Care Overtime, Shift Differential		XXXXXX		43E Leased Office/Program			1,592		
	Mass, spon,client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E	and Mener	3.27	107,927	44E Office Equipment Depre			33		
	Other Publicly sponsored client offsets		333 Total Direct Program Stall - IL		3.21	101,321	48E Program Support 216	CIARON 410	-			
	Private Client Fees (excluding 3rd Pty)		SERVI	CE STATISTICS			49E Professional Insurance	410		485		
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service:				50E Working Capital Interest		-	400		
	Total Assistance and Fees	187,839	2SS Enter total unit capacity:				51E Total Direct Administra			7,814	5,600	42.1 %
	Federated Fundraising	356	and total unit capacity.	-,744	Unduo #	# service units	52E Admin (M&G) Reporting		-	32,158	40,650	-20.9 %
	Commercial Activities				Clients	delivered	53E Total Reimbursable Ex		-	203,019	249,369	-18.6 %
	Non-Charitable Revenue		3SS OSD's Program Publicly	sponsored clients:		3011.0.04	54E Direct State/Federal Nor		ense .	9,784	14,940	-34.5 %
	Investment Revenue			sponsored clients:			55E Allocation of State/Fed M			307		
48R	Other Revenue		5SS Internet filing system)	Free Care clients:	1,116	6,139	56E TOTAL EXPENSE		•	213,110	254,309	-19.4 %
49R	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	1,116	6,139	57E TOTAL REVENUE = 53	R	•	241,221	264,309	-8.7 %
50R	Released Net Assets-Program	550	7SS fillings				58E OPERATING RESULTS	3	•	28.111		
	Released Net Assets-Equipment						CRE Preliminary Calculation	of Cost Reimb. Exce	ss Rev *	• (	subject to OSD a	diustment \
	Released Net Assets-Time	35,000	MASSACHUSETTS CONTRACT I	NFORMATION		NON-REIMBURSA	BLE EXPENSE DETAIL		Descriptio		,	-,- January
	Total Revenue = 57E	241,221	Dept Contract ID -11 Characte				ompensation & Related Exp.		,			
		- 1 - 1 - 1	1C DCF 09950720018	DVCB		Direct Occupancy						
	SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL	2C EOHHS 7NEWHO255RG	5005		Direct Other Progra	am/Operating	9,762	Valuation of	f Donated Sarvices		
	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontract						
1SDC			4C			Direct Administrativ						
2SDC			5C			Direct Other Expen						
3 <b>S</b> DC			POS SUBCONTRACT INFOR	MATION		Direct Depreciation		22	Donation/g	rant funded program	asset deprecial	ion
4SDC		•	State Dept Payor Name	Payor's FEIN			eimbursable (Tie to 54E)	9,784			· · · · · · · · · · · · · · · · · · ·	
5SDC		·	1PS				located Non-Reimb, (54E+55E)	The second secon		s of Non-Reimburs		
			2PS				oursable Exp. Revenue Offsets			ffsets is subject to i		
Comm.	Of MA Surplus Rev. Retention Share	(25,271)		-		Capital Budget Rev				purchased by the C		
,		120,211					mbursable Expense Over Offse	ets (43,291)	recognized	as a liability on the	rinanciai Staten	nents,)
	PREPARER COMMENTS:							-				

	ORGANIZATION: New Hope, Inc.		PROGRAM SU	JPPLEMENTA	L INFORMATION S	CHEDULE B - Unaudi	ted	FY END: _	6/30/2016	FEIN:_	042681340
	UFR Program Number: 29	Program Name:	Western Region Community Based Services	Description:	Counseling, Casework	, Advocacy and Visitation	Catalog of Fede			B	
	Program Type: 23	Program Address:	291 Main Street (multisite)	Milford	MA 01757	# Weeks operated du	http://www.cfda.g uring audit period (e.g., 52)			ours/week (e.g., 40):	35.00
ote to	Readers: This schedule should be read in	context with F.S. N	(Number/Street) loles and all other UFR information. In many in	(City) istances the presenc	(State) (Zipcode) e of significant planned to a	octual variances or non-reimbursa	ible expenses (e.g., li	n-Kind donation	ns) may be approp	riate and desirat	ole.
Progr	am Type codes: 21 = SPED, 22 = HCFP/N		; 23 = Negotiated Unit Rate; 24 = Negotiated	Accomodations Rate	; 25= Non-negotiated Acco	modations Rate; 26 = Other Non-	negotiated Unit Rale				
EVEN			OS STAFFING_# hours/yr = 1.00 FT	E: <u>1820</u>	FTE Salary/Wage	EXPENSE - ACTUAL/PLAN		FTE	Actual	Planned	% Var
	Contrib , Gifts, Leg., Bequests, Spec. Ev	4,884	1S Program Director (UFR Title 102)	101)	0.52 24,754		Staff = 39S	5.69	195,762	204,006	4.0 %
	Gov In-Kind/Capital Budget Private IN-Kind	2,256	2S Program Function Manager (UFR Title 3S Asst. Program Director (UFR Title 103)		0.39 24,290	<ul> <li>2E Chief Executive Officer</li> <li>3E Chief Financial Officer</li> </ul>					
	Total Contribution and In-Kind	7,140	4S Supervising Professional (UFR Title 10			4E Accting/Clerical Suppor	t				
	Mass Gov Grant		5S Physician & Psychiatrist (UFR Title 10			5E Admin Maint/House-Gri					
6R	Other Grant (exclud. Fed.Direct)		6S Physician Asst. (UFR Title 106)	•		6E Total Admin Employe					
7R	Total Grants		7S N Midwife, N.P., Psych N., N.A., R.N	MA (Title 107)		7E Commerical products &	Svs/Mkting				
	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)			8E Total FTE/Salary/Wag	<b>85</b>	5.69	195,762		
	Dept of Developmental Services(DDS/DM	R)	9S L.P.N. (UFR Title 109)			9E Payroll Taxes 150			19,091		
	Dept. of Public Health (DPH)	202 204	10S Pharmacist (UFR Title 110)			10E Fringe Benefils 151		_	16,705		
	Dept of Children and Families (DCF/DSS)	367,391	11S Occupational Therapist (UFR Title 111	)		_ 11E Accrual Adjustments		_	224 550	250 444	75.84
	Dept of Transitional Assist (DTAWEL) Dept of Youth Services (DYS)		12S Physical Therapist (UFR Title 112)	ED Tillo 112\		12E Total Employee Comp		).	231,558	250,411	-7,5 %
	Health Care Fin & Policy (HCF)-Contract		13S Speech / Lang. Pathol., Audiologist (UI 14S Dietician / Nutritionist (UFR Title 114)	K Title 113)		13E Facility and Prog. Equip. 14E Facility & Prog. Equip.			2,120		
	Health Care Fin & Policy (HCF)-UCP	~	15S Spec. Education Teacher (UFR Title 1	15)		15E Facility Operation/Main		_	19,541		
	MA Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)	,		16E Facility General Liability		_	387		
	MA. Comm. for Deaf & H H (MCD)	-	17\$ Day Care Director (UFR Title 117)			17E Total Occupancy	,	_	22,656	24,927	-9.1 %
18R	MA Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 11	3)		18E Direct Care Consultant	201	_			
19R	MA Off for Refugees & Immigr (ORI)		19S Day Care Teacher (UFR Title 119)			19E Temporary Help 202					
	Dept. of Early Educ & Care (EEC)-Contra		20S Day Care Asst, Teacher / Aide (UFR T			20E Clients and Caregivers					
	Dept of Early Educ. & Care (EEC)-Vouche	er	21S Psychologist - Doctorate (UFR Title 12			21E Subcontracted Direct C	are 206	_			
	Dept of Correction (DOC)		22S Clinician-(formerly Psych.Masters)(UF)			22E Staff Training 204		_	1,028		
	Dept. of Elementary & Secondary Educ. (I	DO <u>E)</u>	23S Social Worker - L.I.C.S.W. (UFR Title			23E Staff Mileage / Travel 2	05	_	4,733		
	Parole Board (PAR)		24S Social Worker - L.C.S.W., L.S.W (UFR	Title 125 & 126)		24E Meals 207	00	_			
	Veteran's Services (VET) Ex. Off of Elder Affairs (ELD)		25S Licensed Counselor (UFR Title 127) 26S Cert. Voc. Rehab, Counselor (UFR Title	0.128\	<del></del>	25E Client Transportation 2 26E Vehicle Expenses 208	UB	_			
	Div. of Housing & Community Develop(OC	D)	27S Cert. Alch. &/or Drug Abuse Counselor			27E Vehicle Depreciation 20	08	_			
	POS Subcontract		28S Counselor (UFR Title 130)	(OF IT TIME 123)	0.04 1,536			_			
	Other Mass. State Agency POS	11,723	29S Case Worker / Manager - Masters (UF	R Title 131)		29E Client Personal Allowar		_			
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 13)			30E Provision Material Goo		-	47,945		
	Mass. Local Govt/Quasi-Govt. Entities		31S Direct Care / Prog. Staff Superv. (UFR			31E Direct Client Wages 21	4	_			
32R	Non-Mass State/Local Government		32S Direct Care / Prog. Staff III (UFR Title	134)	1.22 45,477			_			
	Direct Federal Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title 1		2.85 79,800			_	990		
	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title 1:			34E Non Charitable Expens	es	_			
	Medicaid - MBHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFR		0.67 19,910			_	£4.505	45 522	40.0.44
	Medicare Mass. Govt Client Stipends		36S Maintainence, House/Groundskeeping			36E Total Other Program I 42E Other Professional Fee		- 410 -	54,696 8,103	45,632	19.9 %
	Client Resources	32,922	37S Direct Care / Driver Staff (UFR Title 13 38S Direct Care Overtime, Shift Differential		XXXXXXX	43E Leased Office/Program			3,573		
	Mass spon client SF/3rd Ply offsets	JE,JEE	39S Total Direct Program Staff = 1E	and itelier	5.69 195.76			_	455		
	Other Publicly sponsored client offsets		ood Total Officer Flogram Cam = 12		100/10	48E Program Support 216					
	Private Client Fees (excluding 3rd Pty)	****	SERV	ICE STATISTICS		49E Professional Insurance	410	_	908		
42R	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service:			50E Working Capital Interes					
	Total Assistance and Fees	412,036	2SS Enter total unit capacity	7,302		51E Total Direct Administr		_	13,039	8,951	45.7 %
	Federated Fundraising	356			Undup # # service unit			_	60,455	68,471	-11.7 %
	Commercial Activities		2001		Clients delivered	53E Total Reimbursable E			382,404 2,256	398,392	-4.0 %
	Non-Charitable Revenue Investment Revenue			y sponsored clients: y sponsored clients:		54E Direct State/Federal No 55E Allocation of State/Fed			577	13,320	-83.1 %
	Other Revenue		4SS Performance Report (D-1 Privatel 5SS Internet filing system)	Free Care clients:	442 2,94		TOTAL TOTAL SADIO C		385,237	411,712	-6.4 %
	Allocated Admin (M&G) Revenue		6SS suspended for FY '08	Total:	442 2,94		3R	-	424,532	411,712	3.1 %
	Released Net Assets-Program	5,000	7SS filings.			58E OPERATING RESULT		_	39,295		
	Released Net Assets-Equipment					CRE Preliminary Calculation	of Cost Reimb Exce	ss Rev * —	·7	subject to OSD a	idjustment )
	Released Net Assets-Time		MASSACHUSETTS CONTRACT	NFORMATION	NON-REIMBUR	SABLE EXPENSE DETAIL		Description		•	
5 <b>3</b> R	Total Revenue = 57E	424,532	Dept Contract ID -11 Charact	ers MMARS Code	1N Direct Employee	Compensation & Related Exp.					
			1C DCF 09950720019	DVC8	2N Direct Occupant						
	SUBCONTRACTED DIRECT CARE		2C EOHHS 7NEWH0255RG	5005	3N Direct Other Pro		2,258	Valuation of	Donated Services		
•	Subcontractor Name FEIN	Expense Amt.	3C		4N Direct Subcontra						
SDC			4C		<ul> <li>5N Direct Administr</li> <li>6N Direct Other Exp</li> </ul>						
SDC			POS SUBCONTRACT INFOR	MATION	7N Direct Deprecial						
SDC		-	State Dept Payor Name	Payor's FEIN		n-Reimbursable (Tie to 54E)	2,256				
SDC			1PS			Allocated Non-Reimb. (54E+55E			of Non-Reimburs		
			2PS		10N Eligible Non-Re	imbursable Exp. Revenue Offset:	12,496		isets is subject to archased by the (		
omm.	Of MA Surplus Rev. Retention Share	24,658	3PS		11N Capital Budget I				as a liability on the		
	PREPARER COMMENTS:										

	ORGANIZATION: New Hope, Inc.		PROGRAM S	UPPLEMENTA	L INFOI	RMATION SCI	HEDULE B - Unaudi	ted	FY END:	6/30/2016	FEIN:	042681340
ŧ	JFR Program Number: 30	Program Name:	Domestic Violence Emergency Shelter	Description:		Emergency Shelter/Cas	sewark/Counseling	Catalog of Fede		c Assistance #:	93.671 E	10,558
	*Program Type: 23	Program Address:	140 Park Street (multisite confidential)	Attleboro (City)	(State)	02703 (Zipcode)	# Weeks operated do	ring audit period (e.g., 52			hours/week (e.g., 40):	35.00
Nata to	Pandars: This schodulo should be read in	contoxt with E.S. A	(Number/Street) lotes and all other UFR information. In many				al variances or non-reimbursa	hle ernenses (e.a. li	n-Kind donatic	ons) may be anon	oniate and desiral	ıle.
Proor	m Tupe codes: 21 - SPED: 22 - UCEDA	l comext with r.s. h	r; 23 = Negotiated Unit Rate; 24 = Negotiate	instances the present	· 25= Non-	negatived Accomo	dations Pale: 26 = Other Non	-negotiated Unit Rate	27 = Cost R	eimbursement: N	A = Not Annlicable	iro.
REVEN		ibulcalu Class Rate	OS STAFFING_# hours/yr = 1.00 F		FTE	Salary/Wage	EXPENSE - ACTUAL/PLAN	NED	FTE	Actual	Planned	% Var
		7004		1020	1.97	71,097	1E Total Direct Program		9.22	417,309	434,495	4.0 %
	Contrib., Gifts Leg., Bequests, Spec Ev	7,051	1S Program Director (UFR Title 102)	- 404			2E Chief Executive Officer	3tail - 333	- 3.22	50	101,100	-1.0
	Gov. In-Kind/Capital Budget	20 110	2S Program Function Manager (UFR Title		0.50	30,562				30		
	Private IN-Kind	22,410					3E Chief Financial Officer					
	Total Contribution and In-Kind	29,461					4E Accting/Clerical Suppor					
5R	Mass Gov Grant		5S Physician & Psychiatrist (UFR Title 1	05 & 121)			SE Admin Maint/House-Gr					
6R	Other Grant (exclud. Fed.Direct)	34,138	6S Physician Asst. (UFR Title 106)				6E Total Admin Employe			50		
7R	Total Grants	34,138		- MA (Title 107)			7E Commerical products 8					
8R	Dept. of Mental Health (DMH)		8S R.N Non Masters (UFR Title 108)				8E Total FTE/Salary/Wag	es	9.22	417,359		
9R	Dept. of Developmental Services (DDS/DM	R)	9S L.P.N (UFR Title 109)				9E Payroll Taxes 150			41,535		
	Dept. of Public Health (DPH)		10S Pharmacist (UFR Title 110)				10E Fringe Benefits 151		-	35,971		
	Dept. of Children and Families (DCF/DSS)	685,558	11S Occupational Therapist (UFR Title 11	1)			11E Accrual Adjustments		•			
	Dept. of Transitional Assist (DTA/WEL)		12S Physical Therapist (UFR Title 112)	-,			12E Total Employee Comp	ensation & Rel. Exc	o	494,865	517,202	-4,3 %
	Dept. of Youth Services (DYS)		13S Speech / Lang, Pathol., Audiologist (	IED Title 113\			13E Facility and Prog. Equi		•	1,336		
	Health Care Fin & Policy (HCF)-Contract		14S Dietician / Nutritionist (UFR Title 114)				14E Facility & Prog. Equip.		-	10,054		
							15E Facility Operation/Main		-	59,430		
	Health Care Fin & Policy (HCF)-UCP		15S Spec. Education Teacher (UFR Title	113)	-				-	1,831		
	MA. Comm. For the Blind (MCB)		16S Teacher (UFR Title 116)				16E Facility General Liabilit	y insurance 390	-		72.055	40 1/
	MA. Comm. for Deaf & H H (MCD)		17S Day Care Director (UFR Title 117)				17E Total Occupancy			72,651	73,955	%
	MA. Rehabilitation Commission (MRC)		18S Day Care Lead Teacher (UFR Title 1	18)			18E Direct Care Consultant	201				
19R	MA. Off for Refugees & Immigr. (ORI)		19S Day Care Teacher (UFR Title 119)				19E Temporary Help 202					
20R	Dept of Early Educ & Care (EEC)-Contra	ct	20S Day Care Assi. Teacher / Aide (UFR	Tille 120)			20E Clients and Caregivers		3 .			
21R	Dept of Early Educ. & Care (EEC)-Vouche	r	21S Psychologist - Doctorate (UFR Title 1	22)			21E Subcontracted Direct C	are 206				
22R	Dept of Correction (DOC)		22S Clinician-(formerly Psych Masters)(U	FR Title 123)			22E Staff Training 204			161		
	Dept. of Elementary & Secondary Educ (I	13,184	23S Social Worker - L.I.C.S.W. (UFR Title				23E Staff Mileage / Travel 2	105		5,361		
	Parole Board 'PAR)		24S Social Worker - L.C.S.W., L.S.W (UF				24E Meals 207			15,232		
	Veteran's Services (VET)		25S Licensed Counselor (UFR Title 127)	,			25E Client Transportation 2	08	•	1,229		
	Ex. Off of Eldar Affairs (ELD)		26S Cert. Voc. Rehab. Counsalor (UFR T	tle 128)			26E Vehicle Expenses 208		•			
	Div. of Housing & Community Develop(OC	D)	27S Cert. Alch. &/or Drug Abuse Counsel				27E Vehicle Depreciation 2	08				
	POS Subcontract		28S Counselor (UFR Title 130)	51 (61 10 1116 125)	0,85	30,687	28E Incidental Medical /Medical					
	Other Mass, State Agency POS		29S Case Worker / Manager - Masters (U	ED Title 1311	- 0,03	30,007	29E Client Personal Allowa					
					1.00	55.742	30E Provision Material Goo			1,001		
	Mass State Agency Non - POS		30S Case Worker / Manager (UFR Title 1		1.99	55,713				1,001		
	Mass Local Covt/Quasi-Govt Entities		31S Direct Care / Prog. Staff Superv. (UF				31E Direct Client Wages 21					
	Non-Mass State/Local Government		32S Direct Care / Prog. Staff III (UFR Title			100 700	32E Other Commercial Proc			420		
	Direct Federa Grants/Contracts		33S Direct Care / Prog. Staff II (UFR Title		3.91	102,768	33E Program Supplies & Ma			420		
	Medicaid - Direct Payments		34S Direct Care / Prog. Staff I (UFR Title				34E Non Charitable Expens	ies				
35R	Medicaid - MEHP Subcontract		35S Prog. Secretarial / Clerical Staff (UFF	R Title 137)			35E Other Expense					
36R	Medicare		36S Maintainence, House/Groundskeepir	g, Cook 138			36E Total Other Program			23,404	29,900	-21.7 %
37R	Mass. Govt. Client Stipends		37S Direct Care / Driver Staff (UFR Title	38)			42E Other Professional Fee	s & Other Admin. Ex	p. 410	16,930		
38R	Client Resources	1,120	38S Direct Care Overtime, Shift Differenti	al and Relief	XXXXXX	126,482	43E Leased Office/Program	Office Equip. 410,39	0	4,822		
39R	Mass, spon, client SF/3rd Pty offsets		39S Total Direct Program Staff = 1E		9.22	417,309	44E Office Equipment Depr	eciation 410		670		
	Other Publicly sponsored client offsets		•				48E Program Support 216					
	Private Client Fees (excluding 3rd Pty)		SFR	VICE STATISTICS			49E Professional Insurance	410		1,952		
	Private Client 3rd Pty/other offsets		1SS Enter defined unit of service				50E Working Capital Intere					
	Total Assistance and Fees	699,862					51E Total Direct Administ			24,374	16,282	49.7 %
	Federated Fundraising	1,993		, ,,,,,,	Unden f	# service units	52E Admin (M&G) Reportin			135,535	119,507	13.4 %
	Commercial Activities	1,333	•		Clients	delivered	53E Total Reimbursable E			750,829	756,846	-0.8 %
	Non-Charitable Revenue		2001-00-0 Bubli	oly sponsored clients:	Onerita	delivered	54E Direct State/Federal N		nense	12,775	3,838	232.9 %
	Investment Revenue			ely sponsored clients:			55E Allocation of State/Fed			1,293	- 5,550	
	Other Revenue		- I brianing report /2	Free Care clients:	81	4,192	56E TOTAL EXPENSE			764,897	760,684	0.6 %
	Allocated Admin (M&G) Revenue		5SS Internet filing system)	Totai:	81	4,192	57E TOTAL REVENUE = 5	3P		810,541	760,684	6.6 %
		1.005	6SS suspended for FY '08	TOTAL.		7,132	58E OPERATING RESULT			45,644		
	Released Net Assets-Program	4,885	7SS filings.						9 •	10,044	(aubical la OSD	adjustment \
	Released Net Assets-Equipment		•				CRE Preliminary Calculation	or Cost Reimb. Exce			(subject to OSD a	adjustment )
	Released Net Assets-Time	40,202					BLE EXPENSE DETAIL		Descriptio	on		
53R	Total Revenue = 57E	810,541	Dept Contract ID -11 Chara				ompensation & Related Exp.					
			1C DCF 2016DOMVIOL	DVRE		Direct Occupancy						
	SUBCONTRACTED DIRECT CARE	EXPENSE DETAIL	2C DOE 8N70532117A	NPOS		Direct Other Progra		3,210	Valuation of	of Donated Servic	2S	
	Subcontractor Name FEIN	Expense Amt.	3C			Direct Subcontract						
1SDC			4C		2 5N	Direct Administrative	ve Expense					
2SDC			5C		6N	Direct Other Expen	nse					
3SDC			POS SUBCONTRACT INFO	RMATION		<b>Direct Depreciation</b>		9,565	Donation/g	grant funded progr	am asset deprecia	tion
4SDC		-	State Dept Payor Name	Payor's FEIN	8N	Total Direct Non-R	eimbursable (Tie to 54E)	12,775		( N D-!	mahla Everen	er Eliaible
5SDC			1PS		9N	Total Direct and Al	liocated Non-Reimb. (54E+55)	E) 14,068			rsable Expense ov	
			2PS				bursable Exp. Revenue Offset				o recoupment whe	
Comm	Of MA Sumber Boy Betantian Chara	(64,931				Capital Budget Re					Commonwealth a	
oomin.	Of MA Surplus Rev. Retention Share	(04,931					imbursable Expense Over Off	sets (96,611)	- recognized	as a nability on t	he Financial State	inditis.)
	PREPARER COMMENTS:							1-2/2/17	-			
	THE PILEY COMMENTS.											

# INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To Board of Directors New Hope, Inc. (A Non-Profit Corporation) Attleboro, MA

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of New Hope, Inc. which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 9, 2016.

## Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered New Hope, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of New Hope, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of New Hope, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of New Hope, Inc.'s financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether New Hope, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of New Hope, Inc.'s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering New Hope, Inc.'s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Damiano, Burk & Nuttall, P.C. Lincoln, RI November 9, 2016

# INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors New Hope, Inc. (A Non-Profit Organization) Attleboro, MA 02703

## Report on Compliance for Each Major Federal Program

We have audited New Hope, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of New Hope, Inc.'s major federal programs for the year ended June 30, 2016. New Hope, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

## Management's Responsibility

Management is responsible for compliance with the federal statutes, regulations, contracts, and the terms and conditions of its federal awards applicable to its federal programs.

#### Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of New Hope, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on the major federal program occurred. An audit includes examining, on a test basis, evidence about New Hope, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major program. However, our audit does not provide a legal determination of New Hope, Inc.'s compliance.

#### Opinion on Each Major Federal Program

In our opinion, New Hope, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs identified above for the year ended June 30, 2016.

## Report on Internal Control over Compliance

Management of New Hope, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered New Hope, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of New Hope, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Damiano, Burk & Nuttall, P.C. Lincoln, RI November 9, 2016

### SCHEDULE OF FINDINGS AND QUESTIONED COSTS

#### For the Year ended June 30, 2016

## Summary of Auditors' Results

- 1. The auditor's report expresses an unmodified opinion on whether the financial statements of New Hope, Inc. were prepared in accordance with GAAP.
- 2. No material weaknesses were identified during the audit of the financial statements.
- 3. No instances of noncompliance material to the financial statements of New Hope, Inc. were disclosed during the audit.
- 4. No material weaknesses were identified during the audit of the major federal award programs.
- 5. The auditor's report on compliance for the major federal award programs for New Hope, Inc. expresses an unmodified opinion.
- No audit findings were required to be reported in accordance with 2 CFR section 200.516(a).
- 7. The program tested as a major program consists of:
  - Family Violence Prevention and Services Grants for Battered Women's Shelters (CFDA#93.671)
- 8. The threshold for distinguishing Type A and B programs was \$750,000.
- 9. New Hope, Inc. did not qualify as a low-risk auditee.

### **Findings-Financial Statement Audit**

None

## Findings-Major Federal Award Programs Audit

None

## Findings-Commonwealth of Massachusetts

None



# HOTLINE (TTY/V) 1-800-323-HOPE

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Lincoln, RI 02865

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MJ Leadenham Center 91 Prescott Street Worcester, MA 01605 Phone 508-753-3146 Fax 508-753-3148 RESPECT: 877-222-0083

## **COURT LOCATIONS**

Attleboro
Dudley
East Brookfield
Milford
Taunton
Westborough
Uxbridge

www.new-hope.org



ENDINGDOMESTIC SEXUAL VIOLENCE INOURCOMMUNITY

Dear Mr. Nuttall:

We, the Finance Committee of the Board of Directors of New Hope, Inc., met on November 28, 2016, and have voted to recognize and accept the representations of management and the expression of opinions by Damiano, Burk & Nuttall, P.C., 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, 2016.

In addition, we, the Finance Committee of the Board of Directors of New Hope, Inc., hereby certify under penalty of perjury that to the best of the members of the board of directors' 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, 2016.

Signatory for Board of Directors:

Title: Trasse

Date: 11-28-16