Form	990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Ì

8 Open to Public Inspection

6

OMB No. 1545-0047

Information about Form 990	and its instructions is at www.irs.gov/form990.	
ax year beginning	01/01 , 2018, and ending	

AF	or th	e 2018 calendar year, or tax year beginning 01/01, 2018, an	nd ending	(	)6/30, <b>20</b> 18
_		C Name of organization		D Employer ident	ification number
Bc	heck if ap	THE TOR PROJECT, INC.			
	Addre			20-80968	20
	-		om/suite	E Telephone num	ber
	Initial	return 76 S WASHINGTON ST M	4-101	(206) 420-	-3136
	Termi	City or town, state or province, country, and ZIP or foreign postal code			
	Amen returr			G Gross receipts	\$ 1,759,348.
	Applic pendi	<sup>cation</sup> <b>F</b> Name and address of principal officer: TSABELA BAGUEROS		H(a) Is this a group r subordinates?	eturn for Yes X No
		76 S WASHINGTON ST M-101, SEATTLE, WA 98104		H(b) Are all subordinate	es included? Yes No
I	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
J	Websi	te: 🕨 WWW.TORPROJECT.ORG		H(c) Group exemptio	n number 🕨
κ	Form of	of organization: X Corporation Trust Association Other ►	L Year of fo	ormation: 2006 M Sta	ate of legal domicile: WA
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: RESEARCH	I, DEVEI	LOPMENT, EDUCA	ATION AND
e		ADVOCACY INTO ONLINE ANONYMITY AND PRIVACY			
an					
Governance	2	Check this box      if the organization discontinued its operations or disposed of	f more than	25% of its net assets.	
ŝ	3	Number of voting members of the governing body (Part VI, line 1a)			8.
ې مې		Number of independent voting members of the governing body (Part VI, line 1b)			. 8.
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			
ć		Total number of volunteers (estimate if necessary)			3,000.
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12			<b>a</b> 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		<b>b</b> 0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,684,850	. 1,291,128.
enu	9	Program service revenue (Part VIII, line 2g) PUBLIC INSPE		1,446,032	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ECTION	0	. 8,068.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,130,882	. 1,759,348.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,528,806	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ►72,022.		0	. 0.
ă	b				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,549,613	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,078,419	
	19	Revenue less expenses. Subtract line 18 from line 12		52,463	
Net Assets or Fund Balances			E	Beginning of Current Yea	
sset 3ala	20	Total assets (Part X, line 16)	••••	2,458,686	
nd E	21	Total liabilities (Part X, line 26)	· · · ·  -	278,911	
		Net assets or fund balances. Subtract line 21 from line 20.		2,179,775	. 841,861.
-	art II	Signature Block			. In such a second by the first of the
true	aer per e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedules a ect, and complete. Declaration of preparer (other than officer) is based on all information of which p	and statemer reparer has a	nts, and to the best of m any knowledge.	y knowledge and belief, it is
				04/15/	2019
Sig	ın	Signature of officer		047137 Date	2019
He		SABELA BAGUEROS EXECUTIV	זק חדסדע		
		Type or print name and title			
			Date	Ob a she in the	PTIN
Paio	b	LORI L SCOTT		Check if self-employed	P01452038
Pre	parer				-1501421
Use	e Only	Firm's name ► BADER MARIIN, P.S. Firm's address ► 1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022			06-621-1900
Max	/ the I	Firm's address ► 1000 2ND AVE 34TH FLOOR SEATTLE, WA 98104-1022 RS discuss this return with the preparer shown above? (see instructions)		Phone no. 20	
		rwork Reduction Act Notice, see the separate instructions.		<u></u>	<u>X</u> Yes No Form <b>990</b> (2018)
FO	гаре	work reduction Act notice, see the separate instructions.			FUIII <b>330</b> (2018)



Form **8868** 

(Rev. January 2017) Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter filer's identifying	g nu	mber, s	see instructions	
T	Name of exempt organization or other filer, see	instructions.	Emp	oloyer identification nu	mbe	r (EIN)	) or	
Type or								
print	THE TOR PROJECT, INC.	0						
File by the due date for	Number, street, and room or suite no. If a P.O.	box, see instru	ctions. Soc	ial security number (SS	SN)			
filing your	76 S WASHINGTON ST M-101							
return. See	turn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	SEATTLE, WA 98104							
Enter the F	Return Code for the return that this application	on is for (file	a separate application for ea	ch return)	•••		01	
Applicatio	n	Return	Application				Return	
Is For		Code	ls For				Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990-I		02	Form 1041-A				08	
	) (individual)	03	Form 4720 (other than inc	lividual)			09	
Form 990-F		04	Form 5227				10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	T (trust other than above)	06	Form 8870				12	
·	SHARI STEELE		•		-			
<ul> <li>If the org</li> <li>If this is for the who a list with the time of ti</li></ul>	ne No. $\blacktriangleright$ 206 420-3136 ganization does not have an office or place of for a Group Return, enter the organization's f ble group, check this box $\heat results$ is the external he names and EINs of all members the external	f business ir our digit Gro If it is for pa nsion is for.	oup Exemption Number (GEN art of the group, check this b	s box l) ox► [	•••	If t and a	this is ttach	
1 I requ	lest an automatic 6-month extension of time	until	05/15_, <b>20</b> _19	, to file the exempt	org	aniza	tion return	
for the	organization named above. The extension i	s for the org	anization's return for:					
	calendar year 20 or tax year beginning01					18		
X	tax year entered in line 1 is for less than 12 Change in accounting period				1			
3a If this	application is for Forms 990-BL, 990-PF,	990-T, 4720	), or 6069, enter the tenta	ative tax, less any				
	fundable credits. See instructions.				3a	\$	0.	
	s application is for Forms 990-PF, 990-							
estim	ated tax payments made. Include any prior ye	ear overpayn	nent allowed as a credit.		3b	\$	0.	
	nce due. Subtract line 3b from line 3a. Includ		ent with this form, if require					
	tronic Federal Tax Payment System). See inst		·····		3c		0.	
Caution. If y	ou are going to make an electronic funds withdrav	val (direct deb	it) with this Form 8868, see Fo	rm 8453-EO and Form	88	79-EO	for payment	
instructions.								

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

THE	TOR	PROJECT,	INC.

For	n 990 (2018	3)				Page <b>2</b>
Pa		Statement of Program Servic				
1		Check if Schedule O contains		ny line in this Part III		X
	•	CH, DEVELOPMENT, EDUC		CY INTO ONLIN	IE ANONYMITY	
	AND PR				-	
2		organization undertake any sig				
	prior For	m 990 or 990-EZ?				Yes X No
•		lescribe these new services on				
3		organization cease conducti		-		
		lescribe these changes on Sch				
4		the organization's program		ts for each of its	three largest program ser	vices, as measured by
		. Section 501(c)(3) and 501(			the amount of grants and	allocations to others,
	the total	expenses, and revenue, if any,	for each program servic	e reported.		
4a	(Code:		2,221,034. including gra	ints of \$	) (Revenue \$	460,152.
	ATTAC	CHMENT 1				
	<i>(</i> <b>0</b>					
4b	(Code: _	) (Expenses \$	including gra	ints of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including gra	unts of \$	) (Revenue \$	
40	(0000	) (Expenses ©	moldaling gro		) (Novelide ©	/
4d	Other pro	ogram services (Describe in Sc	hedule O.)			
	(Expense			) (Revenue \$	)	
	Total pro	gram service expenses >	2,221,034.		· · · · · · · · · · · · · · · · · · ·	
JSA 8E1	020 1.000					Form <b>990</b> (2018)
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THE TOR PROJECT, INC.

Form 990 (2018)

20-8096820

	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	)	X
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	;	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	•	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
Da	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		-	
b		<u> </u>		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated

PAGE 6

Х

Form **990** (2018)

1c

	employees? If "Yes," complete Schedule J	23	Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		
	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		
	If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	0.01	
	Schedule L, Part IV	28b	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	
50	conservation contributions? If "Yes," complete Schedule M	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		
	complete Schedule N, Part II	32	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		
	or IV, and Part V, line 1.	34	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X
Part			
	Check if Schedule O contains a response or note to any line in this Part V.	•••	Yes
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0. Did the organization comply with backup withholding rules for reportable payments to vendors and		
U.	Did the organization comply with backup withholding fules for reportable payments to vehicors and		

23

No

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X X

X X

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X X

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No

Yes

22

V 18-4.2F

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reportable gaming (gambling) winnings to prize winners?

JSA 8E1030 1.000 Form 990 (2018)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.).			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2018) THE TOR PROJECT, INC. 20-8096	5820	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Socti	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA, WA,			04(-)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	uon o	50 T (C)
	X     Own website     Another's website     X     Upon request     Other (explain in Schedule O)			
40		orest	nelle	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	holic	y, and
20	financial statements available to the public during the tax year.	lo 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record ISABELA BAGUEROS 76 S WASHINGTON ST SEATTLE, WA 98104 206-420-3136	ið 🕨		
		Form	990	(2018)
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Part VII	Compensation	ot	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Schedule	϶Οc	contains a r	esponse or n	ote to any line	e in this	s Part VII				X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for				-		<i>,</i>	the	organizations	compensation
	related	ndivi r dir	nstitu	Officer	ey e	mplo	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	¥	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related
	line)	r trus	altr		byee	duic				organizations
		tee	uste			ensa				-
			e			ated				
(1) <sup>MATT BLAZE</sup>	2.00	-						_		_
BOARD CHAIR	0.	X		Х				0.	0.	0.
(2)GABRIELLA COLEMAN	3.00									0
CLERK	0.	X						0.	0.	0.
(3)LINUS NORDBERG	2.00							0	0	0
DIRECTOR	0.	X						0.	0.	0.
(4)MEGAN PRICE	2.00	37						0	0	0
DIRECTOR	0.	X						0.	0.	0.
(5) BRUCE SCHNEIER	2.00	37						0	0	0
DIRECTOR	0.	X						0.	0.	0.
(6)CINDY COHEN	2.00	x		37				0.	0.	0.
TREASURER	2.00			Х				0.	0.	0.
(7)RAMY RAOOF DIRECTOR	2.00	x						0.	0.	0.
(8)JULIUS MITTENZWEI	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(9)NICK MATHEWSON	40.00							0.	0.	0.
VICE PRESIDENT	40.00			Х				149,375.	0.	28,079.
(10)ROGER DINGLEDINE	40.00			21				117,575.	0.	20,075.
PRESIDENT	0.	-		Х				149,375.	0.	14,387.
(11)SHARI STEELE	40.00			21				110,010.	0.	11,507.
EXECUTIVE DIRECTOR	0.			х				175,000.	0.	9,286.
(12)BRADLEY PARKER	40.00							2707000		
CFO (UNTIL 2/2018)	0.			Х				18,953.	0.	1,897.
(13)HEATHER DESELLIER	40.00									·
CFO (FROM 2/2018 - 4/2018)	0.			Х				37,500.	0.	4,041.
(14)SUSAN ABT	40.00									
CFO (EFF 7/2018)	0.			Х				91,333.	0.	14,210.

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## THE TOR PROJECT, INC.

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art VII Section A. Officers, Directors, Tru	(-)		-					(=)	<u>(_)</u>	(=)
(A) Name and title	<b>(B)</b> Average hours per week (list any hours for	verage Position burs per (do not check more than k (list any box, unless person is both ours for officer and a director/trus				is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensatior
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) MIKE PERRY DEVELOPER	40.00	-				х		125,000.	0.	14,63
) ARTHUR EDELSTEIN	40.00									
DEVELOPER ) ISABELA BAGUEROS	0. 40.00					Х		110,973.	0.	14,03
PROJECT MANAGER	40.00					х		123,750.	0.	10,53
) MATTHEW FINKEL	40.00									
DEVELOPER	0.					Х		116,676.	0.	10,54
) TAYLOR YU DEVELOPER	40.00 0.					х		114,184.	0.	13,75
		-								,
		-								
		-								
		-								
		_								
Sub-total								621,536.	0.	71,90
Total from continuation sheets to Part VII, S	-			•				590,583. 1,212,119.	0.	63,52
I Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t					e) who	re			133,42
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes 3
For any individual listed on line 1a, is the organization and related organizations grain dividual	eater than	\$15	50,00	00?	If	"Yes	," (	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satic	on f	rom	any	uni	elated organization	on or individual	5
Complete this table for your five highest com compensation from the organization. Report of year.										
(A) Name and business add	Iress							<b>(B)</b> Description of se	rvices C	(C) compensation
ITACHMENT 2										

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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Par	t VII							
		Check if Schedule O co	ontains a respor	nse or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
B, C	с	Fundraising events						
Gifi	d	Related organizations						
ons, Sim	е	Government grants (contribu	utions) 1e	830,688.				
utio	f	All other contributions, gifts,	grants,					
đ		and similar amounts not included	·	460,440.				
Con	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u></u>		1,291,128.			
Program Service Revenue		FEE FOR SERVICES		Business Code	460.150	460,150		
Rev	2a	FEE FOR SERVICES		900099	460,152.	460,152.		
ice	b							
erv	C L							
S E	d							
gra	e f	All other program service rev						
Pro	g	Total. Add lines 2a-2f			460,152.	·		
	3	Investment income (inc	cluding divider	nds, interest,				
		and other similar amounts).		▶	8,068.			8,068.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с с	Rental income or (loss)			0.			
	d 7a	Net rental income or (loss) . Gross amount from sales of	(i) Securities	(ii) Other	0.			
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		· · · · · · ►	0.			
e	8a	Gross income from fundra	aising					
/enu		events (not including \$						
Rev		of contributions reported on						
Other Revenue		See Part IV, line 18						
ð	b	Less: direct expenses Net income or (loss) from fu			0.			
	C Oo	Gross income from gaming	-					
	9a	See Part IV, line 19		0.				
	b	Less: direct expenses						
	c	Net income or (loss) from g			0.			
	10a	Gross sales of invent	ory, less					
		returns and allowances	a	0.				
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sa			0.			
		Miscellaneous Revenu		Business Code				
	11a							
	b							
	c d	All other revenue						
	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction			1,759,348.	460,152.		8,068.

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	<b>t IX</b> Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations mus		. All other organization	ns must complete colun	nn (A).
	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	322,709.	300,119.	12,908.	9,68
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	0.65 0.45		21 15
	Other salaries and wages	1,038,650.	965,945.	41,546.	31,15
	Pension plan accruals and contributions (include	10 007			20
	section 401(k) and 403(b) employer contributions)	10,287.	9,567.	411. 8,536.	30 6,40
	Other employee benefits	127,872.	198,478. 118,921.	5,115.	3,83
	Payroll taxes	127,072.	110,921.	5,115.	3,03
	Fees for services (non-employees):	0.			
	Management	5,453.	5,017.	436.	
		5,563.	5,017.	445.	
	Accounting	0.	5,110.	115.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	446,226.	443,088.	3,138.	
	Advertising and promotion	0.			
	Office expenses	56,327.	46,103.	8,337.	1,88
4	Information technology	29,578.	28,395.	1,183.	
	Royalties	0.			
	Occupancy	16,058.	13,168.	2,890.	
	Travel	42,831.	30,839.	11,564.	42
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	159,991.	49,597.	110,394.	
0	Interest	1,470.		1,470.	
	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	0.		1 405	
3	Insurance	7,919.	6,494.	1,425.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	SWAGS AND PREMIUMS	18,503.	185.		18,31
		10,505.	105.		10,51
b					
с С					
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,502,854.	2,221,034.	209,798.	72,02
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,,	,,		,
	fundraising solicitation. Check here F if f	0			

0.

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following SOP 98-2 (ASC 958-720)

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THE TOR PROJECT, INC.

Page	1	1
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art X				
	Check if Schedule O contains a response or note to any line in the	nis Part X		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	1,292,422.	1	759,350
2	Savings and temporary cash investments	0.	2	
3	Pledges and grants receivable, net		3	818,089
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, director	rs,		
	trustees, key employees, and highest compensated employe			
			5	
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employ and sponsoring organizations of section 501(c)(9) voluntary employees' benefici	ers ary		
	organizations (see instructions). Complete Part II of Schedule L		<b>v</b>	
7 8	Notes and loans receivable, net	• •	7	
	Inventories for sale or use	••	8	5,59
9	Prepaid expenses and deferred charges		9	5,59
10a	Land, buildings, and equipment: cost or	70		
.	other basis. Complete Part VI of Schedule D10a18,0Less: accumulated depreciation10b18,0			
			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		17	92,46
15	Other assets. See Part IV, line 11	••		1,675,49
16	Total assets. Add lines 1 through 15 (must equal line 34)		16 17	321,00
17	Accounts payable and accrued expenses			521,00
18	Grants payable	••		420,17
19	Deferred revenue	• •	10	420,17
20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20 21	92,46
			21	,10
22	Loans and other payables to current and former officers, director trustees, key employees, highest compensated employees, a			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties			
23	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities (including federal income tax, payables to related th		24	
23	parties, and other liabilities not included on lines 17-24). Complete Par			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	••	26	833,63
	37	nd	20	
27	Unrestricted net assets	2,179,775.	27	823,86
28	Temporarily restricted net assets	0.	28	18,00
29	Permanently restricted net assets	0.	29	
27 28 29 30 31 32 33		nd		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,179,775.	33	841,86

THE TOR PROJECT, INC.

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI.       1         1       Total expenses (must equal Part IX, column (A), line 12)       1       1,759,348.         2       Total expenses (must equal Part IX, column (A), line 25)       2       2,502,854.         3       Revenue less expenses. Subtract line 2 from line 1       3       -743,506.         4       2,179,775.       5       Net unrealized gains (losses) on investments       5       0.         6       Donated services and use of facilities       5       0.       0.         7       0.       6       0.       0.         8       respects       7       0.       0.         9       0.ther changes in net assets or fund balances (explain in Schedule O)       8       -594,408.         9       0.ther changes in net assets or fund balances (explain in Schedule O)       8       -594,408.         9       0.ther changes in net assets or fund balances (explain in Schedule O)       8       -594,408.         9       0.ther changes in net assets or fund balances (explain in Schedule O)       8       -794,408.         9       0.ther changes in net assets or fund balances (explain in Schedule O)       8       -10         8	Form 99	90 (2018)			Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,759,348.         2       Total expenses (must equal Part IX, column (A), line 25)       2,502,854.         3       -743,506.         4       2,179,775.         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2,179,775.         5       Net unrealized gains (losses) on investments       6       0.         6       Donated services and use of facilities       7       0.         7       Investment expenses       7       0.         8       Prior period adjustments       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       9       0.         10       Retasset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).       10       841,861.         7       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Yes         1       f the organization's financial statements and leapenta accountant?       Z       <	Part					
1       Total expenses (must equal Part IX, column (A), line 25)       2       2,502,854.         3       Revenue less expenses. Subtract line 2 from line 1.       3       -743,506.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       2,179,775.         5       Donated services and use of facilities       0.       6       0.         6       Donated services and use of facilities       7       0.         7       Investment expenses.       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       -594,408.         9       Other changes in net assets or fund balances (explain in Schedule O).       10       841,861.         10       Rever the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a <th></th> <th></th> <th></th> <th><u></u></th> <th></th> <th></th>				<u></u>		
<ul> <li>a Revenue less expenses. Subtract line 2 from line 1</li></ul>	1					
<ul> <li>a Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</li> <li>b Net unrealized gains (losses) on investments</li> <li>c Donated services and use of facilities</li> <li>c Donaticate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both:</li> <li>c Densolidated basis</li> <li>c Donsolidated basis</li> <li>d Donasization changed either its oversight process or selection of an independent accountant?</li> <li>d Were the organization's financial statements and selection of an independent accountant?</li> <li>f "Yes," to line 2a or 2b, does the organization nequired to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did</li></ul>	2					
<ul> <li>Inter table of table data interest in consolidated pairs (index equal native, inclusive, explaining of year (index equal native, inclusive, explaining of year (index equal native, inclusive, explaining of year).</li> <li>Net unrealized gains (losses) on investments</li></ul>	3					
a Net differing difficusses of numerations of facilities       a       b         b Dinated services and use of facilities       a       c         c       Dinated services and use of facilities       c         c       Dinated services and use of facilities <t< td=""><td>4</td><td></td><th>4</th><td>2,1</td><td>.79,</td><td></td></t<>	4		4	2,1	.79,	
a       Durated services at the services at the balances (explain in Schedule O).       a       a       -594,408.       a       a       -594,408.       a       a       -594,408.       a	5	Net unrealized gains (losses) on investments	5			
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis</li> <li>b Were the organization's financial statements and dependent accountant?</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were compiled or separate basis</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were compiled or separate basis</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:</li> <li>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the second and the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li></ul>	7	Investment expenses	7			
<ul> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).</li> <li>11 Accounting method used to prepare the Form 990: Cash X Accrual Other</li></ul>	8	Prior period adjustments	8	- 5	<u>94,4</u>	
33, column (B)) 841,861.     Part XII Financial Statements and Reporting     Check if Schedule O contains a response or note to any line in this Part XII     1 Accounting method used to prepare the Form 990:   Cash X   Accrual Other     If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.     2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis   Deter the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis   Deter the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   Deter the organization statements audited by an independent accountant?   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-13	9		9			0.
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>33,</u> column (B))	10	8	341,8	361.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         1       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b         x       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b         y       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a         3a As a result of a federal award, was the organization required t	Part	XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a Were the organization's financial statements compiled or reviewed by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis       Consolidated basis Both consolidated and separate basis       2a       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.   Description   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis   Consolidated basis   Both consolidated and separate basis   Consolidated basis   Consolidated basis   Consolidated basis   Both consolidated and separate basis   c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes	No
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   Consolidated basis   b   Were the organization's financial statements audited by an independent accountant?	1			_		
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis is Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li></ul>		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain ir	ו ו		
2a       Write the organization's financial statements complete of reviewed by an independent accountant?       1         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a       X		Schedule O.				
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated</li></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		_ 2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r 🛛		
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       1       1         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a       a		reviewed on a separate basis, consolidated basis, or both:				
<ul> <li>b Were the organization's financial statements addited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were addited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolid	b	Were the organization's financial statements audited by an independent accountant?		2b		Х
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>						
<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		separate basis, consolidated basis, or both:				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a		Separate basis Consolidated basis Both consolidated and separate basis				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiah	t		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-	-	-		
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       3a X						
<ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>						
the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a	3a		t forth ir	ו ו I		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ju				X	
	b		lergo the	э		
						Х

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

 Department of the Treasury
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 6 l

		t of the Treasury /enue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
		e organization	-					Employer identif	cation number
-		R PROJECT						20-80968	
Ра					•			art.) See instructions	j
			-		is: (For lines 1 throug	-	-		
1					tion of churches desci				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4		hospital's nam	ne, city, and st	ate:	-	-		n section 170(b)(1)(A)	
5		-	-		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
_		-		complete Part II.)					
6				•	mmental unit describe		•		
7		-		-		pport fro	om a go	vernmental unit or fro	om the general public
•				(1)(A)(vi). (Compl					
8 9					(1)(A)(vi). (Complete			I in conjunction with a	land grant college
9		•						name, city, and state o	
		university:		grant conege of ag		юпо). Е		name, eity, and etate e	
10 11		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 19	unctions - subject to (	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	,	n 331/3 %of its
12	$\square$	An organizatio	on organized a	and operated exclu	sively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		🗌 <b>Type I.</b> A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_		-	-	e Part IV, Sections A				
b								supported organizati	
						the sam	e persor	ns that control or mar	age the supported
		-		-	Sections A and C.				
С		•••			• •			n with, and functiona	ily integrated with,
4		¬ ··	0	. , .	s). You must comple		•	ection with its suppor	tod organization(a)
d		•••	•	-		•		oution requirement and	• • • • •
			-		mplete Part IV, Sect	-			a an allentiveness
е				,	•			hat it is a Type I, Type I	I. Type III
•			-		ionally integrated sup				., . ) Þ ö
f	Ent								
g	Pro	vide the follow	ving informatio	on about the suppo	orted organization(s).				
	<b>(i)</b> Na	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment? <b>No</b>	(v) Amount of monetary support (see instructions)	<b>(vi)</b> Amount of other support (see instructions)
(A)						103			
(B)									
(C)									
(D)									
(E)									
Tot	al								
For	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	288,667.	460,298.	411,296.	2,556,850.	1,291,128.	5,008,239.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	288,667.	460,298.	411,296.	2,556,850.	1,291,128.	5,008,239.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						588,875.
6	Public support. Subtract line 5 from line 4						4,419,364.
	tion B. Total Support	(-) 0011	(1-) 0045	(-) 0040	(1) 0047	(-) 0040	(0) T-+-1
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	288,667. 1,648.	460,298. 2,093.	411,296. 2,455.	2,556,850.	1,291,128. 8,068.	5,008,239.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	735.	7,918.				8,653.
11	Total support. Add lines 7 through 10						5,031,156.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup		0				00 14
14	Public support percentage for 2018 (li		-			14	88.14% 84.79%
15	Public support percentage from 2017					15	
16a	<b>33</b> 1/3 % support test - 2018. If the orgonization q	-					
b	331/3% support test - 2017. If the org	anization did n	ot check a box c	on line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2018. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ine 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check th	nis box and <b>st</b>	op here.
	Explain in Part VI how the organizati supported organization				-	-	
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						· · · F 🖂

#### Schedule A (Form 990 or 990-EZ) 2018

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support	() 00 ( )	(1) 00 ( -	() 00 (0	(1) 00 (-			(n = )	
Jaien	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e	)2018	(f) Tota	I
1	Gifts, grants, contributions, and membership fees							ĺ	
	received. (Do not include any "unusual grants.")							ļ	
2	Gross receipts from admissions, merchandise							ĺ	
	sold or services performed, or facilities							ĺ	
	furnished in any activity that is related to the							ĺ	
	organization's tax-exempt purpose							<b> </b>	
3	Gross receipts from activities that are not an							ĺ	
	unrelated trade or business under section 513							<b> </b>	
4	Tax revenues levied for the							ĺ	
	organization's benefit and either paid to							ĺ	
_	or expended on its behalf							<u> </u>	
	The value of services or facilities							ĺ	
	furnished by a governmental unit to the							ĺ	
_	organization without charge	1						ļ	
	Total. Add lines 1 through 5							<b> </b>	
7a	Amounts included on lines 1, 2, and 3							ĺ	
h	received from disqualified persons Amounts included on lines 2 and 3							<u> </u>	
5	received from other than disqualified							ĺ	
	persons that exceed the greater of \$5,000							ĺ	
	or 1% of the amount on line 13 for the year							<u> </u>	
	Add lines 7a and 7b.							<u> </u>	
8	Public support. (Subtract line 7c from							ĺ	
2001	line 6.)							<u>i</u>	
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0	12019	(f) Tota	
	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(0) 2010	(u) 2017	(e	)2018	(1) 101a	
	Amounts from line 6 Gross income from interest, dividends,								
IVa	payments received on securities loans, rents, royalties, and income from similar								
	sources							ļ	
b	Unrelated business taxable income (less							ĺ	
	section 511 taxes) from businesses							ĺ	
	acquired after June 30, 1975							<u> </u>	
С	Add lines 10a and 10b							ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
12	carried on	·							
12	loss from the sale of capital assets							ĺ	
	(Explain in Part VI.)							ĺ	
13	<b>Total support.</b> (Add lines 9, 10c, 11,	·							
	and 12.)							ĺ	
14	First five years. If the Form 990 is f	or the organiza	ation's first, seco	nd. third. fourth	or fifth tax ve	aras	a section	501(c)(3)	
	organization, check this box and <b>stop here</b>	•	-						
Sect	ion C. Computation of Public Sup								
15	Public support percentage for 2018 (line 8			mn (f))		. 15			%
	Public support percentage from 2017 Sche		•			16			%
16									
16 Sect	ion D. Computation of Investmen			13. column (f))		17			%
16 <b>Sect</b> 17	tion D. Computation of Investmen Investment income percentage for 2018 (lin	ne 10c, column	(f), divided by line			17 18			
16 <b>Sect</b> 17 18	tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017	ne 10c, column Schedule A, Part	(f), divided by line t III, line 17			18	331/3 %	and line	
16 <b>Sect</b> 17 18	tion D. Computation of Investmen Investment income percentage for 2018 (In Investment income percentage from 2017 331/3% support tests - 2018. If the or	ne 10c, column Schedule A, Part ganization did n	(f), divided by line t III, line 17 tot check the boy	c on line 14, and	d line 15 is more	<b>18</b> e than			
16 Sect 17 18 19a	tion D. Computation of Investmen Investment income percentage for 2018 (lin Investment income percentage from 2017 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check th	ne 10c, column Schedule A, Part ganization did n is box and <b>sto</b>	(f), divided by line i III, line 17 ot check the boy <b>p here.</b> The org	c on line 14, and anization qualifie	d line 15 is more s as a publicly	<b>18</b> e than suppo	rted organi	ization . 🕨	
16 Sect 17 18 19a	tion D. Computation of Investmen Investment income percentage for 2018 (In Investment income percentage from 2017 331/3% support tests - 2018. If the or	ne 10c, column Schedule A, Part ganization did n is box and <b>sto</b> anization did not	(f), divided by line t III, line 17 ot check the boy <b>p here.</b> The org check a box on	c on line 14, and anization qualified line 14 or line 19	d line 15 is more s as a publicly Da, and line 16 is	18 e than suppor	rted organi than 331/3	ization .► 3 %, and	%

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

20-8096820

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedu	le A (Form 990 or 990-EZ) 2018		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
6	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b> on <b>B. Type I Supporting Organizations</b>			
0000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations		24	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	<ul> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insomethy the organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see</li> </ul>		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

JSA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	-		,
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	Page
	ion D - Distributions	Supporting Organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	remot ourooses		Ourrent rear
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity		64	
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets		20110113	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is reen		
0	(provide details in <b>Part VI</b> ). See instructions.	the organization is resp		
0	Distributable amount for 2018 from Section C, line 6			
9 10	Line 8 amount divided by line 9 amount			
10			<i>(</i> <b>1</b> )	<i>(</i> )
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
u	Excess from 2018			

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

(1 01111 000, 000 EE,
or 990-PF)
Department of the Treasury

Internal Revenue Service Name of the organization

THE TOR PROJECT, INC.

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

20-8096820

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Page <b>2</b>
Employer identification number
20-8096820

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$399,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$306,460.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$77,538.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$46,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Name of organization THE TOR PROJECT, INC.

Employer identification number 20-8096820

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
n) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
I) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page <b>4</b>				
Name of organization THE TOR PROJECT, INC.	Employer identification number				
	20-8096820				
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or					
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and					
the following line entry. For organizations completing Part III, enter the total of ex	ducivaluralizious charitable ato				

No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		elationship of transferor to transferee
No. om ırt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	elationship of transferor to transferee
-			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		elationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		elationship of transferor to transferee

SCHEE	DULE	D
(Form	990)	

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

18

	rtment of the Treasury		Attach to Form 990.				Open to Public
	al Revenue Service of the organization	Go to www.irs.gov	/Form990 for instructions an	d the latest inform		ployer identificat	Inspection
	TOR PROJECT	TNC				20-809682	
Pa		tions Maintaining Donor Adv	ised Funds or Other Sir	milar Funds or			
Ιa		e if the organization answered			/ .000	Jantoi	
	Complete		(a) Donor advised			(b) Funds and	other accounts
1	Total number at a	nd of your				(2) - ande and	
2		nd of year of contributions to (during year)					
2 3		of grants from (during year)					
3 4		at end of year					
+ 5		ion inform all donors and donor	advisors in writing that t	the assets held	in do	nor advised	
5	•	anization's property, subject to the	•				Yes No
6	-	ion inform all grantees, donors, a	-	-			
•	-	e purposes and not for the bene					
		nissible private benefit?			•		Yes No
Pa		tion Easements.					
i a		e if the organization answered	"Yes" on Form 990, Par	rt IV, line 7.			
1		servation easements held by the					
		n of land for public use (e.g., rec		<b>-</b> · · · · ·	of a h	istorically imp	oortant land area
		of natural habitat	,	Preservation			
	Preservatio	n of open space					
2		a through 2d if the organization h	eld a qualified conservatio	n contribution in	the fo	orm of a cons	ervation
	easement on the	last day of the tax year.				Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a		
b	Total acreage res	tricted by conservation easements	8		2b		
С	Number of conser	rvation easements on a certified	historic structure included i	in (a)	2c		
d	Number of conse	rvation easements included in (o	c) acquired after 7/25/06,	and not on a			
	historic structure I	isted in the National Register			2d		
3	Number of conse	rvation easements modified, trar	nsferred, released, extingu	ished, or termir	nated	by the organ	ization during the
	tax year 🕨						
4	Number of states	where property subject to conse	rvation easement is located	d ▶ ◀ b			
5	-	ation have a written policy reg				-	
		orcement of the conservation ea					Yes No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, a	and enforcing cor	servat	ion easements	during the year
	▶						
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	onserv	vation easeme	ents during the year
_	►\$						
8		vation easement reported on line					
_	and section 170(h	)(4)(B)(ii)?					
9		ibe how the organization reports					•
		d include, if applicable, the text of counting for conservation easeme		nization's financ	iai sta	tements that c	describes the
Đ۹		tions Maintaining Collections		sures or Othe	r Sim	ilar Assots	
Γu		e if the organization answered					
1a	•				rovon	uo statomont	and balance shee
Ia	works of art, hist public service, pro	n elected, as permitted under Sl torical treasures, or other simila wide, in Part XIII, the text of the fo	ar assets held for public potnote to its financial stat	exhibition, edu ements that des	cation	, or researcl these items.	n in furtherance of
b	works of art, hist public service, pro	n elected, as permitted under a torical treasures, or other simila wide the following amounts relat	ar assets held for public ing to these items:	exhibition, edu	cation	, or researcl	
		ded on Form 990, Part VIII, line 1					
		ed in Form 990, Part X					
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar	assets	for financia	I gain, provide the
		s required to be reported under S					
a	Revenue included	on Form 990, Part VIII, line 1.			• • •		
b	Assets included in	Form 990. Part X				• • •	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE TOR PROJECT, INC.

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20-8096820	

Schee	lule D (Form 990) 2018	,								P	age <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easures, o	r Other	Similar A	Assets (	continue		
3	Using the organization's acquisition	on, accession, and	other recor	ds, checl	k any of th	ne follow	ing that a	ire a sigr	nificant u	use o	f its
	collection items (check all that app						•	•			
а	Public exhibition		d	Loan	or exchang	e prograi	ms				
b	Scholarly research		e	Other	-						
с	Preservation for future gene	rations									
4	Provide a description of the organ		s and expla	ain how t	they furthe	r the or	ganization'	s exemp	t purpos	e in	Part
	XIII.		·				5	•	• •		
5	During the year, did the organization	on solicit or receive	donations o	f art, histe	orical treas	ures, or o	other simil	ar			
	assets to be sold to raise funds rath							_	Yes		No
Ра	rt IV Escrow and Custodial A							L			<u>.                                    </u>
	Complete if the organiza		es" on For	m 990, F	Part IV, line	e 9, or r	eported a	n amoui	nt on Fo	orm	
	990, Part X, line 21.						•				
1a	Is the organization an agent, truste	e, custodian or oth	er intermed	liary for c	ontribution	s or othe	r assets no	t			
	included on Form 990, Part X?			-				_	Yes	X	No
b	If "Yes," explain the arrangement in										
				Ũ				Amount			
с	Beginning balance				1c	:					
d	Additions during the year					-					
е	Distributions during the year					_					
f	Ending balance										
2a	Did the organization include an am						account lia	bilitv?	X Yes		No
	If "Yes," explain the arrangement in									X	
	rt V Endowment Funds.									_	
	Complete if the organiza	ation answered "Ye	es" on For	m 990, F	Part IV, lin	e 10.					
		(a) Current year	(b) Prio		(c) Two ye		(d) Three y	ears back	(e) Four	years b	back
10	Paginning of year balance	., ,									
1a ⊾	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains,										
لہ	and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
t	Administrative expenses										
g	End of year balance	-f th	 	. (1	(_)		-				
2 a	Provide the estimated percentage Board designated or quasi-endown		%	e (iine ig,	column (a)	) neid as	•				
b	Permanent endowment										
c	Temporarily restricted endowment										
Ŭ	The percentages on lines 2a, 2b, a		100%								
39	Are there endowment funds not in			tion that	are held a	nd admir	nistered for	the			
54	organization by:		ne organize						Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•							50		
-											
1 a	Complete if the organization	ation answered "Y	es" on Fo	<u>m 990,</u> l	Part IV, lin	<u>e 11a.</u> S	See Form	990, Pa	art X, lin	<u>e 10</u> .	
	Description of property		r other basis stment)		or other basis ther)		cumulated eciation	(c	<b>d)</b> Book va	lue	
1a	Land			(0		depr					
ıa b	Buildings										
	-										
с С	Leasehold improvements				18,079.		18,079.				
d											
e Tota	Other I. Add lines 1a through 1e. (Column	(d) must equal For	m QQA Part	X colum	n (R) lino 1		<b></b>				
1010		(a) must equal i On	, Fall	A, 0010111	ו סווו , (ש) י		· · · · /				

Schedule D (I	Form 990) 2018			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	0, Part IV, line 11b. See Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			
	r-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
-	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 1	5.
	(a) De	scription	(b) Book valu	ue
(1) CASH	- RESTRICTED AS FIS AGENT		92,	,463.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u> 92	,463
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,	,
1.	(a) Description of liability	(b) Book valu		
	ral income taxes			
(1) 1 ede				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 8E1270 1.000

(8) (9)

THE TOR PROJECT,	INC	•
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Schedu	le D (Form 990) 2018	20 0000020	Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1 2	Total revenue, gains, and other support per audited financial statements	1	
a b	Net unrealized gains (losses) on investments       2a         Donated services and use of facilities       2b	-	
c d	Recoveries of prior year grants   2c     Other (Describe in Part XIII.)   2d	2e	
е 3 4	Add lines 2a through 2d       Subtract line 2e from line 1.         Subtract line 2e from line 1.       Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
4 a b	Announts included on Form 990, Part VIII, line 12, but not on line 1.           Investment expenses not included on Form 990, Part VIII, line 7b         4a           Other (Describe in Part XIII.)         4b	-	
	Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Rete Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1 2	Total expenses and losses per audited financial statements	1	
a b	Donated services and use of facilities   2a     Prior year adjustments   2b	_	
c d	Other losses         2c           Other (Describe in Part XIII.)         2d	-	
е 3	Add lines 2a through 2d       Subtract line 2e from line 1	2e 3	
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b		
b c 5	Other (Describe in Part XIII.)       4b         Add lines 4a and 4b       500 mmm and 4c. (This must equal Form 990, Part I, line 18.)         Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
Provic	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, line 4; Part X mation.	, line
SEE	PAGE 5		

THE TOR PROJECT, INC.

## Part XIII Supplemental Information (continued)

PART IV, LINE 2B

TOR PROJECT, IN CONJUNCTION WITH OTHER SPONSORS, ACTS AS AN AGENT ON BEHALF OF THE PRIVACY ENHANCING TECHNOLOGY SYMPOSIUM (THE CONFERENCE) BY PERFORMING ADMINISTRATIVE FUNCTIONS, INCLUDING CUSTODY OF THE CONFERENCE'S OPERATING CASH ACCOUNT AND PERFORMANCE OF THE CASH RECEIPTS AND CASH DISBURSEMENT FUNCTIONS. CONFERENCE FUNDS ARE SEGREGATED FROM THE GENERAL ASSETS OF TOR PROJECT. THESE FUNDS ARE RECORDED AS ASSETS AND LIABILITIES OF \$92,463 FOR THE PERIOD ENDED JUNE 30, 2018. TOR PROJECT CHARGES NO FEES FOR THESE SERVICES.

SCHEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Form 990)				"Yes" on Form 990, Part IV,		2018
Department of the Trea Internal Revenue Servic		o to <i>www.ir</i> s.go		to Form 990. nstructions and the latest in	formation.	Open to Public Inspection
Name of the organization						ntification number
THE TOR PROJ		A	<b>A</b> ( 11 (1		20-80	
	ral Information o 990, Part IV, line 14		Outside the	United States. Compl	ete if the organizati	on answered "Yes" or
1 For grantma assistance, the second	kers. Does the orga he grantees' eligibili	nization mainta ty for the gran	ts or assistanc	substantiate the amount or e, and the selection criteri	ia used to award the	X Yes No
-	akers. Describe in I Jnited States.	Part V the org	anization's pro	ocedures for monitoring	the use of its grants	s and other assistance
3 Activities per	r Region. (The follow	ving Part I. line	3 table can b	e duplicated if additional sp	ace is needed.)	
	Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d a program service, describe specific type	of expenditures for and investments
(1) EUROPE		0.	15.	PROGRAM SERVICES	DEVELOPER	978,528.
(2) NORTH AMERIC	CA	0.	5.	PROGRAM SERVICES	DEVELOPER	258,048.
(3) SOUTH AMERIC	CA	0.	3.	PROGRAM SERVICES	DEVELOPER	213,331.
(4) RUSSIA/INDER	PENDENT STATES	0.	1.	PROGRAM SERVICES	DEVELOPER	90,000.
(5) SUB-SAHARAN	AFRICA	0.	1.	PROGRAM SERVICES	DEVELOPER	18,926.
(6)						
(7)						
(8)						
(9)						
<u>(</u> 10)						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(</u> 14)						
<u>(15)</u>						
<u>(16)</u>						
(17)						1 550 005
<b>b</b> Total fro			25.			1,558,833.
	Part I d lines 3a and 3b)		25.			1,558,833.

 
 c
 Totals (add lines 3a and 3b)
 25.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 JSA 8E1274 1.000 0646NT K378 4/18/2019 1:11:08 PM V 18-4.2F

0646NT K378 4/18/2019 1:11:08 PM V 18-4.2F 28675.0/LLS/2018

Part II

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	ter total number of recipient the IRS, or for which the gra	t organizations listed above	that are recognized a	as charities by the	foreign country, re	ecognized as tax	k-exempt		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

Page 2

JSA 8E1275 1.000

Page 3

#### Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
(18)							

Schedule F (Form 990) 2018

JSA

THE TOR PROJECT, INC.

Page <b>4</b>

Sched	ule F (Form 990) 2018	Page
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X No

20-8096820

#### Part V

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I

THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER 31.

THE INFORMATION PROVIDED IS FOR THE ENTIRE CALENDAR YEAR 2018.

SCH	EDULE J	Comper	sation Information	C	MB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		୬ଲ	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23.	<u>K</u>	10	
	nent of the Treasury Revenue Service	•	Attach to Form 990. 990 for instructions and the latest information.		open to	o Puk ectio	
-	of the organization			Employer identificatio			
THE	TOR PROJE	CT, INC.		20-8096820	1		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	mnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	egarding payment plete Part III to	1b		
2	Did the orga	nization require substantiation prior	r to reimbursing or allowing expenses	incurred by all			
_	•		D/Executive Director, regarding the items	•			
		· · · · · · · · · · · · · · · · · · ·			2		
3	organization's	CEO/Executive Director. Check all the	nization used to establish the compensation at apply. Do not check any boxes for methone CEO/Executive Director, but explain in P	ods used by a			
	Comper	sation committee	Written employment contract				
	· ·	dent compensation consultant	X Compensation survey or study				
		0 of other organizations	X Approval by the board or compensa	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control p	ayment?		4a		Х
b	Participate in	or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С			ased compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	<b>.</b>						
-	-		rganizations must complete lines 5-9.				
5		sted on Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue	any			
а	-	-			5a		X
b					5b		X
~		e 5a or 5b, describe in Part III.			5.0		
6			, line 1a, did the organization pay or accrue	any			
	-	contingent on the net earnings of:	- · · ·	-			
а	The organizat	on?			6a		Х
b	Any related o	ganization?			6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
~			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If		8		x
9			low the rebuttable presumption proced		0		
3					9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

#### Page **2**

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NICK MATHEWSON	(i)	149,375.	0.	0.	5,000.	23,079.	177,454.	
1VICE PRESIDENT	(ii)	0.	0.	0.				
ROGER DINGLEDINE	(i)	149,375.	0.	0.	3,750.	10,637.	163,762.	
2PRESIDENT	(ii)	0.	0.	0.				
SHARI STEELE	(i)	175,000.	0.	0.	5,833.	3,453.	184,286.	
3 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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#### Schedule J (Form 990) 2018

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART II

THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER 31.

THE INFORMATION PROVIDED IS FOR THE ENTIRE CALENDAR YEAR 2018.

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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization THE TOR PROJECT, INC.

FORM 990, PART XII, LINE 2B AND 3A THE ORGANIZATION IS IN THE PROCESS OF CHANGING ITS FISCAL YEAR END TO JUNE 30 AND IS CURRENTLY UNDERGOING AN AUDIT FOR THE PERIOD JANUARY 1, 2017 THROUGH JUNE 30, 2018.

FORM 990, PART VI, SECTION B, LINE 11B THE DRAFT FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND CFO AND THEN ALL MEMBERS OF THE BOARD RECEIVE A DRAFT FOR REVIEW PRIOR TO FILING OF FORM 990.

FORM 990, PART VI, SECTION B, LINE 15

THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY UTILIZING COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE SALARY RECOMMENDATION IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD, WITH NO MEMBERS WHO HAVE A CONFLICT OF INTEREST BEING INVOLVED IN THE PROCESS. SUBSTANTIATION OF THE DELIBERATION AND DECISION ARE RECORDED AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

Page 2

FORM 990, PART VI, SECTION B, LINE 12C THE TOR PROJECT HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY, AND BOARD AND STAFF MEMBERS ACKNOWLEDGE EACH YEAR THAT THEY HAVE NOT ENGAGED IN TRANSACTIONS THAT PRESENT CONFLICTS OF INTEREST.

### PART VIII

WHILE FUNDING FOR TOR ORIGINALLY FOCUSED ON BASIC RESEARCH TO BETTER UNDERSTAND ANONYMITY, PRIVACY, AND CENSORSHIP-RESISTANCE, THE MAJORITY OF FUNDING NOW FALLS INTO THREE CATEGORIES: DEVELOPMENT FUNDING FROM GROUPS LIKE RADIO FREE ASIA AND DARPA TO DESIGN AND BUILD PROTOTYPES BASED ON RESEARCH DONE BOTH INSIDE TOR AND ALSO AT OTHER INSTITUTIONS; DEPLOYMENT FUNDING FROM ORGANIZATIONS LIKE THE US STATE DEPARTMENT AND SWEDEN'S FOREIGN MINISTRY; AND UNRESTRICTED CONTRIBUTIONS FROM PRIVATE FOUNDATIONS, CORPORATIONS AND INDIVIDUAL DONORS.

FOLLOWING IS A BREAKDOWN OF THE TOR PROJECT'S FUNDING SOURCES FOR THE PERIOD ENDED JUNE 30, 2018:

#### FUNDING FROM US GOVERNMENT SOURCES

US STATE DEPT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 399,940 NATIONAL SCIENCE FOUNDATION 383,998 RADIO FREE ASIA/OPEN TECHNOLOGY FUND 395,494 NEW YORK UNIVERSITY 46,750 FUNDING FROM CORPORATE SOURCES DUCKDUCKGO 22,816

FUNDING FROM PRIVATE FOUNDATIONS 40,000

JSA

Employer identification number 20-8096820

Page 2

INDIVIDUAL DONATIONS 240,713

FORM 990, PART V, LINE 1A AND 2A, PART VII SEC A, LINE 1A SEC B LINE 1 THE ORGANIZATION CHANGED ITS FISCAL YEAR END TO JUNE 30 FROM DECEMBER 31. THE INFORMATION PROVIDED IS FOR THE ENTIRE CALENDAR YEAR 2018.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

1) TO DEVELOP, IMPROVE, AND DISTRIBUTE FREE, PUBLICLY AVAILABLE TOOLS AND PROGRAMS THAT PROMOTE FREE SPEECH, FREE EXPRESSION, CIVIC ENGAGEMENT, AND PRIVACY RIGHTS ONLINE 2) TO CONDUCT SCIENTIFIC RESEARCH REGARDING, AND TO PROMOTE THE USE OF AND KNOWLEDGE ABOUT, SUCH TOOLS, PROGRAMS, AND RELATED ISSUES INTERNATIONALLY 3) TO EDUCATE THE GENERAL PUBLIC INTERNATIONALLY ABOUT PRIVACY RIGHTS AND ANONYMITY ISSUES CONNECTED TO INTERNET USE, AND 4) TO CARRY OUT AND CONDUCT SUCH OTHER ACTIVITIES AND PROGRAMS IN FURTHERANCE OF THE FOREGOING PURPOSES AS MAY BE CARRIED OUT AND CONDUCTED BY A CORPORATION TO ENABLE AND, WITH THE USE OF FREE SOFTWARE, EDUCATE THE GENERAL PUBLIC ABOUT INTERNET PRIVACY AND ANONYMITY. 5) THE TOR PROJECT IS AN OPEN SOURCE PROJECT AND BENEFITS FROM THE CONTRIBUTIONS OF MANY VOLUNTEERS. DURING THE PERIOD ENDED JUNE 30, 2018, VOLUNTEERS CONTRIBUTED A VALUE OF \$215,667 TO OUR WORK, AS FOLLOWS: 1,983 HOURS OF SOFTWARE DEVELOPMENT (VALUED AT \$118,980); COMPUTING INFRASTRUCTURE OF 23 SERVERS (VALUED AT \$34,500); TRANSLATION SERVICES OF 247,386 WORDS (VALUED AT \$39,582); AND 6 MONTHS OF CLOUD HOSTING SERVICES (VALUED AT \$22,605).

JSA

 Schedule O (Form 990 or 990-EZ) 2018

 Name of the organization
 Employer identification number

 THE TOR PROJECT, INC.
 20-8096820

ATTACHMENT 2

Page 2

## 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PEARL CRESCENT LLC 217 1ST AVE S #4903	DEVELOPER	120,000.
SEATTLE, WA 98194		

ATTACHMENT 3

## FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL <u>FEES</u>	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PAYROLL SERVICE FEES	19,720.	18,142.	1,578.	
CONTRACT LABOR	407,006.	407,006.		
PROFESSIONAL FEES	19,500.	17,940.	1,560.	
TOTALS	446,226.	443,088.	3,138.	