

FORM **SF-SAC**
(5-18-2010)U.S. DEPT. OF COMM.— Econ. and Stat. Admin.— U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
OFFICE OF MANAGEMENT AND BUDGET**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates in 2010, 2011, or 2012**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

PART I**GENERAL INFORMATION (To be completed by auditee, except for Items 6, 7, and 8)**

1. Fiscal period ending date for this submission	2. Type of Circular A-133 audit	3. Audit period covered
Month Day Year 12 / 31 / 2011	1 ☒ Single audit 2 ☐ Program-specific audit	1 ☒ Annual 3 ☐ Other — Months 2 ☐ Biennial

4. Auditee Identification Numbers**a.** Primary Employer Identification Number (EIN)**20** — **8096820****b.** Are multiple EINs covered in this report? 1 ☐ Yes 2 ☒ No**c.** If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.**d.** Data Universal Numbering System (DUNS) Number**80** — **921** — **1100****e.** Are multiple DUNS covered in this report? 1 ☐ Yes 2 ☒ No**f.** If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.**5. AUDITEE INFORMATION**

a. Auditee name	
THE TOR PROJECT, INC.	
b. Auditee address (Number and street)	
969 MAIN STREET, SUIT 206	
City	
WALPOLE	
State	ZIP + 4 Code
MA	02081 —
c. Auditee contact	
Name	
MELISSA GILROY	
Title	
CONSULTANT CFO	
d. Auditee contact telephone	
(781) 696 — 4019	
e. Auditee contact FAX	
(800) 450 — 5194	
f. Auditee contact E-mail	
MELISSA@TORPROJECT.ORG	

g. AUDITEE CERTIFICATION STATEMENT — This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II, and III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Auditee certification _____ Date _____

ELECTRONICALLY CERTIFIED 8/7/2012

Name of certifying official _____

MELISSA GILROY

Title of certifying official _____

CHIEF FINANCIAL OFFICER

**6. PRIMARY AUDITOR INFORMATION
(To be completed by auditor)**

a. Primary auditor name	
MFA- MOODY, FAMIGLIETTI & ANDRONICO	
b. Primary auditor address (Number and street)	
1 HIGHWOOD DRIVE	
City	
TEWKSBURY	
State	ZIP + 4 Code
MA	01876 —
c. Primary auditor contact	
Name	
JOYCE RIPIANZI	
Title	
PARTNER	
d. Primary auditor contact telephone	
(978) 557 — 5349	
e. Primary auditor contact FAX	
(978) 685 — 2333	
f. Primary auditor contact E-mail	
JRIPIANZI@MFA-CPA.COM	

g. AUDITOR STATEMENT — The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9g, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II and III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

7a. Add Secondary auditor information? (Optional)1 ☐ Yes 2 ☒ No**b.** If "Yes," complete **Part I, Item 8** on the continuation sheet on page 5.

Auditor certification _____ Date _____

ELECTRONICALLY CERTIFIED 8/7/2012

PART II**FINANCIAL STATEMENTS (To be completed by auditor)****1. Type of audit report**

Mark either: 1 ☒ Unqualified opinion **OR**
any combination of: 2 ☐ Qualified opinion 3 ☐ Adverse opinion 4 ☐ Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report?1 ☐ Yes 2 ☒ No**3. Is a significant deficiency disclosed?**1 ☐ Yes 2 ☒ No**4. Is a material weakness disclosed?**1 ☐ Yes 2 ☒ No**5. Is a material noncompliance disclosed?**1 ☐ Yes 2 ☒ No**PART III****FEDERAL PROGRAMS (To be completed by auditor)****1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending \$500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 13)**1 ☐ Yes 2 ☒ No**2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 § .520(b))**

\$ 300,000

3. Did the auditee qualify as a low-risk auditee? (§ .530)1 ☐ Yes 2 ☒ No**4. Is a significant deficiency disclosed for any major program? (§ .510(a)(1))**1 ☐ Yes 2 ☒ No**5. Is a material weakness disclosed for any major program? (§ .510(a)(1))**1 ☐ Yes 2 ☒ No**6. Are any known questioned costs reported? (§ .510(a)(3) or (4))**1 ☐ Yes 2 ☒ No**7. Were Prior Audit Findings related to direct funding shown in the Summary Schedule of Prior Audit Findings? (§ .315(b))**1 ☐ Yes 2 ☒ No**8. Indicate which Federal agency(ies) have current year audit findings related to direct funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to direct funding. (Mark (X) all that apply or None)**98 ☐ U.S. Agency for International Development10 ☐ Agriculture23 ☐ Appalachian Regional Commission11 ☐ Commerce94 ☐ Corporation for National and Community Service12 ☐ Defense84 ☐ Education81 ☐ Energy66 ☐ Environmental Protection Agency39 ☐ General Services Administration93 ☐ Health and Human Services97 ☐ Homeland Security14 ☐ Housing and Urban Development03 ☐ Institute of Museum and Library Services15 ☐ Interior16 ☐ Justice17 ☐ Labor09 ☐ Legal Services Corporation43 ☐ National Aeronautics and Space Administration89 ☐ National Archives and Records Administration05 ☐ National Endowment for the Arts06 ☐ National Endowment for the Humanities47 ☐ National Science Foundation07 ☐ Office of National Drug Control Policy59 ☐ Small Business Administration96 ☐ Social Security Administration19 ☐ U.S. Department of State20 ☐ Transportation21 ☐ Treasury64 ☐ Veterans Affairs00 ☒ None☐ Other - Specify:

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR										10. AUDIT FINDINGS		
CFDA Number	Research and development	A R R A3	Name of Federal program	Amount expended	Direct award	Major program	Major program	Type(s) of compliance requirement(s) ⁵	Audit finding reference number(s) ⁶			
Federal Agency Prefix ¹	Extension ²	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(a)	(b)	
1 2	.335		1 ☒ Y 2 ☒ N	1 ☐ Y 2 ☒ N	BASIC AND APPLIED RESEARCH AND DEVELOPMENT IN AREAS RELATING TO THE NAVY	\$ 503,706 .00	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	U	O	N/A	
1 9	.345		1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	INTERNATIONAL PROGRAMS TO SUPPORT DEMOCRACY, HUMAN RIGHTS AND LABOR	\$ 227,118 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A	
4 7	.070		1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	COMPUTER AND INFORMATION SCIENCE AND ENGINEERING	\$ 143,062 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A	
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PART I GENERAL INFORMATION - Continued

8. Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information)

1. a. Secondary Auditor name N / A		2. a. Secondary Auditor name		3. a. Secondary Auditor name	
b. Secondary Auditor address (Number and street)		b. Secondary Auditor address (Number and street)		b. Secondary Auditor address (Number and street)	
City		City		City	
State ZIP + 4 Code		State ZIP + 4 Code		State ZIP + 4 Code	
c. Secondary Auditor contact Name Title		c. Secondary Auditor contact Name Title		c. Secondary Auditor contact Name Title	
d. Secondary Auditor contact telephone () -		d. Secondary Auditor contact telephone () -		d. Secondary Auditor contact telephone () -	
e. Secondary Auditor contact FAX () -		e. Secondary Auditor contact FAX () -		e. Secondary Auditor contact FAX () -	
f. Secondary Auditor contact E-mail		f. Secondary Auditor contact E-mail		f. Secondary Auditor contact E-mail	
4. a. Secondary Auditor name		5. a. Secondary Auditor name		6. a. Secondary Auditor name	
b. Secondary Auditor address (Number and street)		b. Secondary Auditor address (Number and street)		b. Secondary Auditor address (Number and street)	
City		City		City	
State ZIP + 4 Code		State ZIP + 4 Code		State ZIP + 4 Code	
c. Secondary Auditor contact Name Title		c. Secondary Auditor contact Name Title		c. Secondary Auditor contact Name Title	
d. Secondary Auditor contact telephone () -		d. Secondary Auditor contact telephone () -		d. Secondary Auditor contact telephone () -	
e. Secondary Auditor contact FAX () -		e. Secondary Auditor contact FAX () -		e. Secondary Auditor contact FAX () -	
f. Secondary Auditor contact E-mail		f. Secondary Auditor contact E-mail		f. Secondary Auditor contact E-mail	