EXTENSION ATTACHED

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8 Contributions and grants (Part VIII, line 1h)		DN	vet unrelated	business taxable income from Form 990-1, lin	ie 34			<u></u>		70	Current Year
9 Program service revenue (Part VIII, line 2g),		9 (Contributions	nd grants (Part)/III, line 1h)						6	2,684,850
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 360, 175. 1, 360, 175. 1, 54 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 967, 590. 4, 07 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 10 Total assets (Part X, line 16) 2, 405, 924. 2, 45 21 Total liabilities (Part X, line 26) 278, 612. 27 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 127, 312. 2, 117 Part II Signature Block 11/15/2018 11/15/2018 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and I information of which preparer has any knowledge. 11/15/2018 Sign Signature of officer Date Date Signature of officer Date Print/Type preparer's name P0145203. Preparer Date Check if self-employed P0145203. Preparer LORI L SCOTT Print for the fort fort fort fort fort fort forthe forthe fort fort fort forthe fort fort fort fort f	ş	15 S	Salaries othe	compensation employee benefits (Part IX co	olumn (A) I	ines 5-10)			1,607,41	5.	2,528,806
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 360, 175. 1, 360, 175. 1, 54 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 967, 590. 4, 07 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 20 Total assets (Part X, line 16) 2, 405, 924. 2, 45 21 Total liabilities (Part X, line 26) 278, 612. 27 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 127, 312. 2, 117 Part III Signature Block 11/15/2018 11/15/2018 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and I true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2018 Sign Signature of officer Date 0 Ympe or print name and title Print/Type preparer's name Preparer's signature Date P145203. Preparer LORI L SCOTT Preparer's signature Date Check if p0145203. P14520	snse	16a F	Professional f	ndraising fees (Part IX, column (A), line 11e)						0.	C
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 360, 175. 1, 360, 175. 1, 54 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 967, 590. 4, 07 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 19 Revenue less expenses. Subtract line 18 from line 12. 225, 153. 5 10 Total assets (Part X, line 16) 2, 405, 924. 2, 45 21 Total liabilities (Part X, line 26) 278, 612. 27 22 Net assets or fund balances. Subtract line 21 from line 20. 2, 127, 312. 2, 117 Part II Signature Block 11/15/2018 11/15/2018 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and I information of which preparer has any knowledge. 11/15/2018 Sign Signature of officer Date Date Signature of officer Date Print/Type preparer's name P0145203. Preparer Date Check if self-employed P0145203. Preparer LORI L SCOTT Print for the fort fort fort fort fort fort forthe forthe fort fort fort forthe fort fort fort fort f	ăX										
19 Revenue less expenses. Subtract line 18 from line 12	ш										1,549,613
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,405,924. 2,45 21 Total liabilities (Part X, line 26) 278,612. 27 22 Net assets or fund balances. Subtract line 21 from line 20. 2,127,312. 2,117 Part II Signature Block Under penaties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and I true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date COOPY Signature of officer Signature of officer Date Signature of officer Signature of officer Date Print/Type preparer's name Preparer's signature Date Check if PTIN Total isotor Part II Signature of officer											

Form 8868

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

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

OMB No. 1545-1709

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

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

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

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

				Enter filer's identifying nu	umber, see instructions				
Turne an	Name of exempt organization or other filer, see in	nstructions.	Emplo	oyer identification numb	er (EIN) or				
Type or			COPY						
print	THE TOR PROJECT INC		20-8096820						
File by the due date for	security number (SSN)								
filing your	79 S WASHINGTON ST NO M-101								
return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ac	dress, see instructions.						
instructions.	SEATTLE, WA 98194								
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for each	ı return)	01				
Application Return Application									
Is For		Code	ls For		Code				
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990-B	L	02	Form 1041-A		08				
Form 4720	(individual)	03	Form 4720 (other than indiv	idual)	09				
Form 990-Pl	Ę	04	Form 5227		10				
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T	(trust other than above)	06	Form 8870		12				
 If the orga If this is for for the whole <u>a list with the</u> 1 I reques 	e No. \blacktriangleright <u>206</u> <u>420–3136</u> anization does not have an office or place of br a Group Return, enter the organization's fo e group, check this box \frown \blacktriangleright \blacksquare . It is names and EINs of all members the extension ist an automatic 6-month extension of time un organization named above. The extension is	business ir ur digit Gro f it is for pa ion is for. ntil	up Exemption Number (GEN) Int of the group, check this box 11/15_, 2018_, t	box▶∟					
► X	calendar year 20 17 or								
	tax year beginning	, 20	, and ending	, 20					
2 If the ta	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, cheo	k reason: 📃 Initial return	Final return					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the tentation						
	undable credits. See instructions.			3a	\$ 0.				
	application is for Forms 990-PF, 990-T,		-	ole credits and					
	ted tax payments made. Include any prior yea			3b	\$ 0.				
	e due. Subtract line 3b from line 3a. Include		ent with this form, if required,	, ,					
	onic Federal Tax Payment System). See instru			3c					
•	are going to make an electronic funds withdrawal	I (direct deb	t) with this Form 8868, see Form	8453-EO and Form 88	79-EO for payment				
instructions.									
For Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.		For	m 8868 (Rev. 1-2017)				



THE	TOR	PROJECT,	INC.

For	n 990 (201	7)				Page 2
Pa	art III	Statement of Program Service				
-	Duinflued	Check if Schedule O contains		ne in this Part III	<u></u>	X
	•	escribe the organization's miss CH, DEVELOPMENT, EDUC		TNTO ONI TNE	τ τη ΝΙζΝΙΧΙΜ Τ ΤΓΙΧ	
	AND PR		ATION AND ADVOCACT	INTO ONLINE		
2	Did the	organization undertake any sig	unificant program sorvices o	luring the year w	which were not listed on	tho
2		m 990 or 990-EZ?				Yes X No
	If "Yes "	describe these new services or	Schedule O			
3		organization cease conducti		hanges in how	it conducts, any prog	ram
Ū		?				
		describe these changes on Sch				
4		e the organization's program				
		s. Section 501(c)(3) and 501(the amount of grants ar	nd allocations to others,
	the total	expenses, and revenue, if any,	for each program service re	ported.		
4a	(Code:) (Expenses \$	3,576,420. including grants	of \$) (Revenue \$	1,446,032.
	ATTA	CHMENT 1				
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
	_					
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)
					/ ``	
4d	Other pr	ogram services (Describe in Sc	hedule O.)			
. •	(Expense		grants of \$) (Revenue \$)	
4e		ogram service expenses ►	3,576,420.	,	/	
JSA		<u> </u>	· · · ·			Form 990 (2017)
101	0646 064	5NT K378 11/15/2018	9:53:27 AM V 17-7	.2F	28675.0/LLS/2018	

Form 9	90 (2017)		F	Page 3
Part	IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"			
u	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		Tie		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	л	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X

Form 990 (2017)

Page 4

Part	V Checklist of Required Schedules (continued)			
-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	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
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.	22		Х
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	
24a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		Х
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		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		
35a	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			v
6 -	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			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>	o 		Х
~~	Part VI	37		
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2017)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance 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 1a	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	L
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 21	-	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	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	4-		x
	account)?	4a		
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).	50		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
h	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convised provided to the payer?	7a		X
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
U	required to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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.			
a	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		<u> </u>
	01.000 0646NT K378 11/15/2018 9:53:27 AM V 17-7.2F 28675.0/LLS/2018	Form) (2017 AGE

Form §	20-809 (2017) THE TOR PROJECT, INC. 20-809	6820	I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	N, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See in	nstruc	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			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue) Code	? <i>.)</i> Yes	No
		10a	103	X
	Did the organization have local chapters, branches, or affiliates?			21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	<u> </u>
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a				<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	x	
~	rise to conflicts?			
С	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
15	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	
a b	Other officers or key employees of the organization	15b	х	<u> </u>
	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 > ^{MA, WA,}			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(a	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	nterest	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 record SHARI STEELE 76 S WASHINGTON ST SEATTLE, WA 98104	ds: 🕨		
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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	ractors								
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in this	s Part VII.				

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per			ition more	e than c is both	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	office or direct	•		or/trust Highest compensated employee	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)MATT BLAZE	2.00							
BOARD CHAIR	0.	Х				0.	Ο.	0.
(2)GABRIELLA COLEMAN	3.00							
CLERK	0.	X				0.	Ο.	0.
(3)LINUS NORDBERG	2.00							
DIRECTOR	0.	X				0.	0.	0.
(4)MEGAN PRICE	2.00							
DIRECTOR	0.	X				0.	Ο.	0.
(5)BRUCE SCHNEIER	2.00							
DIRECTOR	0.	X				0.	0.	0.
(6)CINDY COHN	2.00							
TREASURER	0.	X				0.	Ο.	0.
(7)RAMY RAOOF	2.00							
DIRECTOR	0.	X				0.	0.	0.
(8)JULIUS MITTENZWEI	2.00							
DIRECTOR	0.	X				0.	0.	0.
(9)NICK MATHEWSON	40.00							
VICE PRESIDENT	0.		Х			145,875.	0.	22,587.
(10)ROGER DINGLEDINE	40.00							
PRESIDENT	0.		Х			145,875.	0.	14,926.
(11) ^{SHARI} STEELE	40.00							
EXECUTIVE DIRECTOR	0.		Х			175,000.	0.	3,453.
(12)BRADLEY PARKER	40.00							
CFO	0.	1	Х			120,000.	Ο.	10,280.
(13)MIKE PERRY	40.00							
DEVELOPER	0.				Х	121,333.	0.	10,377.
(14)ARTHUR EDELSTEIN	40.00							
DEVELOPER	0.				Х	114,000.	0.	10,327.

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Form 990 (2017)													Page 8
Part VII Section A. Officers, Directors, Tr		y Em	plo			and I	ligl			yees (co			
(A) Name and title	d title (B) (C) Average Position hours per week (list any hours for officer and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	m Estim m amou oth compen		f		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anization related nization	n d
15) ISABELA BAGUEROS	40.00												
PROJECT MANAGER	0.	-				X		110,004.		0.		10,3	69.
		-											
		-											
	+	-											
1b Sub-total							►	822,083.		0.		71,9	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		• •	• •	• •			110,004. 932,087.		0.		10,3 82,3	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t						o re		\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes	No X
 For any individual listed on line 1a, is the organization and related organizations gr 	sum of rep	ortab	le d	com	per	satio	n ar	nd other compens	sation from	the			
 <i>individual</i>. 5 Did any person listed on line 1a receive or for convisce rendered to the compilation? If (1) 	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or indiv	idual	4	X	X
for services rendered to the organization? If "Yes," complete Schedule J for such person									5				
1 Complete this table for your five highest con compensation from the organization. Report year.													
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) ompens	ation	
ATTACHMENT 2													
2 Total number of independent contractors (i more than \$100,000 in compensation from the second seco				nite	d to	thos 2	e li	sted above) who	received				

(

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
iran oun	b	Membership dues					
Am S	c	Fundraising events					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
	e	Government grants (contributions) 1e	681,212.				
	f	All other contributions, gifts, grants,					
		and similar amounts not included above _ 1f	2,003,638.				
ont	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u></u>	2,684,850.			
nue			Business Code				
eve	2a	FEE FOR SERVICES	900099	1,446,032.	1,446,032.		
e R	b						
Zic	с						
Se	d						
ram	е						
Program Service Revenue	f	All other program service revenue					I
₽	g	Total. Add lines 2a-2f		1,446,032.			
	3	Investment income (including dividen					
		and other similar amounts)	. [0.			
	4 5	Income from investment of tax-exempt bond		0.			
	J	Royalties	(ii) Personal	0.			
	6a	Gross rents					
	b	Less: rental expenses Rental income or (loss)					
	c d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	<u></u> ▶	0.			
ne	8a	Gross income from fundraising					
		events (not including \$					
Other Reven		of contributions reported on line 1c).					
Jer		See Part IV, line 18 a					
ş	b	Less: direct expenses b					
	с	Net income or (loss) from fundraising events.	· · · · · · · >	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	1 1				
	b	Less: direct expenses b Net income or (loss) from gaming activities		0.			
	C			0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c b	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	с						
	d	All other revenue					L
	е	Total. Add lines 11a-11d		0.			
JSA	12	Total revenue. See instructions.		4,130,882.	1,446,032.		
JOA							Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part VIII......

THE TOR PROJECT, INC. Statement of Revenue

Form 990 (2017)

Part VIII

Part IX Statement of Functional Expenses

Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	637,996.	593,336.	25,520.	19,140
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,573,748.	1,463,586.	62,950.	47,212
	Pension plan accruals and contributions (include				
2	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	145,743.	135,542.	5,829.	4,372
10	Payroll taxes	171,319.	159,327.	6,853.	5,139
	Fees for services (non-employees):				
	Management	0.			
	Legal	672.	618.	54.	
	Accounting	18,308.	16,843.	1,465.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	-	0.			
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	900,207.	896,671.	2,312.	1,224
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	0.	0,0,0,1,1	2,312.	1,221
	Advertising and promotion	68,396.	54,607.	8,481.	5,308
13	Office expenses	51,722.	49,653.	2,069.	5,500
14	Information technology	0.	19,055.	2,005.	
15	Royalties	19,494.	15,985.	3,509.	
16		98,022.	70,577.	26,464.	981
		90,022.	70,577.	20,404.	901
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0.	100 200	241 205	
19	Conferences, conventions, and meetings	349,573.	108,368.	241,205.	
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.	11 000	0 410	
23		13,426.	11,009.	2,417.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SWAGS AND PREMIUMS	29,793.	298.		29,495
b					
с					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,078,419.	3,576,420.	389,128.	112,871
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Page **11**

Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 948,649. 1,292,422. Cash - non-interest-bearing 1 1 0 0. 2 2 Savings and temporary cash investments 1,381,270. 1,067,535. 3 Pledges and grants receivable, net 3 0 0. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0 5 6 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. organizations (see instructions). Complete Part II of Schedule L 6 Assets 0 Ο. Notes and loans receivable, net 7 7 0. 0. 8 Inventories for sale or use 8 9,733. 11,019. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or 18,079. 10a other basis. Complete Part VI of Schedule D 18,079. 0. 0. 10c **b** Less: accumulated depreciation **10b** 0. Investments - publicly traded securities 0. 11 11 Investments - other securities. See Part IV, line 11 0. 12 0. 12 Investments - program-related. See Part IV, line 11 0. 0 13 13 Ο. 0. 14 Intangible assets 14 66,272. 87,710. Other assets. See Part IV, line 11 15 15 2,405,924. 2,458,686. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 212,340. 191,201. 17 Accounts payable and accrued expenses 17 0. 18 0. Grants payable 18 0. Ο. Deferred revenue 19 19 0. 0. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 87,710. 66,272. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0. 22 0. Secured mortgages and notes payable to unrelated third parties 0. 23 23 0. Unsecured notes and loans payable to unrelated third parties 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 0. 25 of Schedule D Total liabilities. Add lines 17 through 25 278,612. 278,911. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🕮 and complete lines 27 through 29, and lines 33 and 34. Fund Balances Unrestricted net assets 27 2,127,312. 27 2,179,775. Temporarily restricted net assets 28 0. 28 Ο. Permanently restricted net assets 29 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and ъ complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 2,127,312. Total net assets or fund balances 2,179,775. 33 33 Total liabilities and net assets/fund balances 2,405,924. 2,458,686. 34 34

Form 99	90 (2017)				Pa	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI.			4 1	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				382.
2	Total expenses (must equal Part IX, column (A), line 25)	2				419.
3	Revenue less expenses. Subtract line 2 from line 1	3				463.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,1	27,3	312.
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			0 1		
	33, column (B))	10		∠,⊥	19,	775.
Part						X
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		
4	Accounting method used to prepare the Form 990: Cash X Accrual Other			_	Yes	No
1		valaia				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	in			
-				0-		x
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 reviewed on a separate basis, consolidated basis, or both:	npiled	or			
	Separate basis Consolidated basis Both consolidated and separate basis			24		x
b	Were the organization's financial statements audited by an independent accountant?		•• –	2b		
	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:					
	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		-	20		
	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	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se			~	х	
-	the Single Audit Act and OMB Circular A-133?		· · -	3a	Δ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			<u>а</u> ь		x
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		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.

 Penartment of the Treasury

OMB No. 1545-0047 20

	rtment of the Treasury nal Revenue Service		Go to www.irs.ge	ov/Form990 for instruct			information.	Open to Public Inspection	
Nam	e of the organization						Employer identifi	cation number	
1	E TOR PROJECT						20-80968	-	
Pa			•	organizations must o			,		
	<u> </u>	-		t is: (For lines 1 throug	-	-			
1				tion of churches desc					
2									
3 4		-	-	-				(iii) Entor the	
4	hospital's name, city, and state:								
5		-		a college or universit		d or one	prated by a dovernme	ental unit described in	
5		-	Complete Part II.)	a concyc of aniversit	y owned		a governine		
6				rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).		
7		-	-			-		om the general public	
			(1)(A)(vi). (Compl	-		0		0 1	
8				b)(1)(A)(vi) . (Complete	e Part II.)				
9			-	ed in section 170(b)(1			I in conjunction with a	land-grant college	
	or university of	or a non-land-	grant college of a	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or	
	university:								
10 11	receipts from support from acquired by th	activities rela gross investme ne organizatio	ited to its exempt for the tincome and u an after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (les: Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its	
12		-	-		-			arry out the purposes	
		-	-	-	-			ee section 509(a)(3).	
								nes 12e, 12f, and 12g.	
а	Type I. A su	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
			-	regularly appoint or e	-				
	supporting of	organization.	You must complet	te Part IV, Sections A	and B.				
b	Type II . A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having	
	control or m	nanagement o	of the supporting c	organization vested in	the sam	e persor	ns that control or man	age the supported	
	organization	(s). You mus	complete Part IV	, Sections A and C.					
С		-		ng organization opera				lly integrated with,	
		-		ns). You must comple					
d		-		porting organization of	-				
		-		nization generally mus	-			d an attentiveness	
		•	,	omplete Part IV, Sect				. – …	
е		-		a written determinatio				I, Type III	
f				ionally integrated sup			ion.		
'n				orted organization(s).				•••••	
9	(i) Name of supported	•	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
	()		((described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))	docu Yes	ment? No	instructions)	instructions)	
					103				
(A)									
(B)									
(C)									
(D)									
(E)									
Tota							-		
For F	Paperwork Reduction A	ct Notice, see th	e Instructions for Form	1 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2017	

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	129,118.	288,667.	460,298.	411,296.	2,684,850.	3,974,229.
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	129,118.	288,667.	460,298.	411,296.	2,684,850.	3,974,229.
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)						1,277,580.
6	Public support. Subtract line 5 from line 4						2,696,649.
	tion B. Total Support			()	(
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4	129,118.	288,667.	460,298.	411,296.	2,684,850.	3,974,229.
Ū	payments received on securities loans, rents, royalties, and income from similar sources	1,152.	1,648.	2,093.	2,455.		7,348.
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.)	2,293.	735.	7,918.			10,946.
11	Total support. Add lines 7 through 10						3,992,523.
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						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (lin	ne 6, column (f)) divided by line	11, column (f)).		14	67.54 %
15	Public support percentage from 2016					15	98.26%
16a	331/3% support test - 2017. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 331	1/3%or more, cl	
	box and stop here. The organization qu	-		-			
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets the			-	-		
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
10	supported organization						
18	•						
	instructions						· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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						
7 a	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						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(0) 2013	(u) 2010	(e) 2017	(1) 10(a)
9 10 a	Amounts from line 6 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						
12	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	ear as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (li					17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the or						
	17 is not more than 331/3%, check th	-	•			•••••	
b	331/3% support tests - 2016. If the orga						
~~	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	ulu not check	a bux on line	14, 19a, or 19b		Schedule A (Form 9	
	^{1 1.000} 0646NT K378 11/15/2018 9	:53:27 AM	V 17-7.2F	2	.8675.0/LLS	-	PAGE 1

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

20-8096820

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 2017

-	le A (Form 990 or 990-EZ) 2017		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	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 Part VI .	11c		
Secti	on B. Type I Supporting Organizations		v	
			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 Part VI 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the exercise provide to each of its supported exercise time, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
Ň	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-EZ	2017

Schedule A (Form 990 or 990-EZ) 2017			Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qual instructions. All other Type III non-functionally integrated supporting or			-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (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			

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 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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2017

(B) Current Year

Schedule A (Form 990 or 990-EZ) 2017

Page **7**

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		e di l'ent i e di
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets		Lationio	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ũ	(provide details in Part VI). See instructions.	and organization to roop		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

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) 2017

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

Employer identification number

20-8096820

Name of the organization

THE TOR PROJECT, INC.

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 not 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, 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE TOR PROJECT, INC.

Employer identification number 20-8096820

art I Contr	ibutors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$594,408.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$347,325.	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		\$522,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$133,061.	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		\$315,737.	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
6		\$232,414.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE TOR PROJECT, INC.

Page 2 Employer identification number 20-8096820

art I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$72,308.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part II	Noncash P	roperty	(see inst
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE TOR PROJECT, INC.

4 11 ... h D rtv (a in a structions). Use duplicate copies of Part II if additional space is needed.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

20-8096820

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	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. Complete columns (a) through (e) an							

con Use	ntributions of \$1,000 or less for the e duplicate copies of Part III if additio	year. (Enter this information	r the total of <i>exclusively</i> religious, charitable, on once. See instructions.) ► \$		
) No. 'om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee		
_					
No					
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and		Relationship of transferor to transferee		
_					
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
		(e) Transfer of gift			
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee		
_					
No.	(h) Durnoss of sitt		(d) Departmention of how with it hold		
om Irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee		
_					

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

► Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

Depar	tment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service	► Go to www.irs.gov	<pre>//Form990 for instructions and</pre>	the latest inform	ation.	Inspection
Name	of the organization				Employer identificat	tion number
THE	TOR PROJECT	, INC.			20-809682	20
Par	t Organiza	ations Maintaining Donor Adv	ised Funds or Other Sim	ilar Funds or	Accounts.	
	Complet	e if the organization answered	"Yes" on Form 990, Part	IV, line 6.		
			(a) Donor advised fu	inds	(b) Funds and	other accounts
1	Total number at e	end of year				
2	Aggregate value	of contributions to (during year)				
3	Aggregate value	of grants from (during year)				
4	Aggregate value	at end of year				
5	Did the organiza	tion inform all donors and donor	advisors in writing that th	e assets held i	n donor advised	
	funds are the org	anization's property, subject to the	e organization's exclusive leg	gal control?		Yes No
6	Did the organizat	tion inform all grantees, donors, a	and donor advisors in writin	g that grant fui	nds can be used	
	only for charitabl	e purposes and not for the bene	fit of the donor or donor ad	dvisor, or for ar	y other purpose	
	conferring imperr	missible private benefit?				Yes No
Pa		ation Easements.				
	Complet	e if the organization answered	"Yes" on Form 990, Part	IV, line 7.		
1	Purpose(s) of con	nservation easements held by the	e organization (check all that a	apply).		
	Preservation	on of land for public use (e.g., rec	reation or education)	Preservation c	of a historically imp	portant land area
	Protection	of natural habitat		Preservation c	of a certified histor	ic structure
		on of open space				
2		a through 2d if the organization h	eld a qualified conservation	contribution in		
	easement on the	last day of the tax year.			Held at the	End of the Tax Year
а	Total number of o	conservation easements			2a	
b	-	stricted by conservation easements			2b	
С		ervation easements on a certified			2c	
d		ervation easements included in (c				
		listed in the National Register			2d	
3	Number of conse	ervation easements modified, trar	nsferred, released, extinguis	hed, or termina	ated by the organ	ization during the
	tax year ►					
4		where property subject to conse				
5	-	zation have a written policy reg			-	
_		forcement of the conservation ea				
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, an	d enforcing cons	ervation easements	during the year
7	Amount of expen	ses incurred in monitoring, inspec	ting, handling of violations, a	nd enforcing co	nservation easem	ents during the year
8		rvation easement reported on line 2	• •			
		n)(4)(B)(ii)?				└── Yes └── No
9		ribe how the organization reports			•	
		nd include, if applicable, the text of		zation's financia	al statements that o	describes the
		counting for conservation easeme				
Pa		ations Maintaining Collections e if the organization answered			Similar Assets.	
1a	If the organizatio works of art, his public service, pre	n elected, as permitted under SI storical treasures, or other simila ovide, in Part XIII, the text of the fo	FAS 116 (ASC 958), not to ar assets held for public e potnote to its financial stater	e report in its re exhibition, educ ments that desc	evenue statement ation, or researc ribes these items.	and balance sheet h in furtherance of
b	works of art, his public service, pro	on elected, as permitted under storical treasures, or other simila ovide the following amounts relation	ar assets held for public e ing to these items:	exhibition, educ	ation, or researc	
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			▶\$.	
		ed in Form 990, Part X				
2		on received or held works of a				I gain, provide the
		s required to be reported under S				
а		d on Form 990, Part VIII, line 1				
b	Assets included i	n Form 990, Part X			· · · · · ► \$	

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

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Schedule D (Form 990) 2017

20-8096820	J
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Scheo	lule D (Form 990) 2017	11100201,	11.01					20 000	0020	P	age 2
-	t III Organizations Maintaining Co	llections of	Art, Hist	orical T	reasure	es, or C	Other Simil	ar Asse	ts (con		
3	Using the organization's acquisition, acc										
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan d	or excha	nge prog	grams				
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization	n's collections	and expla	ain how t	they furt	her the	organization	s exemp	t purpos	e in	Part
	XIII.										
5	During the year, did the organization solic							_			1
	assets to be sold to raise funds rather than		ained as pa	irt of the o	organiza	tion's co	llection?		Yes		No
Par	t IV Escrow and Custodial Arrange			- 000 D							
	Complete if the organization an 990, Part X, line 21.	swered "Yes	s" on Forn	n 990, Pa	art IV, II	ne 9, or	reported ar	n amoun	t on For	m	
4 -					a			4			
1a	Is the organization an agent, trustee, cus								Vee	v	No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part	VIII and comr	lata tha fal	llowing tok	 	• • • •		• • • • L	Yes	Λ	INO
b	in res, explain the arrangement in Part			nowing tai	Jie.		Δ	mount			
с	Reginning balance				F	10		mount			
d	Beginning balance Additions during the year					1c 1d					
e	Distributions during the year					1e					
f	Ending balance					16 1f					
2a	Did the organization include an amount o						ial account lia	ability?	X Yes		No
	If "Yes," explain the arrangement in Part									Х	1
Par									<u></u>	-	1
	Complete if the organization an	swered "Yes	s" on Form	n 990, Pa	art IV, lir	ne 10.					
	(a)	Current year	(b) Pric	or year	(c) Two	years bac	k (d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the			e (line 1g,	column	(a)) held	as:				
a	Board designated or quasi-endowment		_%								
b	· · · · · · · · · · · · · · · · · · ·	6									
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	%	1000/								
30	Are there endowment funds not in the pos	•		tion that	are held	l and ad	ministored for	the			
Ja	organization by:	556551011 01 11	le organiza	ation that	are neiu	i anu aui		uie		/es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga								3b		
4	Describe in Part XIII the intended uses of										
Par	• VI Land, Buildings, and Equipmen	t.									
	Complete if the organization ar Description of property										
		(a) Cost or (inves			or other bas other)		Accumulated epreciation	(0	i) Book val	ue	
1a	Land										
b	Buildings										
С	Leasehold improvements					_					
d	Equipment				18,07	9.	18,079.				
<u>e</u>	Other				/ -						
Tota	I. Add lines 1a through 1e. (Column (d) mu	ust equal Form	n 990, Part	X, colum	n (B), line	e 10c.)	<u> </u>				

Schedule D (Form 990) 2017

Part VII	(Form 990) 2017 Investments - Other Securities.		<u> </u>	Page
		I "Yes" on Form 99	90, Part IV, line 11b. See Form 990, Part X, line 1	2.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financ	ial derivatives			
	y-held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
-	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII				0
			90, Part IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
2)				
3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
art IX	Other Assets.			
		I "Yes" on Form 990	90, Part IV, line 11d. See Form 990, Part X, line 1	
	(a) De	scription	(b) Book val	lue
1)				
2)				
3)				
4)				
5)				
6) 				
7)				
(8)				
9)	lume (b) must squal Form 000. Port V sol (B)	ing (E)		
art X	lumn (b) must equal Form 990, Part X, col. (B) I Other Liabilities.	ine 10.)	•••••••	
		I "Yes" on Form 99	90, Part IV, line 11e or 11f. See Form 990, Part X	, ,
	(a) Description of liability	(b) Book val	alue	
1) Fede	eral income taxes			
(2)				
(3)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(4)
(5)
(6)
(7)
(8)
(9)

Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1 2 b c d e 3 4 a b	Total revenue, gains, and other support per audited financial statements	1 2e 3 4c	
с 5	Add lines 4a and 4b	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1 2 b c d e	Total expenses and losses per audited financial statements 2a Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	2e	
3	Subtract line 2e from line 1	3	
4 a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Provid	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; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		line

SEE PAGE 5

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Schedule D (Form 990) 2017

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 \$87,710 FOR THE YEAR ENDED DECEMBER 31, 2017. TOR PROJECT CHARGES NO FEES FOR THESE SERVICES.

Schedule D (Form 990) 2017

SC⊦	IEDULE F	Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047
(For	m 990)	Complete	if the organiza		'Yes" on Form 990, Part IV, to Form 990.	line 14b, 15, or 16.	2017
	ment of the Treasury I Revenue Service	► G	io to www.irs.go		nstructions and the latest in	formation.	Open to Public Inspection
	of the organization					Employer ide	entification number
THE	TOR PROJECT,	INC.				20-80	96820
Part		formation o		Outside the U	nited States. Complete i	if the organization ar	nswered "Yes" on
	assistance, the gra	antees' eligibili	ty for the grant	s or assistance	substantiate the amount of e, and the selection criteri	a used to award the	
	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its gra	ints and other
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 (a program service, describe specific type service(s) in the regio	expenditures for and investments
(1)	EUROPE		0.	12.	PROGRAM SERVICES	DEVELOPER	823,433.
(2)	NORTH AMERICA		0.	3.	PROGRAM SERVICES	DEVELOPER	186,158.
(3)	RUSSIA/INDEPENDEN	T STATES	0.	1.	PROGRAM SERVICES	DEVELOPER	88,600.
(4)	SOUTH AMERICA		0.	2.	PROGRAM SERVICES	DEVELOPER	14,697.
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
<u>(16)</u>							
<u>(17)</u>							
3a b	Sub-total Total from sheets to Part I	continuation		18.			1,112,888.
C	Totals (add lines			18.			1,112,888.
For Pa	aperwork Reduction	Act Notice, se	e the Instruction	s for Form 990.		Sci	nedule F (Form 990) 2017

Page **2**

Part II	Grants and Other Assista							d "Yes" on F	orm 990,
	Part IV, line 15, for any re	cipient who receiv	ed more than \$5,000. F		1		s needed.	1	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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) 2017

Page 3

Schedule F (Form 990) 2017

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		recipients		disbursement disbursement Image: Image	disbursement assistance Image: Constraint of the second sec	disbursementassistanceassistanceassistanceImage: Image: Imag

Schedule F (Form 990) 2017

JSA

Sched	ule F (Form 990) 2017		Page 4
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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

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) 2017

SCH	EDULE J	Compen	sation Information	C	MB No.	1545-0	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		୬ଲ 17					
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<u>K</u>				
	nent of the Treasury Revenue Service	· · · · •	Attach to Form 990. 990 for instructions and the latest information.		Open to Inspo		
	of the organization			Employer identificatio			1
THE	TOR PROJE	CT, INC.		20-8096820)		
Part	Question	ns Regarding Compensation					
						Yes	No
1a			wided any of the following to or for a person provide any relevant information regarding				
		iss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as, maid, ch	auffeur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy represented above? If "No," com	plete Part III to			
_					1b		
2	-		to reimbursing or allowing expenses	-			
			D/Executive Director, regarding the items		2		
2					2		
3	organization's	CEO/Executive Director. Check all that	nization used to establish the compensation at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P	ods used by a			
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	X Form 99	90 of other organizations	X Approval by the board or compensa	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b		Х
С			used compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only costion	E(1/2)/2 $E(1/2)/4$ and $E(1/2)/20$ as	ragnizations must complete lines 5.0				
5	•		rganizations must complete lines 5-9.	201/			
3	•	n contingent on the revenues of:	, line ra, did the organization pay of accide	any			
а	-	-			5a		X
b					5b		Х
		e 5a or 5b, describe in Part III.					
6	-	isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue	any			
а	-				6a		X
b	-				6b		Х
~	-	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov				37
~			escribe in Part III		7		X
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? If				x
9			low the rebuttable presumption proced		8		
3					9		
	5	· · · · · · · · · · · · · · · · · · ·					

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NICK MATHEWSON	(i)	145,875.	0.	0.	0.	22,587.	168,462.	0.
1VICE PRESIDENT	(ii)	0.	0.	0.				
ROGER DINGLEDINE	(i)	145,875.	0.	0.	4,376.	10,550.	160,801.	0.
2PRESIDENT	(ii)	0.	0.	0.				
SHARI STEELE	(i)	175,000.	0.	0.	0.	3,453.	178,453.	0 .
3EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

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 O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



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

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

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

FORM 990, PART VI, SECTION B, LINE 15

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

FORM 990, PART VI, SECTION C, LINE 19

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

Page 2

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

PART VIII

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

FOLLOWING IS A BREAKDOWN OF THE TOR PROJECT'S FUNDING SOURCES IN 2017:

FUNDING FROM US GOVERNMENT SOURCES

US STATE DEPT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 133,061 NATIONAL SCIENCE FOUNDATION 548,151

SRI INTERNATIONAL 635,504

RADIO FREE ASIA/OPEN TECHNOLOGY FUND 798,029

ISC COUNTERPART INTERNATIONAL 12,500

FUNDING FROM NON-US GOVERNMENT SOURCES

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA) 594,408

FUNDING FROM CORPORATE SOURCES

JSA 7E1228 1.000 MOZILLA FOUNDATION 522,188

DUCKDUCKGO 25,000

FUNDING FROM PRIVATE FOUNDATIONS

NEW VENTURE FUND 347,325

OTHER PRIVATE FOUNDATIONS 89,007

INDIVIDUAL DONATIONS 425,709

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 CALENDAR YEAR 2017, VOLUNTEERS CONTRIBUTED A VALUE OF \$423,426 TO OUR WORK, AS FOLLOWS: 4,377 HOURS OF SOFTWARE DEVELOPMENT (VALUED AT \$262,620); COMPUTING INFRASTRUCTURE OF 23 SERVERS (VALUED AT \$69,000); TRANSLATION SERVICES OF 320,787 WORDS (VALUED AT \$51,326); AND 12

Schedule O (Form 990 or 990-EZ) 2017

Page 2

JSA 7E1228 1.000 ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization	Employer identification number	
THE TOR PROJECT, INC.	20-8096820	

ATTACHMENT 1 (CONT'D)

MONTHS OF CLOUD HOSTING SERVICES (VALUED AT \$40,480).

ATTACHMENT 2

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AB 217 1ST AVE S #4903 SEATTLE, WA 98194	DEVELOPER	106,028.
PEARL CRESCENT LLC 217 1ST AVE S #4903 SEATTLE, WA 98194	DEVELOPER	127,700.

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONTRACT LABOR	850,908.	850,908.		
PAYROLL SERVICE FEES	40,799.	37,943.	1,632.	1,224.
OTHER FEES	8,500.	7,820.	680.	
TOTALS	900,207.	896,671.	2,312.	1,224.

JSA 7E1228 1.000