FORM **SF-SAC** (5-18-2010)

U.S. DEPT. OF COMM.- Econ. and Stat. Admin.- U.S. CENSUS BUREAU

Reporting on	ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET
reportina on	

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)									
Month Day Year 1 🔀 S	of Circular A-133 audit Single audit 1 X Annual 3 Other – Months 2 Biennial									
4. Auditee Identification Numbers a. Primary Employer Identification Number (EIN) 2 0 - 8 0 9 6 8 2 0 b. Are multiple EIN's covered in this report? 1 Yes 2 X c. If Part Litem 40 = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.	d. Data Universal Numbering System (DUNS) Number 8 0 - 9 2 1 - 1 1 0 0 No e. Are multiple DUNS covered in this report? 1 Yes 2 X No f. If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.									
5. AUDITEE INFORMATION	6. PRIMARY AUDITOR INFORMATION (To be completed by auditor)									
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 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	a. Primary auditor name MFA- MOODY, FAMIGLIETTI & ANDRONICO b. Primary auditor address (Number and street) 1 HIGHWOOD DRIVE City TEWKSBURY State MA 2IP + 4 Code MA 0 1 8 7 6 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 JEMPIANZI@MFA-CPA.COM									
g. AUDITEE CERTIFICATION STATEMENT – This to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an auditine in accordance with the provisions of OMB Circular A-13 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a sign 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 MISSION NOT FOR SUBMISSION NOT FOR SU	included in this form are limited to those prescribed by OMB Sircular 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 eport(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 auditor at the address provided in Part I of this form. As repaired 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)									
NELECTRONICALLY CERTIFIED OF FOR 8/7/2012SS Name of certifying officials SION NOT FOR SUBMISS NOT FOR SUBMISSION NOT FOR SUBMISS MELISSA GILROYUSSION NOT FOR SUBMISS	1 Yes 2 X No 1 Yes 2 X No b. If "Yes," complete Part I, Item 8 on the continuation sheet on page 5.									
Title of certifying official SSION NOT FOR SUBMISSION NOT FOR	ION Auditor certification MISSION NOT FOR Spatie VSSION NOT FOR Spatie VSSION NOT FOR STATE OF STATE O									

INTER	NET REPORT ID: 48861	6 VERSION: 1	Primary EIN: 2 0 - 8 0 9 6 8 2 0
PART	II FINANCIA	AL STATEMENTS (To be complet	ed by auditor)
Mark e		nqualified opinion OR ualified opinion 3 Adverse opinion 4	☐ Disclaimer of opinion
2. Is a "go	oing concern" explana	tory paragraph included in the audit report?	1 ☐ Yes ₂ 🗷 No
3. Is a sig	gnificant deficiency disc	closed?	1 Yes 2 X No
4. Is a ma	aterial weakness disclo	osed?	1 ☐ Yes 2 🗷 No
	aterial pencompliance		1 ☐ Yes 2 🗷 No
PART	TILL	PROGRAMS (To be completed b	y auditorj
statem	ents include departme	ude a statement that the auditee's financial ents, agencies, or other organizational units in Federal awards that have separate A-13 In this audit? (AICPA <u>Audit Guide</u> , Chapter	3 1 □ Yes 2 X No
2. What i (OMB	s the dollar threshold t Circular A-133 85	o distinguish Type A and Type B programs?	\$ 300,000
3. Did the	e auditee qualify as a l	ow-risk auditee? (§530)	1 ☐ Yes 2 🗷 No
4. Is a sig	gnificant deficiency dis	closed for any major program? (§510(a	a)(1)) 1
5. Is a ma	aterial weakness disclo	sed for any major program? (§5 0(a)((1)) 1
	y known questioned co		1 ☐ Yes 2 🗷 No
7. Were F Prior A	Prior Audit Findings relaudit Findings? (§3	ated to direct funding shown in the Summ (15(b))	ary &chedule of 1 ☐ Yes 2 🗷 No
8. Indicat in the	e which Federal age Summary Schedule of	ncy(ies) have current yea r audit findings rela Prior Audit Findings related to direct fundi	nted to direct funding or prior audit findings showning (Mark (X) all that apply or None)
10	J.S. Agency for Inter- national Development Agriculture Appalachian Regional Commission Commerce Corporation for National and Community Service Defense Education Energy Environmental Protection Agency	o3 Institute of Museum and Library Services 15 Interior 16 Justice 17 Labor 09 Legal Services Corporation	National Archives and Records Administration National Endowment for the Arts National Endowment for the Humapities National Science Foundation Of Small Business Administration Social Security Administration

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FEDERAL PROGRAMS - Continued

PART III

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10. AUDIT FINDINGS	Audit finding reference number(s) 6 (b)	N/A	N/A	V ¥₩	Г								
	Type(s) of compliance requirement(s)5	0	0										
	If yes, type of audit report 4 (i)	ם											
	Major program Major If yes, ty of aud program report (h) (i)	- 2 X	≻ Z	2 X X	N	> Z	- ×	> Z	1	2	> Z		
	Direct award (g)	- 2 □ X × Z	- 2 □ X × Z	1	2 − 2 - 2	<u>≻ Z</u>	> Z	2 Z	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2	2 Z		(suc
		00.	00.	00.	00.	00.	00.	00.	00.	00.	00.	00.	structic
	Amount expended (f)	503,706	227,118	143,062								873,886	available. (See In
		↔	↔	↔	\$	₩	()	↔	↔	₩	↔	↔	s not a
FISCAL YEAR	Name of Federal program (e)	BASIC AND APPLIED RESEARCH AND DEVELOPMENT IN AREAS RELATING TO THE NAVY	INTERNATIONAL PROGRAMS TO SUPPORT DEMOCRACY, HUMAN RIGHTS AND LABOR	COMPUTER AND INFORMATION SCIENCE AND ENGINEERING								ENDED ────	¹ See Appendix 1 of instructions for valid Federal Agency two-digit prefixes. ² Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)
DURING	488 g	- 2 X	²	\ 		Ž Z	- d	2 Z	2 □ X	2 □ X	2 Z	S EXP	valid Feder he Cataloo
XPENDED	Research and develop- ment (c)	²	¹	1	1	> N	> N	2 N	1 □ Y 2 □ N	1	1	AWARD	ructions for man
9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR	CFDA Number Federal Extension 2 Agency Extension 2 Prefix (b)	1 2 .335	1 9 345	d70. 7 4				 	<u>:</u>			TOTAL FEDERAL AWARDS EXPENDED	1 See Appendix 1 of inst 2 Or other identifying nur

⁴ If major program is marked "Yes," enter only one letter (U = Unqualified opinion, Q = Qualified opinion, A = Adverse opinion, D = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

³ American Recovery and Reinvestment Act of 2009 (ARRA).

E. EligibilityF. Equipment and real property managementG. Matching, level of effort, earmarkingH. Period of availability of Federal funds

None

⁵ Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under §____510(a)) reported for each Federal program. Procurement and suspension and debarment

Real property acquisition and relocation assistance Program income 그 ㅈ

Reporting Subrecipient monitoring j≅żo₫

Special tests and provisions

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Primary EIN:

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b. Secondary Auditor address (Number and street) b. Secondary Auditor address (Number and street) Secondary/Auditor contact telephone Secondary Auditor contact telephone f. Secondary Auditor contact E-mail f. Secondary Auditor contact E-mail Secondary Auditor contact FAX Secondary Ayditor contact FAX Secondary Auditor contact Name Secondary Auditor contact a. Secondary Auditor name 3. a. Secondary Auditor name ZIP + 4 Code ZIP + 4 Code State State Title City City ਰਂ ö ਰਂ ė 9 b. Secondary Auditor address (Number and street) **b.** Secondary Auditor address (Number and street) 8. Part I, Item 8, Secondary Auditor's Contact Information. (List the Secondary Auditor's Contact information) Secondary Additor contact telephone Secondary Auditor contact telephone Secondary Auditor contact E-mail f. Secondary Auditor contact E-mail Secondary Auditor contact FAX Secondary Auditor contact FAX
— Secondary Auditor contact Name Secondary Auditor contact Name a. Secondary Auditor name a. Secondary Auditor name ZIP + 4 Code ZIP + 4 Code State State City City Title **GENERAL INFORMATION - Continued** ö ٥į S. N / A b. Secondary Auditor address (Number and street) b. Secondary Auditor address (Number and street) 1 Secondary Auditor contact telephone d. Secondary Auditor contact telephone f. Secondary Auditor contact E-mail f. Secondary Auditor contact E-mail Secondary Auditor contact HAX e. Secondary Auditor contact FAX Secondary Auditor contact Secondary Auditor contact Name 4. a. Secondary Auditor name 1. a. Secondary Auditor name ZIP + 4 Code ZIP + 4 Code **PART I** State State Title City Title City 6 ပ ပ