

THE TOR PROJECT, INC. 76 S WASHINGTON ST SEATTLE, WA 98104

DEAR ISABELA BAGUEROS,

ENCLOSED ARE THE FOLLOWING INCOME TAX RETURNS PREPARED ON BEHALF OF THE TOR PROJECT, INC. FOR THE YEAR ENDED JUNE 30, 2019.

2018 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX 2018 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION FORM 2018 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT 2018 SCHEDULE B - SCHEDULE OF CONTRIBUTORS 2018 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS 2018 SCHEDULE F - STATEMENT OF ACTIVITIES OUTSIDE THE UNITED STATES 2018 SCHEDULE J - COMPENSATION INFORMATION 2018 SCHEDULE M - NONCASH CONTRIBUTIONS 2018 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ

THE ORIGINAL OF EACH OF THE ABOVE MENTIONED RETURNS SHOULD BE DATED AND SIGNED IN ACCORDANCE WITH THE FOLLOWING INSTRUCTIONS INCLUDED WITH THE COPY OF THE RETURN. THIS COPY IS FOR YOUR USE AND SHOULD BE RETAINED FOR YOUR FILES.

THESE RETURN(S) WERE PREPARED FROM INFORMATION PROVIDED BY YOU OR YOUR REPRESENTATIVE. THE PREPARATION OF TAX RETURNS DOES NOT INCLUDE THE INDEPENDENT VERIFICATION OF INFORMATION USED. THEREFORE, WE RECOMMEND YOU REVIEW THE RETURN(S) BEFORE SIGNING TO ENSURE THERE ARE NO OMISSIONS OR MISSTATEMENTS. IF YOU NOTE ANYTHING WHICH MAY REQUIRE A CHANGE TO THE RETURN(S), PLEASE CONTACT US BEFORE FILING THEM.

WE APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS OR IF WE MAY BE OF FURTHER ASSISTANCE.

SINCERELY,

STEVEN B BISHOP BADER MARTIN, P.S. CERTIFIED PUBLIC ACCOUNTANTS

Bader Martin, P. S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com

		<b>EXTENSION</b> A	TTACHED
	Return of Organization Exempt From I	ncome Tax	OMB No. 1545-0047
<b>990</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations)	2018
partment of the Treasur	Do not enter Social Security numbers on this form as it may		Open to Public
ernal Revenue Service	► Information about Form 990 and its instructions is at www.in	rs.gov/form990.	Inspection
For the 2018 c	lendar year, or tax year beginning 07/01, 2018, and endin	<u> </u>	30, <b>20</b> 19
Chook if applicables	ame of organization	D Employer identifica	tion number
Addross	THE TOR PROJECT, INC.		
change L	oing Business As umber and street (or P.O. box if mail is not delivered to street address) Room/suite	20-8096820 E Telephone number	
	76 S WASHINGTON ST M-101	(206) 420-31	26
	ity or town, state or province, country, and ZIP or foreign postal code		.50
	SEATTLE, WA 98104	<b>G</b> Gross receipts \$	4,868,034
Application F	ame and address of principal officer: ISABELA BAGUEROS	H(a) Is this a group return	
pending	6 S WASHINGTON ST M-101, SEATTLE, WA 98104	subordinates? H(b) Are all subordinates inclu	
Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 52		
Website: 🕨 WW	N.TORPROJECT.ORG	H(c) Group exemption nun	nber 🕨
Form of organizati	n: X Corporation Trust Association Other ► L Year of	formation: 2006 M State of	f legal domicile: WA
Part I Summ			
	cribe the organization's mission or most significant activities: RESEARCH, DEV	ELOPMENT, EDUCATI	ON AND
ADVOCA	CY INTO ONLINE ANONYMITY AND PRIVACY		
2 Check thi 3 Number of			
2 Check thi	s box <b>b</b> if the organization discontinued its operations or disposed of more that	1 1	0
	voting members of the governing body (Part VI, line 1a)		8
4 Number of	independent voting members of the governing body (Part VI, line 1b)		8
5 Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)		10,000
	ber of volunteers (estimate if necessary)		10,000
	lated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34		
D Net unrea		Prior Year	Current Year
8 Contributi	ons and grants (Part VIII, line 1h)	1,291,128.	4,670,356
	ervice revenue (Part VIII, line 2g)	460,152.	195,000
10 Investme	t income (Part VIII, column (A), lines 3, 4, and 7d)	8,068.	2,678
11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	(
	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,759,348.	4,868,034
13 Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)	0.	(
14 Benefits p	aid to or for members (Part IX, column (A), line 4)	0.	(
15 Salaries,	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	1,712,935.	3,717,639
16a Professio	nal fundraising fees (Part IX, column (A), line 11e)	0.	(
	raising expenses (Part IX, column (D), line 25) ▶260 , 516 .		
17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	789,919.	1,733,295
	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,502,854.	5,450,934
	ess expenses. Subtract line 18 from line 12	-743,506.	-582,900
3 20 T-4 1		Beginning of Current Year 1,675,497.	End of Year 836,494
	ts (Part X, line 16)	833,636.	577,533
21 Total liabi	ities (Part X, line 26) s or fund balances. Subtract line 21 from line 20	841,861.	258,961
	ure Block	011,001.	
•		nents, and to the best of mv kn	owledge and belief. it i
e, correct, and com	jury, I declare that I have examined this return, including accompanying schedules and staten olete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge.	2 , , ,
	COPY		
	ature of officer	Date	
ere 📘 ISZ	BELA BAGUEROS EXECUTIVE DIR	ECTOR	
	or print name and title		
٩ <u>ر</u> ، ۱	preparer's name Preparer's signature Date	Check if PT	IN
Print/Type		self-employed P	00045374
id Print/Type	B BISHOP	Self-employed P	000100/1
id eparer		Firm's EIN ▶ 91-1	501421
id eparer e Only Firm's nar Firm's add		Firm's EIN         91-1           Phone no.         206-	

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Form 990-T (trust other than above)

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

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**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/e-file-providers/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 number, se	e instructions
Type or	Name of exempt organization or other filer, see in	structions.	CODV	Employer identification number (EIN) of	or
print	THE TOR PROJECT, INC.		COPY	20-8096820	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due date for filing your	76 S WASHINGTON ST M-101				
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	SEATTLE, WA 98104				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application f	or each return)	01
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990 or	Form 990-EZ	01	Form 990-T (corpora	tion)	07
Form 990-Bl	-	02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other that	an individual)	09
Form 990-Pl	=	04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11

06

Form 8870

• The books are in the care of ► 76 S WASHINGTON ST SEATTLE WA 98104

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

	elephone No. ►       206       420-3136       Fax No. ►         the organization does not have an office or place of business in the United States, check this box			▶ [	
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			. If this is	
for t	the whole group, check this box		an	nd attach	
	t with the names and EINs of all members the extension is for.				
1	I request an automatic 6-month extension of time until05/15 , 20 20 , to file the exempt for the organization named above. The extension is for the organization's return for: ►				'n
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Final return	۱			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	¢		0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		4		<u> </u>

 (Electronic Federal Tax Payment System). See instructions.
 3c \$ 0.

 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2019)

3b \$

12

0.

THE	TOR	PROJECT,	INC.

For	n 990 (201	8)			Page <b>2</b>
Pa	art III	Statement of Program Service			
1	Brieflyd	escribe the organization's miss	a response or note to any line in this Par	t III	X
	•	0	CATION AND ADVOCACY INTO ONL	INE ANONYMITY	
	AND PF				
2			nificant program services during the ye		
	prior Fo	rm 990 or 990-EZ?			Yes X No
		describe these new services or			
3			ng, or make significant changes in I		
		describe these changes on Sch	odulo O		Yes X No
4		•	service accomplishments for each of i	its three largest program serv	ices, as measured by
	expense	s. Section 501(c)(3) and 501	c)(4) organizations are required to rep for each program service reported.		
<u>4a</u>	(Code:	) (Expenses \$	4,988,272. including grants of \$	) (Revenue \$	195.000
τu	· _	CHMENT 1		)(itevende ¢	)
4b	(Code: _	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
			0.1		
<u>لہ ۸</u>	Othor -	ogram carvisca (Deseribe in C	bodulo Q )		
4d		ogram services (Describe in So	-	۰ <b>۴</b>	
40	(Expens	ogram service expenses >	grants of \$ ) (Revenue 4,988,272.	-φ)	
JSA		Sann seinice expenses F	1,200,272.		Form <b>990</b> (2018)
8E1	020 1.000 064	5NT K378 7/8/2020	2:26:10 PM V 18-8.6F	28675.01/SBQ	PAGE 4
				~	

THE TOR PROJECT, INC.

Form 990 (2018)

20-8096820

Part	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			v
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
0				x
	complete Schedule D, Part III	8		
9	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	Х	
10	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		Х
11	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	Х	
h	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	11b		x
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
لہ		110		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		Х	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	A	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
40		15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
. –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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
18	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		Х
19	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA			000	L

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

PAGE 6

Form **990** (2018)

23	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			
	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		X
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		
	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		X
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		X
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		X
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			v
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note All Form 990 files are required to complete Schedule O	20	х	
Part	<ul> <li>19? Note. All Form 990 filers are required to complete Schedule O.</li> <li>V Statements Regarding Other IRS Filings and Tax Compliance</li> </ul>	38		<u> </u>
rari	Check if Schedule O contains a response or note to any line in this Part V.			
		••••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Checklist of Required Schedules (continued)

No

Х

Yes

22

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Form 990 (2018)

Part IV

Form 990 (2018)

Page 5

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	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
D	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			
b	against amounts due or received from them.)			
12a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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 §	990 (2018) THE TOR PROJECT, INC. 20-809	6820	I	Page <b>6</b>				
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	i, 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			X				
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	8						
	If there are material differences in voting rights among members of the governing body, or	1						
	if the governing body delegated broad authority to an executive committee or similar							
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
-	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							
5	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 become aware during the year of a significant diversion of the organizations assesses in the 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							
14	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,							
Ň	stockholders, or persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
Ū	the year by the following:							
а	The governing body?	8a	х					
a h	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							
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	1				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	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		Х				
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	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
•	describe in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х	Ī				
	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							
	with a taxable entity during the year?	16a		Х				
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?	16b						
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA, WA,							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion 5	501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. ,				
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and				
	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and recor ISABELA BAGUEROS 76 S WASHINGTON ST SEATTLE, WA 98104 206-420-3136	ds 🕨						
	ISABELA BAGUEROS 76 S WASHINGTON ST SEATTLE, WA 98104 206-420-3136							
10.4		Form	990	(2018)				

Page 7

Independent Contractors Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
 Check if Schedule O contains a response or note to any line in this Part VII	Х
. 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.

(A)         (B)         Poalton         (D)         (E)         (F)         Estimated           Name and Tite         Average hours per veck (ind attraction the function of related         (ind attraction the function of related         (ind attraction the related)           (I)MATT BLAZE         2.00         X         X         0.         0.         0.           BOARD CHAIR         0.         X         X         0.         0.         0.           (J)LINUS NORDBERG         2.00         X         X         0.         0.         0.           (J)RECTOR         0         X         X         0.         0.         0.         0.           (J)RECTOR         2.00         X         X         0.         0.         0.         0.           (J)RECTOR         0         X         0.         0.         0.         0.         0.           (J)RECTOR         0         X         0.         0.         0.         0.         0.					(0	C)					
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below dotted time         0 mode         0 mod         0 mode         0 mod <t< td=""><td></td><td></td><td>ndiv or dii</td><td>nstit</td><td>Offic</td><td>(ey e</td><td>igh</td><td>om.</td><td></td><td>, i i i i i i i i i i i i i i i i i i i</td><td></td></t<>			ndiv or dii	nstit	Offic	(ey e	igh	om.		, i i i i i i i i i i i i i i i i i i i	
Ime         Ime <td></td> <td>-</td> <td>idua</td> <td>utior</td> <td>er</td> <td>mpl</td> <td>əst c oyee</td> <td>ēr</td> <td>(W-2/1099-MISC)</td> <td></td> <td>-</td>		-	idua	utior	er	mpl	əst c oyee	ēr	(W-2/1099-MISC)		-
(1)MATT BLAZE         2.00         x         x         0.			or tru	nal t		oye	mp				
(1)MATT BLAZE         2.00         x         x         0.		- /	stee	uste			ens				
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(3)LINUS NORDBERG         2.00         x         0.											
DIRECTOR (UNTIL 11/2018)         0.         x         0.			Х		Х				0.	0.	0.
(4)MEGAN PRICE         2.00         X         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (5)BRUCE SCHNEIER         2.00         X         0.         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (6)CINDY COHN         2.00         X         X         0.         0.         0.           TREASURER         0.         X         X         0.         0.         0.           TRECTOR         0.         X         X         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (9)NIGHAT DAD         2.00         X         0.         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.         0.           (10)NICK MATHEWSON         40.00         X         149,375.         0.         14,387.           PRESIDENT         0.         X         149,375.         0.         14,387.           (12)SHARI STEELE											
DIRECTOR         0.         X         0. <t< td=""><td></td><td>0.</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>		0.	Х						0.	0.	0.
(5)BRUCE SCHNEIER         2.00         X         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (6)CINDY COHN         2.00         X         X         0.         0.         0.           TREASURER         0.         X         X         0.         0.         0.           (7)RAMY RAOOF         2.00         X         0.         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (8)JULIUS MITTENZWEI         2.00         X         0.         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.         0.           (9)NIGHAT DAD         2.00         X         0.         149,375.         0.		2.00									
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(6)CINDY COHN         2.00         x         x         x         0.											
TREASURER         0.         X         X         X         0.         0.         0.           (7)RAMY RAOOF         2.00         X         0.			Х						0.	0.	0.
(7)RAMY RAOOF         2.00         x         0         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6)CINDY COHN	2.00									
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(8)JULIUS MITTENZWEI         2.00         x         0.         149,375.         0.         144,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         14,387.         0.         123,750.         0.         10,538.         0.         10,538.         0.         123,750.         0.		2.00									
DIRECTOR       0.       X       0.       0.       0.       0.         (9)NIGHAT DAD       2.00       X       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.         UCE PRESIDENT       0.       X       149,375.       0.       28,079.         (11)ROGER DINGLEDINE       40.00       X       149,375.       0.       14,387.         PRESIDENT       0.       X       149,375.       0.       14,387.         (12)SHARI STEELE       40.00       X       175,000.       0.       9,286.         (13)ISABELA BAGUEROS       40.00       X       123,750.       0.       10,538.         (14)SUSAN ABT       40.00       X       123,750.       0.       10,538.			Х						0.	0.	0.
(9)NIGHAT DAD       2.00       x       0. <td></td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		2.00									
DIRECTOR       0.       X       0.       0.       0.       0.         (10)NICK MATHEWSON       40.00       X       149,375.       0.       28,079.         (11)ROGER DINGLEDINE       40.00       X       149,375.       0.       14,387.         (12)SHARI STEELE       40.00       X       149,375.       0.       14,387.         (12)SHARI STEELE       40.00       X       175,000.       0.       9,286.         (13)ISABELA BAGUEROS       40.00       X       123,750.       0.       10,538.         (14)SUSAN ABT       40.00       X       123,750.       0.       10,538.		0.	Х						0.	0.	0.
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(11)ROGER DINGLEDINE       40.00       X       149,375.       0.       14,387.         PRESIDENT       0.       X       149,375.       0.       14,387.         (12)SHARI STEELE       40.00       X       175,000.       0.       9,286.         EXE DIRECTOR (UNTIL 10/2018)       0.       X       175,000.       0.       9,286.         (13)ISABELA BAGUEROS       40.00       X       123,750.       0.       10,538.         (14)SUSAN ABT       40.00       40.00       40.00       40.00       40.00       40.00	(10)NICK MATHEWSON	40.00									
PRESIDENT       0.       X       149,375.       0.       14,387.         (12)SHARI STEELE       40.00       X       175,000.       0.       9,286.         EXE DIRECTOR (UNTIL 10/2018)       0.       X       175,000.       0.       9,286.         (13)ISABELA BAGUEROS       40.00       X       123,750.       0.       10,538.         (14)SUSAN ABT       40.00       X       123,750.       0.       10,538.					Х				149,375.	0.	28,079.
(12) SHARI STEELE       40.00       x       175,000.       0.       9,286.         (13) ISABELA BAGUEROS       40.00       x       123,750.       0.       10,538.         (14) SUSAN ABT       40.00       40.00       1       123,750.       0.       10,538.		40.00									
EXE DIRECTOR (UNTIL 10/2018)       0.       X       175,000.       0.       9,286.         (13) ISABELA BAGUEROS       40.00       X       123,750.       0.       10,538.         (14) SUSAN ABT       40.00       40.00       40.00       123,750.       0.       10,538.		0.			Х				149,375.	0.	14,387.
(13) ISABELA BAGUEROS       40.00       x       123,750.       0.       10,538.         EXECUTIVE DIRECTOR (EFF 10/18)       0.       x       123,750.       0.       10,538.         (14) SUSAN ABT       40.00       0       0       0       0       10,538.		40.00									
EXECUTIVE DIRECTOR (EFF 10/18)         0.         X         123,750.         0.         10,538.           (14)SUSAN ABT         40.00	EXE DIRECTOR (UNTIL 10/2018)	0.			Х				175,000.	0.	9,286.
(14)SUSAN ABT 40.00	(13) ISABELA BAGUEROS	40.00									
	EXECUTIVE DIRECTOR (EFF 10/18)	0.			Х				123,750.	0.	10,538.
CFO (EFF 7/2018)         0.         X         91.333.         0.         14.210.		40.00									
	CFO (EFF 7/2018)	0.			Х				91,333.	0.	14,210.

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## THE TOR PROJECT, INC.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es, a	and H	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot ch unless r and	s per	tion more rson i	than c is both pr/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	am	(F) timated tount o other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee			Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatio d related	on d
15) MIKE PERRY DEVELOPER	40.00					х		125,000.		0.		14,6	630
16) ARTHUR EDELSTEIN	40.00							1237000.					
DEVELOPER	0.					Х		110,973.		0.		14,0	37
17) MATTHEW FINKEL DEVELOPER	40.00					х		116,676.		0.		10,5	549
18) TAYLOR YU	40.00												
DEVELOPER	0.					Х		114,184.		0.		13,7	771
1b Sub-total							►	688,833.		0.		76,5	
c Total from continuation sheets to Part VII, S								466,833.		0.		52,9	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul>	limited to tl		isted				► re	1,155,666. ceived more than	\$100,000			29,4	<u>to /</u>
3 Did the organization list any former offic	or directo	r or	+===	otor	- L		mn	lovoo or bighoo	teomnone	atad		Yes	N
employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep	ortab \$15		omp	pen If	satior "Yes	n ai	nd other compens	sation from	the such			
individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con es." complet	mpen te Sch	satio Iedul	on fi le J	rom for	any such	un per	related organizations on the second	on or indivi	dual	5		X
Section B. Independent Contractors				_									
1 Complete this table for your five highest com compensation from the organization. Report c year.													
(A) Name and business add	Iress							<b>(B)</b> Description of se	ervices	C	(C) ompens	ation	
ATTACHMENT 2											-		

	Check if Schedule O contains a response or	r note to any	y line in this Part V	′III <u>.</u>		X
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ions, Gifts, Grar r Similar Amour	f       All other contributions, gifts, grants, and similar amounts not included above       1f	2,025,910.				
and	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	228,235.	4,670,356.			
enu		iness Code				
ervice	a         FEE FOR SERVICES         90           b	0099	195,000.	195,000.		
graı						
Pro	f All other program service revenue	►	195,000.			
3		interest,				
	and other similar amounts)		2,678.			2,678
4			0.			
5	Royalties	) Personal	0.			
	a Gross rents					
7	d       Net rental income or (loss)       (i) Securities         a       Gross amount from sales of assets other than inventory       (i) Securities	(ii) Other	0.			
	b       Less: cost or other basis and sales expenses         c       Gain or (loss)		0.			
	d Net gain or (loss)		0.			
her Revenu	<ul> <li>a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a</li> <li>b Less: direct expenses b</li> <li>c Net income or (loss) from fundraising events</li></ul>	0.	0.			
9	a Gross income from gaming activities.					
	See Part IV, line 19         a           b         Less: direct expenses         b	0.				
10			0.			
	returns and allowances       a         b       Less: cost of goods sold       b         c       Net income or (loss) from sales of inventory	0.	0.			
		iness Code				
11	a					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0.	105 000		0.650
12	Total revenue. See instructions.	🖻	4,868,034.	195,000.		2,678. Form <b>990</b> (2018)

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	ent of Functional Expenses nd 501(c)(4) organizations mus		. All other organization	ns must complete colun	nn (A).
	if Schedule O contains a respo		•	•	
	unts reported on lines 6b, 7b,	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other a	ssistance to domestic organizations				i i i i i i i i i i i i i i i i i i i
and domestic gover	mments. See Part IV, line 21	0.			
2 Grants and ot	her assistance to domestic				
individuals. See F	Part IV, line 22	0.			
3 Grants and o	ther assistance to foreign				
0	reign governments, and foreign				
	Part IV, lines 15 and 16	0.			
	or for members	0.			
•	of current officers, directors, employees	716,395.	655,169.	24,876.	36,35
6 Compensation not	included above, to disqualified				
persons (as define	ed under section 4958(f)(1)) and				
persons described i	n section 4958(c)(3)(B)	0.			
7 Other salaries an	d wages	2,495,691.	2,282,398.	86,661.	126,63
8 Pension plan acc	ruals and contributions (include				
	d 403(b) employer contributions)	32,185.	29,434.	1,118.	1,63
9 Other employee	benefits	201,222.	184,025.	6,987.	10,21
0 Payroll taxes	••••••	272,146.	248,887.	9,450.	13,80
1 Fees for services		0			
		0.	572.	79.	3
	•••••	94,643.	78,494.	10,813.	5,33
		0.	70,494.	10,013.	5,55
		0.			
	ising services. See Part IV, line 17	0.			
	agement fees				
	amount exceeds 10% of line 25, column	984,671.	951,573.	22,904.	10,19
Advertising and a	g expenses on Schedule O.) ATCH 3	0.			
		78,063.	48,434.	9,622.	20,00
	nology	78,803.	64,652.	11,800.	2,35
		0.			
		38,155.	30,024.	6,781.	1,35
		131,329.	130,409.		92
	vel or entertainment expenses				
•	state, or local public officials	0.			
9 Conferences, co	nventions, and meetings	235,683.	234,032.	2.	1,64
0 Interest		507.	399.	87.	2
1 Payments to affili	iates	0.			
2 Depreciation, de	pletion, and amortization	41,843.	32,925.	7,437.	1,48
3 Insurance		19,855.	15,623.	3,529.	70
above (List miscel line 24e amount	Itemize expenses not covered laneous expenses in line 24e. If exceeds 10% of line 25, column ne 24e expenses on Schedule O.)				
aSWAGS AND F		29,053.	1,222.		27,83
	es				
	kpenses. Add lines 1 through 24e	5,450,934.	4,988,272.	202,146.	260,51
36 Joint costs. Co organization repo from a combine	mplete this line only if the orted in column (B) joint costs ed educational campaign and tation. Check here ▶if				
-	3-2 (ASC 958-720)	n			

0.

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following SOP 98-2 (ASC 958-720)

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THE TOR PROJECT, INC.

Form 990 (2018)

art X				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	759,350.	1	209,783
2	Savings and temporary cash investments	0.	2	170,217
3	Pledges and grants receivable, net	818,089.	3	173,196
4	Accounts receivable, net	0.	4	0
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.		0
3	organizations (see instructions). Complete Part II of Schedule L	0.	6	0
7 8	Notes and loans receivable, net	0.	7	0
-	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	5,595.	9	5,595
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 242,053.	0		106 200
	Less: accumulated depreciation		10c	186,392
11	Investments - publicly traded securities	0.		0
12	Investments - other securities. See Part IV, line 11	0.		0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	92,463.		91,311
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,675,497.		836,494
17	Accounts payable and accrued expenses	321,002.	17	390,407
18	Grants payable	0.	18	0
19	Deferred revenue	420,171.	19	95,815
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	92,463.	21	91,311
3 22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25.	833,636.	26	577,533
3	Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	823,861.	27	240,961
28	Temporarily restricted net assets	18,000.	28	18,000
29	Permanently restricted net assets	0.	29	0
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
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	841,861.	33	258,961
34	Total liabilities and net assets/fund balances	1,675,497.	34	836,494

THE TOR PROJECT, INC.

Form 99	90 (2018)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.				68,0	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				934.
2	Total expenses (must equal Part IX, column (A), line 25)	2				900.
3	Revenue less expenses. Subtract line 2 from line 1	3				361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0	41,0	0.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			C	58,9	061
Dout	33, column (B))	10		2	50,5	901.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
4	Accounting method used to prepare the Form 990: Cash $X$ Accrual Other		Г		Yes	No
1		un la in				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	in			
-				0-		х
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 con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		-	•		x
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in	•	v	
	the Single Audit Act and OMB Circular A-133?	• • •	••	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the	~	х	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	~	

SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		or the Treasury enue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest i	nformation.		Inspection
Nam	e of the	organization								ation number
-		R PROJECT	-						09682	0
Ра				• •	organizations must c			,	ctions.	
	<u> </u>				is: (For lines 1 throug	-	•	,		
1		•			tion of churches desc					
2					. (Attach Schedule E	-				
3		-	-	-	rganization described					:::) Entar tha
4			-		conjunction with a hos	spital de	scribed ir	section 170(b)	(1)(A)(	<b>III).</b> Enter the
5		-	ne, city, and st		a college or universit		d or one	rated by a dov	ornmon	tal unit described in
5		-	-	complete Part II.)	a conege of universit	y owner		alled by a gov	enninen	ital unit described in
6		•		• • •	rnmental unit describe	d in sect	tion 170(	h(1)(A)(y)		
7					stantial part of its su				or from	m the general public
•		-		(1)(A)(vi). (Compl	-	ppon in	onn a go	voninional and		in the general public
8					<b>b)(1)(A)(vi).</b> (Complete	Part II.)				
9		-			ed in section 170(b)(1	-		l in conjunction	with a la	and-grant college
		-			riculture (see instruct		-	-		
	ι	university:			, , , , , , , , , , , , , , , , , , ,					-
10 11	r s	eceipts from support from ( acquired by th	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no mo s section 511 tax Part III.)	ore than	331/3 % of its
12	A	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of,	or to ca	arry out the purposes
	c	of one or mor	e publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)	<b>(2).</b> Se	e section 509(a)(3).
	0	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and comp	lete line	es 12e, 12f, and 12g.
а		່ <b>Type I.</b> A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organizati	on(s), t	ypically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or	trustee	es of the
		supporting c	organization. <b>Y</b>	ou must complet	e Part IV, Sections A	and B.				
b		<b>Type II.</b> A su	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported orga	anizatio	n(s), by having
		control or m	anagement o	of the supporting o	rganization vested in	the sam	e persor	is that control o	r mana	ige the supported
		ויי	( )	•	, Sections A and C.					
С					ng organization opera				ctionally	y integrated with,
_		1	-		s). You must comple					
d			•	•	porting organization o	•				•
			•	• •	nization generally mus	•		•	ent and	an attentiveness
_		1 -	-		omplete Part IV, Sect					Tumo III
е			-		a written determinatio ionally integrated sup				i ype ii,	туре ш
f	Ente	•	•	•••	ionally integrated sup		Jiganizai	1011.		
g			• •	•	orted organization(s).					••••
		me of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of mo	netary	(vi) Amount of
	()		0		(described on lines 1-10	listed in yo	ur governing	support (see		other support (see
					above (see instructions))	Yes	ment? No	instructions)		instructions)
						100				
(A)										
(D)										
(B)										
(C)										
(D)										
(E)										
Tota	al									
		ork Doduction A	ot Notice and the	Instructions for Farmer	000 or 000 E7			0.4		Earm 000 at 000 EZ) 0040
LOL	aperw	OIK REDUCTION A	ci nolice, see the	e Instructions for Form	330 OI 330-EZ.			SCNE	suule 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	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	460,298.	411,296.	2,556,850.	1,291,128.	1,667,180.	6,386,752.
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	460,298.	411,296.	2,556,850.	1,291,128.	1,667,180.	6,386,752.
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)						1,562,857.
6	Public support. Subtract line 5 from line 4						4,823,895.
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</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	460,298.	411,296. 2,455.	2,556,850.	1,291,128. 8,068.	1,667,180.	6,386,752.
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.)	7,918.					7,918.
11	Total support. Add lines 7 through 10						6,409,964.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2018 (lin		•	( ) )		14	75.26%
15	Public support percentage from 2017					15	87.69 <b>%</b>
16a	331/3% support test - 2018. If the org						37
	box and <b>stop here.</b> The organization qu			-			
b	331/3% support test - 2017. If the org						
47.	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-			
h	organization						
α	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga Explain in Part VI how the organization						-
					-	-	
18	supported organization <b>Private foundation.</b> If the organization						••• -
10	5						
	instructions						<u></u>

Schedule A (Form 990 or 990-EZ) 2018

28675.01/SBQ

## 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	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	10	) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(0) 2016	( <b>u</b> ) 2017	(e	2010	(1) Totai
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
_	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
D	Amounts included on lines 2 and 3 received from other than disgualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support		1	1	1			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e	)2018	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ar as	a section	501(c)(3)
	organization, check this box and stop here	-						
Sec	tion C. Computation of Public Sup	port Percenta	ige					
15	Public support percentage for 2018 (line 8	, column (f), divid	led by line 13, colu	mn (f))		. 15		9
16	Public support percentage from 2017 Sche	edule A, Part III, li	ne 15			16		9
Sec	tion D. Computation of Investmen	t Income Per	centage					
17	Investment income percentage for 2018 (li	ne 10c, column (	(f), divided by line	13, column (f))		17		9
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18		9
19 a	331/3% support tests - 2018. If the or					e than	331/3 %,	and line
	17 is not more than 331/3%, check th							
b	331/3% support tests - 2017. If the orga						-	
	line 18 is not more than 331/3%, check							
20	<b>Private foundation.</b> If the organization		•			•••	0	
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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## 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.)

10b Schedule A (Form 990 or 990-EZ) 2018

JSA

_	le A (Form 990 or 990-EZ) 2018		F	Page <b>5</b>
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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>	11c		
	on B. Type I Supporting Organizations			
			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? 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.	2		
Secti	on C. Type II Supporting Organizations			
			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			
<u> </u>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
-	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</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•		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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
'a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	auca	0113).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
-			Yes	
2	Activities Test. Answer (a) and (b) below.			-
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</b> those supported organizations and explain 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		
L	-			
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? <i>If "Yes," explain in Part VI the</i>			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2				
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			
a	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></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

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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 organic			
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)			
<ul> <li>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</li> <li>4 Enter greater of line 2 or line 3.</li> </ul>	4		
	5		

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

Schedule A (Form 990 or 990-EZ) 2018

Page 7

Type III Non-Functionally Integrated 509(a)(3) son D - Distributions Amounts paid to supported organizations to accomplish exponents paid to perform activity that directly furthers exemplications, in excess of income from activity Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets	kempt purposes	· · · ·	Current Year
Amounts paid to perform activity that directly furthers exen organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo			
Amounts paid to perform activity that directly furthers exen organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo			
organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpo	1.1.1.1	ed	
Administrative expenses paid to accomplish exempt purpo			
	ses of supported organiz	zations	
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in <b>Part VI</b> ). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which	the organization is resp	onsive	
	the erganization is reep		
		(ii)	(iii)
	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018			
(reasonable cause required - explain in Part VI). See			
instructions.			
Excess distributions carryover, if any, to 2018			
From 2013			
From 2014			
From 2016			
Applied to underdistributions of prior years			
Applied to 2018 distributable amount			
Carryover from 2013 not applied (see instructions)			
· · · · ·			
-			
•			
	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.	Distributable amount for 2018 from Section C, line 6         Line 8 amount divided by line 9 amount         Section E - Distribution Allocations (see instructions)       (i)         Excess Distributions, if any, for years prior to 2018       (i)         (reasonable cause required - explain in Part VI). See       instructions.         Excess distributions carryover, if any, to 2018       (i)         From 2013       (i)         From 2014       (i)         From 2015       (i)         From 2017       (i)         Total of lines 3a through e       (i)         Applied to underdistributions of prior years       (i)         Applied to 2018 distributable amount       (i)         Carryover from 2013 not applied (see instructions)       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         Distributions for 2018 from       (i)         Section D, line 7:       \$         Applied to underdistributions of prior years       (i)         Applied to underdistributions for years prior to 2018, if       (i)         any. Subtract lines 3g and 4a from 4.       (i)         Remaining underdistributions for 2018. Subtract lines 3h       (i)         and 4b from line 1. For result greater than zero, explain in       (i)         Parekdown of line 7:       [i]         E	Distributable amount for 2018 from Section C, line 6         Line 8 amount divided by line 9 amount         Section E - Distribution Allocations (see instructions)       Excess Distributions       (ii)         Distributable amount for 2018 from Section C, line 6       Underdistributions       (iii)         Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.       Image: Comparison of the com

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 A (Form 990 or 990-EZ) 2018

# Schedule B

(1 0111 330, 330 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.

Part I

(a)

No.

(a)

1

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 416,999	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		\$163,619	Person X Pavroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$749,031	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		\$200,000	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		Sched	ule B (Form 990, 990-EZ, or 990-PF) (20
1253 1.000	K378 7/8/2020 2:26:10 PM V 18-	-8.6F 28675.01/	SBQ PAG

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Page 2

Employer identification number 20-8096820

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Х

(c)

**Total contributions** 

(c)

\$

457,500.

JS

(a) NO.	(b

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

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

Part II

(a) No.

from

Part I

JSA

Name of organization THE TOR PROJECT, INC.

20-8096820

(c)

FMV (or estimate)

(See instructions.)

Employer identification number

(d)

Date received

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4
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. Comp	lete columns (a) through (e) and

the f	that total more than \$1,000 for a following line entry. For organization ributions of \$1,000 or less for the duplicate copies of Part III if additi	ons completing Part III, en e year. (Enter this informat	ter the total of	exclusively religious, charitable, e
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4		ip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4		ip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4		ip of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift		ip of transferor to transferee
		<u> </u>	Relationsh	

28675.01/SBQ

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

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.

Dublic Onon

2

OMB No. 1545-0047

8

		f the Treasury nue Service	Go to www.irs.gov	Form990 for instructions and	I the latest inform	ation.	Inspection
		organization	• Co to ###.#3.gov			Employer identificat	
		PROJECT,	INC.			20-809682	20
Par			tions Maintaining Donor Advi	sed Funds or Other Sim	ilar Funds or		
r ai			if the organization answered				
				(a) Donor advised f		(b) Funds and	other accounts
1	Total	number at e	nd of year				
			of contributions to (during year)				
		-	of grants from (during year)				
		-	it end of year				
		•	on inform all donors and donor	advisors in writing that the	ne assets held i	n donor advised	
		-	nization's property, subject to the				Yes No
			on inform all grantees, donors, a				
			purposes and not for the benef				
			issible private benefit?				Yes No
Par		Conserva	tion Easements.				
		Complete	if the organization answered	"Yes" on Form 990, Part	IV, line 7.		
1	Purpo	ose(s) of con	servation easements held by the	organization (check all that	apply).		
		Preservatio	n of land for public use (e.g., rec	reation or education)	Preservation of	of a historically imp	portant land area
			of natural habitat		Preservation of	of a certified histor	ic structure
			n of open space				
	-		through 2d if the organization he	eld a qualified conservation	contribution in		
			ast day of the tax year.		-	Held at the	End of the Tax Year
			onservation easements			2a	
		-	tricted by conservation easements			2b	
			vation easements on a certified			2c	
			vation easements included in (c				
			isted in the National Register			2d	
			rvation easements modified, tran	isterred, released, extinguis	sned, or termina	ated by the organ	ization during the
	tax ye						
			where property subject to conse				
		-	ation have a written policy reg			-	
			orcement of the conservation eas				
6		and volunteer	hours devoted to monitoring, inspec	ling, nandling of violations, al	ia enforcing cons	servation easements	during the year
7	Amou	int of expens	es incurred in monitoring, inspect	ting handling of violations	and enforcing co	unservation easem	ents during the year
'		int of expense	es incurred in monitoring, inspect	ang, nanaling of violations, a		inservation easering	ents during the year
8	►\$_ Does	each conser	vation easement reported on line 2	2(d) above satisfy the requir	ements of sectio	n 170(h)(4)(B)(i)	
			)(4)(B)(ii)?				
			be how the organization reports				
			d include, if applicable, the text of			•	
			ounting for conservation easeme				
Par	't III	Organiza	tions Maintaining Collections	of Art, Historical Treas	ures, or Other	Similar Assets.	
		Complete	e if the organization answered	"Yes" on Form 990, Part	IV, line 8.		
1a	If the	organization	n elected, as permitted under SF orical treasures, or other simila	AS 116 (ASC 958), not to	o report in its re	evenue statement	and balance sheet
	works	s of art, hist	orical treasures, or other simila	ar assets held for public (	exhibition, educ	ation, or researd	h in furtherance of
	•		vide, in Part XIII, the text of the fo				
			n elected, as permitted under S orical treasures, or other simila				
			vide the following amounts relati				
	•		ded on Form 990, Part VIII, line 1	•		▶ \$	
			d in Form 990, Part X				
	• •		n received or held works of a				
		•	required to be reported under S				5 , 1 :
			on Form 990, Part VIII, line 1.				
b	Asset	s included in	Form 990, Part X			▶\$	

Schedule D (Form 990) 2018

THE TOR PROJECT, INC.

20-8096820	
20 0020020	

Part III       Organization acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):       Image: the array of the acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):         a       Public exhibition       d       Lean or exchange programs       e       Diter       Conter       Conter       Conter       Conter       Conter       Conter       No         4       Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XII.       During the year, did the organization acceleration?       Yes       No         5       During the year, did the organization answered Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 2, or contributions or other assets not included on Form 990, Part X, line 2, or contributions or other assets not included on Form 990, Part X, line 2, the explanation and using the year.       Image: No       Image: No         1a       Is the organization any agent, trustee, custodian or other intermediary for eacrow or custodial account liability?       Yes       No         b       If 'Yes', explain the arrangement in Part XIII and complete the following table:       Image: No       Image: No       Image: No         4       Additions during the year.       Image: No       Image: No       Image: No       No       Image: No       No <th>Scheo</th> <th>dule D (Form 990) 2018</th> <th></th> <th>,</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>P</th> <th>Page <b>2</b></th>	Scheo	dule D (Form 990) 2018		,									P	Page <b>2</b>
collection items (check all that apply):       d       Loan or exchange programs         b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise tunds rather than to be maintained as part of the organization's collection?       Yes       No         7       Part W       Escrew and Custolal Arrangements.       Complete If the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Yes       No         6       Bigning balance       1t       Is       Amount       Is       Is       Amount       Is       Is       Dath organization include an amount on Form 990, Part X, line 21, for escrew or custolaid account lability?       X yes       No         6       Bigning balance       16       Is	Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	Assets (a	continu	əd)	
a       Public exhibition       d       Clean or exchange programs         b       Cohordry research       e       Other	3	Using the organization's acquisition	n, acces	sion, and	other reco	rds, checl	k any c	of the	follow	ing that a	are a sigr	nificant	use c	of its
b       Scholarly research       c       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       Ne         6       Part XI       Escrew and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       Ne         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.       Yes       Xes       Ne         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Imount		collection items (check all that app	ly):											
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection?       Yes       No         Fart.W       Escrew and Custodial Arrangements.       Complete if the organization answered Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is a bit organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Is bit organization angent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       X fees       No         b       If 'tes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       X       No         b       If 'tes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       X       Yes.       No         c       Deginning blance.       in the explanation has been provided on Part XIII.       X       Yes.       No         c       If 'tes explain the	а	Public exhibition			d	Loan	or exch	ange	progra	ms				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research			е 🗌	Other								
XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PartW       Escrow and Custodial Arrangements. Complete if the organization an aswered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, explain the arrangement in Part XIII and complete the following table:       Yes, 'x No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ic         c       Beginning balance       1d       Id       Id         c       In organization and generation include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       X Yes       No         e       If the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the arrangement in Part XIII. Check here if the explanation hasker (0) Three years back (0) Four years	С	Preservation for future gene	rations											
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part/W       Excrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       X         2a       Did the organization answered 'Yes' on Form 990, Part IV, line 10.       X       Yes       No         b       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       X       Yes       No         b       Contributions       Image: Contrast Co	4	Provide a description of the organ	nization's	collections	s and expl	ain how t	they fu	rther	the or	ganization	's exemp	t purpo	se in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PartIV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization angement in Part XIII and complete the following table:       Image: Custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Custodian or Custodian or other intermediary for contributions of the part All in tability?       No         b If "Yes," explain the arrangement in Part XIII.       Amount for explaint the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       X       Yes.       No         c Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Custodian definition of the explanation has been provided on Part XIII.       X       Yes.       No         d Grants or scholarships       Image: Custodian definition of the explanation has been provided on Part XIII.       Image: Custodian definition definition definition definition definition definitint are held and administered for the organization and programs. <th></th> <th>XIII.</th> <th></th>		XIII.												
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?.       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance.       It       It       Amount       It         d       Additions during the year.       It       It       It       It         Distributions during the year.       It       It       It       It       It       It       It         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 9	5	During the year, did the organization	on solicit o	or receive	donations of	of art, hist	orical tr	easu	res, or	other simi	ar			_
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         d       Id         Distributions during the year       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       X Yes         Part V       Ending balance       Id         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X         Contributions       (a) Current year       (b) Pror years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       Image: Second Sec		assets to be sold to raise funds rath	ner than t	o be maint	ained as pa	art of the o	organiz	ation'	s colle	ction?		Yes		No
990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         •       In Yes, * explain the arrangement in Part XIII and complete the following table:         •       Image: Amount in Part XIII and complete the following table:         •       Image: Amount in Part XIII and complete the following table:         •       Image: Amount in Part XIII and complete the following table:         •       Image: Amount in Part XIII and complete the following table:         •       Image: Amount in Part XIII. Check here if the explanation has been provided on Part XIII	Ра													
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contributions during the arrangement in Part XIII and complete the following table:         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Image: Contributions during the year,			ition ans	wered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	in amour	nt on Fo	orm	
included on Form 990, Part X?       Yes       X No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         d       Distributions during the year       1d         d       Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Contributions       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (b) Prior year       (c) Two years back       (e) Four years back         1a       Grants or scholarships       (c)       (c) Two years back       (e) Four years         1a														
b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance,       1c         d       Additions during the year,       1d         e       Distributions during the year,       1d         d       Idditions during the year,       1d         e       Distributions during the year,       1d         d       Idditions during the year,       1d         d       Distributions during the year,       1d         d       Endowment Funds.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         d       Grants or scholarships       0       0         c       Not investment earnings, gains, and losses       0       0         d       Grants or scholarships       0       0       0         e       Other expenditures for facilities and programs       0       0       0         g       End year balance on the ourrent year end balance (line 1g, column (a)) held as:       0       0       0         e       Pory areal balanc	1a					-					_			-
c       Beginning balance       Ic       Amount         1c       Ic       Ic       Ic         2       Distributions during the year       Ic       Ic       Ic         2       Distributions during the year       Ic       Ic       Ic       Ic         2       Distributions during the year       Ic       Ic <th></th> <th> L</th> <th>Yes</th> <th>Х</th> <th>No</th>											L	Yes	Х	No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         Distributions during the year       1e       1f       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       X       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       X       Yes       No         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (a)       (a)       (a)       (a)       (a)         f       Administrative expenses       (b)       (c) Two years back       (e) Four years       (a)	b	If "Yes," explain the arrangement in	n Part XII	II and com	plete the fo	llowing tab	ole:							
d Additions during the year       Id         e Distributions during the year       Id         12       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       X       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back											Amount			
e       Distributions during the year	С							1c						
f Ending balance	d							1d						
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No       X       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e)														
b       If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       X         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (f) Carathy and years       (f) Contrent year <th>-</th> <th></th> <th>77</th> <th></th> <th>1</th>	-											77		1
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance		-											37	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Image: Second Se			n Part XII	II. Check h	ere if the e	xplanation	nas be	en pr	ovided	on Part XII			. X	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	Pa		tion one	worod "V	oc" on For	m 000 E	Dart IV/	lino	10					
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contritins       Image: Contributions										(d) Throo	voare back		Voore	back
b       Contributions			(a) Cu	nent year	(b) Fild	n year	(0) 11	o year	5 Duck	(u) mees	ears Dack	(e) Fou	years	Dack
c       Net investment earnings, gains, and losses	1a													
and losses	b													
d Grants or scholarships	С													
e       Other expenditures for facilities and programs														
and programs	d	-												
f       Administrative expenses	е	-												
g End of year balance														
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations         (ii) related organizations       3a(i)         j       if "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated depreciation         1a       Land		-												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-				- (l'an 4 -		- (-))		-				
b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations and the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated</li> <li>(d) Book value</li> </ul> Description of property         (a) Cost or other basis         (b) Cost or other basis <li>(c) Accumulated</li> <li>(d) Book value</li> 1a         Land         Image: Cost or other basis <ul> <li>(b) Cost or other ba</li></ul>				rrent year		e (line 1g,	colum	1 (a))	neia as					
c       Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:														
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organization</li> <li>(a) Cost or</li></ul>				%										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Part VI</li> </ul>	-				100%.									
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(ii)       3b       3c       3b       3c       3c </th <th>3a</th> <th></th> <th></th> <th></th> <th></th> <th>ation that</th> <th>are hel</th> <th>d and</th> <th>d admir</th> <th>nistered for</th> <th>the</th> <th></th> <th></th> <th></th>	3a					ation that	are hel	d and	d admir	nistered for	the			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land.					0							[	Yes	No
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.		<b>c</b>										3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land												3a(ii)		
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land.	b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	ed as requir	ed on Sch	edule R	R?				3b		
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	4													
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	Ра	rt VI Land, Buildings, and Equ	upment.							о. <b>г</b>	000 D			
Ia         Land         (investment)         (other)         depreciation           b         Buildings		Complete if the organiza	ation and											•
b Buildings		Description of property						asis			(0	I) BOOK VA	lue	
c       Leasehold improvements         d       Equipment         242,053.       55,661.         186,392.         e       Other	1a	Land												
d Equipment         242,053         55,661         186,392           e Other	b	Buildings												
e Other	с	Leasehold improvements												
e Other	d	Equipment.				2	242,0	53.		55,661.		1	86,3	392.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)186, 392.		Other												
	Tota	I. Add lines 1a through 1e. (Column	(d) musi	t equal For	m 990, Part	X, colum	n (B), lii	ne 10	c.)	<u></u>		1	86,3	392.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018			Page <b>3</b>
Part VII Investments - Other Securities.	")/		Dant V line 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Voo" on Form 000	Part IV/ line 11a See Form 000	Dart V line 12
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must omer Form 200, Dart V, col. (D) line (2)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
(1) CASH - RESTRICTED AS FIS AGENT			91,311.
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15)	<b>&gt;</b>	91,311
Part X Other Liabilities.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Forr	n 990, Part X,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2)			
(3)			
(4)			

 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 Schedule D (Form 92

(5) (6) (7) (8) (9)

THE TOR PF	ROJECT,	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 b c d e 3 4 a 5	Total revenue, gains, and other support per audited financial statements	1 2e 3 4c 5	
Part			
1 2 b c d e	Total expenses and losses per audited financial statements	1 2e	
3 4 b c 5 Part Provid	Subtract line 2e from line 1       4a         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         Investment expenses not included on Form 990, Part VIII, line 7b       4a         Other (Describe in Part XIII.)       4b         Add lines 4a and 4b       4b         Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ).       100         XIII       Supplemental Information.         e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	3 4c 5 art V, line 4; Part X,	line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor PAGE 5	mation.	

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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 \$91,311 FOR THE PERIOD ENDED JUNE 30, 2019. TOR PROJECT CHARGES NO FEES FOR THESE SERVICES.

Schedule D (Form 990) 2018

	HEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(Fo	rm 990)			tion answered	"Yes" on Form 990, Part IV,		2018
	tment of the Treasury al Revenue Service	► G	o to www.irs.go		to Form 990. nstructions and the latest in		Open to Public Inspection
	of the organization	TNO				Employer identif	
Par	TOR PROJECT,		n Activitios	Outsido tho	United States. Compl	20-8096	
Fai		Part IV, line 14		Outside the	United States. Comp	ete il the organization	answered res of
1	-	antees' eligibili	ty for the gran	ts or assistanc	substantiate the amount of e, and the selection criteri		X Yes No
2	For grantmakers. outside the United		Part V the org	anization's pro	ocedures for monitoring	the use of its grants a	and other assistance
3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) 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) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
_(1)	EUROPE		0.	17.	PROGRAM SERVICES	DEVELOPER	1,143,721.
(2)	NORTH AMERICA		0.	7.	PROGRAM SERVICES	DEVELOPER	258,048.
(3)	SOUTH AMERICA		0.	4.	PROGRAM SERVICES	DEVELOPER	204,339.
(4)	RUSSIA/INDEPENDEN	T STATES	0.	1.	PROGRAM SERVICES	DEVELOPER	75,000.
(5)	SUB-SAHARAN AFRIC	A	0.	1.	PROGRAM SERVICES	DEVELOPER	17,166.
(6)	EAST ASIA AND THE	PACIFIC	0.	1.	PROGRAM SERVICES	DEVELOPER	81,675.
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
(17)							
3a	Subtotal			31.			1,779,949.
b	Total from sheets to Part I	continuation					
с				31.			1,779,949.

	c Totals	add lines	s 3a ar	nd 3b)			1	31.
For	Paperwork	Reduction	Act No	tice, se	e the In	structions	for Form	990
JSA								

Part II

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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)									

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

20-8096820

Page 2

THE TOR PROJECT, INC. Schedule F (Form 990) 2018

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.

Schedule F (Form 990) 2018

Page <b>4</b>

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).	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	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)	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)	] 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)	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) Yes	No

Schedule F (Form 990) 2018

### 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 (Form 990) 2018

SCHEDULE J (Form 990)       Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees       OMB No.         Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.       Open to Instructions and the latest information.       Open to Insp         Name of the organization       Employer identification number 20-8096820       Open to Insp         THE TOR PROJECT, INC.       Employer identification number 20-8096820       20-8096820         Part I       Questions Regarding Compensation       20-8096820         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       First-class or charter travel         Housing allowance or residence for personal use Payments for business use of personal residence       Payments for business use of personal residence	ectio	
Department of the Treasury Internal Revenue Service       Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	ectio er	'n
Depart II of the freeduly       Go to www.irs.gov/Form990 for instructions and the latest information.       Insp         Name of the organization       Employer identification number       20-8096820         Part I       Questions Regarding Compensation       20-8096820         Image: Part I       Questions Regarding Compensation       State of the organization provided any of the following to or for a person listed on Form         990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       First-class or charter travel       Housing allowance or residence for personal use	ectio er	n 
Name of the organization       Employer identification number         THE TOR PROJECT, INC.       20-8096820         Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form         990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel       Housing allowance or residence for personal use	ər	
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel       Housing allowance or residence for personal use	Yes	No
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel       Housing allowance or residence for personal use	Yes	No
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel         Housing allowance or residence for personal use	Yes	No
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         First-class or charter travel         Housing allowance or residence for personal use		
Travel for companions Payments for business use of personal residence		
Tax indemnification and gross-up payments Health or social club dues or initiation fees		
Discretionary spending account Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		
explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		
1a?       2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
Compensation committee Written employment contract		
Independent compensation consultant X Compensation survey or study		
X       Form 990 of other organizations       X       Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	<u> </u>	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
compensation contingent on the revenues of:		
a The organization?		Х
b Any related organization?		Х
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		
compensation contingent on the net earnings of:		
a The organization?	<u> </u>	X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		x
payments not described on lines 5 and 6? If "Yes," describe in Part III.       7         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>	
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		
in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		
Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2018

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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> 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.	
1 <sup>VICE PRESIDENT</sup>	(ii)	0.	0.	0.				
ROGER DINGLEDINE	(i)	149,375.	0.	0.	3,750.	10,637.	163,762.	
2 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.				
SHARI STEELE	(i)	175,000.	0.	0.	5,833.	3,453.	184,286.	
3 3	(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)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

JSA

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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 M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

20**18** Open to Public Inspection

Name of the organization

Employer identification	number
20-8096820	

Part	-	Types of Pro	operty
THE	TOR	PROJECT,	INC.

1 Art - Works of art

	<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
 - ° F				

2	Art - Historical treasures	-							
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests	_							
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other	-							
15	Real estate - Residential								
16	Real estate - Commercial	-							
17	Real estate - Other	1							
18	Collectibles	-							
19	Food inventory	-							
20	Drugs and medical supplies	-							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►( ATCH 1 )	)		34.	228,235.				
26	Other ►()	)							
27	Other ►()	)							
28	Other ►()	)							
29	Number of Forms 8283 received	d by the orga	anization during the	tax year for	or contributions for				
	which the organization completed	l Form 8283, I	Part IV, Donee Ackno	wledgeme	nt	29			
								Yes	No
30a	During the year, did the organization								
	28, that it must hold for at least								
	to be used for exempt purposes for	or the entire he	olding period?				30a		X
b	If "Yes " describe the arrangement	t in Part II							

Does the organization have a gift acceptance policy that requires the review of any nonstandard

31

Х

Х

Page 2

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
DONATED EQUIPMENT	(SERVER X	34.	228,235.	FMV
TOTALS	-	34.	228,235.	

Schedule M (Form 990) (2018)

## 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.

Employer identification number 20-8096820

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.

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, 2019:

#### FUNDING FROM US GOVERNMENT SOURCES

US STATE DEPT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 416,999 NATIONAL SCIENCE FOUNDATION 163,919 RADIO FREE ASIA/OPEN TECHNOLOGY FUND 277,212 NEW YORK UNIVERSITY - INSTITUTE OF MUSEUM AND LIBRARY SERVICES 89,052 UNIVERSITY OF PENNSYLVANIA - DEFENSE ADVANCED RESEARCH PROJECTS AGENCY 961,803 GEORGETOWN UNIVERSITY - DEFENSE ADVANCED RESEARCH PROJECTS AGENCY 66,924 HARVARD UNIVERSITY - US STATE DEPARTMENT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 50,000

FUNDING FROM NON-US-GOVERNMENT SOURCES

JSA

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY(SIDA) 749,031

FUNDING FROM CORPORATE SOURCES

HANDSHAKE OPEN SOURCE PLEDGE 200,000

MOZILLA 457,500

DUCK DUCK GO 50,000

KNOW CONFERENCE 5,899

FUNDING FROM PRIVATE FOUNDATIONS

MEDIA DEMOCRACY FUND 300,000

MOZILLA OPEN SOURCE SUPPORT (MOSS) 195,000

CRAIG NEWMARK PHILANTHROPIC FUND 50,000

INDIVIDUAL DONATIONS 577,170

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, 2019, VOLUNTEERS CONTRIBUTED A

JSA 8E1228 1.000

Schedule O (Form 990 or 990-EZ) 2018	Page 2
Name of the organization	Employer identification number
THE TOR PROJECT, INC.	20-8096820
	ATTACHMENT 1 (CONT'D)
VALUE OF \$737,979 TO OUR WORK, AS FOLLOWS: 5,975 HOURS OF	SOFTWARE
DEVELOPMENT (VALUED AT \$358,500); COMPUTING INFRASTRUCTURE	E OF 23
SERVERS (VALUED AT \$173,110); TRANSLATION SERVICES OF 988,	,701
WORDS (VALUED AT $$158,193$ ); AND CLOUD HOSTING SERVICES (VA	ALUED AT
\$48,176).	
	ATTACHMENT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND.	CONTRACTORS
NAME AND ADDRESS DESCRIPT	ION OF SERVICES COMPENSATION

DEVELOPER

PEARL CRESCENT LLC 217 1ST AVENUE S, #4903 SEATTLE, WA 98194

ATTACHMENT 3

113,725.

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
PAYROLL SERVICE FEES	59,083.	49,002.	6,750.	3,331.
CONTRACT LABOR	817,163.	812,647.	3,766.	750.
PROFESSIONAL FEES	108,425.	89,924.	12,388.	6,113.
TOTALS	984,671.	951,573.	22,904.	10,194.

Schedule O (Form 990 or 990-EZ) 2018