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PUBLIC DISCLOSURE COPY

			** PUBLIC DISCLOSURE COPY	* *	_
	0	90	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ZUZU
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
Interr	al Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the la ar year, or tax year beginning JUL 1, 2020 and ending	test information. JUN 30, 2021	Inspection
-			organization	D Employer identificat	
D C a	heck if pplicat	ble:	organization	D Employer identificat	ion number
	Addr	ess ge THE	TOR PROJECT, INC.		
	Name		usiness as	20-8096820)
	Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final	V	1ST AVE SOUTH 4903	(781) 307-	
	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,413,548.
	Amer returr	DEAL	TLE, WA 98194	H(a) Is this a group retur	
	Appli tion pend	^{ing} F Name a	nd address of principal officer: ISABELA BAGUEROS	for subordinates?	
	-			H(b) Are all subordinates includ	
		empt status:	\underline{X} 501(c)(3) $_$ 501(c)() ◀ (insert no.) $_$ 4947(a)(1) or $_$ TORPROJECT.ORG	527 If "No," attach a list	
		f organization:		H(c) Group exemption n (ear of formation: 2006 M Si	
	art I	Summary			ate of legal domicile. W21
	1		e the organization's mission or most significant activities: RESEARCH	DEVELOPMENT.	EDUCATION
Governance	·	AND ADV	OCACY INTO ONLINE ANONYMITY AND PRIVA	.CY.	
nai	2		x if the organization discontinued its operations or disposed of r		is.
Vel	3			3	10
ğ	4		ependent voting members of the governing body (Part VI, line 1b)		10
ş	5		of individuals employed in calendar year 2020 (Part V, line 2a)	······	22
Activities	6		of volunteers (estimate if necessary)		10000
ctiv			d business revenue from Part VIII, column (C), line 12		0.
<			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	4,400,175.	7,412,081.
'nu	9		ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	607.	1,467.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,400,782.	7,413,548.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	3,286,330.	2,489,151.
Expenses	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 292, 902.	0.	0.
ďx	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright 292, 902.		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,074,117.	1,498,592.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,360,447.	3,987,743.
	19	Revenue less	expenses. Subtract line 18 from line 12	40,335.	3,425,805.
s or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F		1,046,925.	4,406,515.
et A nd E	21		(Part X, line 26)	656,565.	539,750.
	22		fund balances. Subtract line 21 from line 20	390,360.	3,866,765.
_	art II	-		tomonto and to the base of	and a data and ball of the t
			declare that I have examined this return, including accompanying schedules and sta		owiedge and belief, it is
urue,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arei nas any knowledge.	

	Signature of officer	Signature of officer										
Sign	olghature of officer	Date										
Here	ISABELA BAGUEROS, EXEC											
	Type or print name and title											
	Print/Type preparer's name	רוכעמוכו לא אושומנעוכ	Date Check	PTIN								
Paid	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA		P01340068								
Preparer	Firm's name COHNREZNICK LLP	Firm's EIN ▶ 22	2-1478099									
Use Only	Firm's address 10 FORBES ROAD, STE 200											
	BRAINTREE, MA 02184 Phone no. (781) 380-											
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm		DR PROJECT,				20)-8096820	Pa
Par	t III Statement of Program S	-						
	Check if Schedule O contains a		any line in this	Part III				
	Briefly describe the organization's mis RESEARCH, DEVELOPME AND PRIVACY.		ION AND	ADVOCACY	INTO OI	NLINE	ANONYMITY	7
2	Did the organization undertake any sig	gnificant program ser	rvices during th	e year which were	not listed on t	the		
	If "Yes," describe these new services						Yes	
	Did the organization cease conducting If "Yes," describe these changes on S		c changes in ho	w it conducts, any	/ program serv	vices?	Yes	. <u> X</u>
	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organi revenue, if any, for each program serv	izations are required t			-		• •	
	(Code:) (Expenses \$	3,477,521.	including grants of)	(Revenue \$		0
	1) TO DEVELOP, IMPR AND PROGRAMS THAT F							'S
	ENGAGEMENT, AND PRI							
	REGARDING, AND TO F							
	PROGRAMS, AND RELAT				•			ERA
	PUBLIC INTERNATIONA							
	CONNECTED TO INTERN							
	ACITIVITIES AND PRO							
	MAY BE CARRIED OUT							
	THE USE OF FREE SOF							
	PRIVACY AND ANONYMI	•						
	BENEFITS FROM THE C	ONTRIBUTIO	NS OF M	ANY VOLUN	reers. I	DURING	G THE PERI	OD
4b	(Code:) (Expenses \$	i	including grants of	\$)	(Revenue \$		
4c	(Code:) (Expenses \$		including grants of s	\$)	(Revenue \$		
4 -1								
4d	Other program services (Describe on							
	(Expenses \$	including grants of \$ 3,477	521) (Re	venue \$)	
	Total program service expenses 🕨	J,4//						
4e		0	-				Form S	990 (
	2 12-23-20	SEE SC	-	O FOR CON	TINUATIO	ON(S)	Form S	990 (

Form 990 (2020)

THE TOR PROJECT, INC. 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
12a	• • • • • • • • • • • • • • • • • • • •	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	
b	If "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)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	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
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		x
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Part IV Checklist of Required Schedules (continued)										
Form 990 (2020)	THE	TOR	PROJECT,	INC					

THE TOR PROJECT, INC.

			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	~~~		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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, or IV, and			
	Part V, line 1	34		X
	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 related organization?			v
	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	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		30	21	
	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 6			110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2020) THE TOR PROJECT, INC. 20-80968	820	P	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 22									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		X						
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).			x						
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b		<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).			37						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v						
	to file Form 8282?	7c		x						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0								
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:									
11										
a b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11a									
b	amounts due or received from them.)									
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.	100								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
c	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.									
		-	000	(0000)						

Form **990** (2020)

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THE TOR PROJECT, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		
Sec	tion A. Governing Body and Management				_
		1 1		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing				l
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				l
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			I
	of officers, directors, trustees, or key employees to a management company or other person?		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		1
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				Ι
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			Ī
а	The governing body?		8a	X	I
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay serere ming the fer			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	┨
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				┨
C			100	x	
2	in Schedule O how this was done			X	┨
13	Did the organization have a written whistleblower policy?			X	┨
4	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	ł
	The organization's CEO, Executive Director, or top management official			X	4
b	Other officers or key employees of the organization		15 b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ļ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			ļ
	taxable entity during the year?		<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow$ WA , MA				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 50)1(c)(3)s only	y) avai	l
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest poli	cy, and fina	ncial	
	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 be	ooks and records 🕨			
	ISABELA BAGUEROS - 781-307-8651				
	217 1ST AVE SOUTH #4903, SEATTLE, WA 98194				
2006	5 12-23-20		Form	n 990	(
	6				
90	414 758606 15556000 2020.05093 THE TOR PROJEC	T, INC.	15	556	C

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Er	nployees,	Highest	Compensa	ted
	Employees, and Independe	ent Contra	ctors					

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

See instructions for the order in which to list the persons above.

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

Name and titleAverage hours per week w	(A)	(B)	(C)						(D)	(E)	(F)	
hours per weightbox. unless person is both and other (list any hours for related organization below line)box. unless person is both and a director/huther the organization (W-2/1099-MISC)compensation from related organizations (W-2/1099-MISC)amount of other compensation from the organization and related organization and related organization(1) NICK MATHEWSON40.00x99,231.0.27,676.(2) ROGER DINGLEDINE40.00x99,500.0.14,416.(3) ISABELA BAQUEROS40.00x96,667.0.10,429.(4) SUSAN ABT40.00x82,921.0.14,608.(5) MATT BLAZE3.00x0.0.0.(6) ROB THOMAS3.00xx0.0.0.(7) CRELEAR KMUO3.00xx0.0.0.VICE-CHAIR3.00xx0.0.0.(1) NICK MATTELASE3.00xx0.0.0.(1) ISABELA BAQUEROS40.00x0.0.0.CHAIRMAN (AS OF 1/21)XX0.0.0.(1) CIENER KMLO3.00xx0.0.0.(1) GARRELLA COLEMAN3.00xx0.0.0.(11) KENDRA ALBERT2.00Xx0.0.0.(12) DESIGAN CHINIAH2.00X0.0.0.0.UILUS MITTERNARI2.00X0. <td>Name and title</td> <td>Average</td> <td>(do</td> <td colspan="3">Position</td> <td>) than</td> <td>one</td> <td>Reportable</td> <td colspan="3">Reportable Reportable</td>	Name and title	Average	(do	Position) than	one	Reportable	Reportable Reportable		
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(15) RAMY RAOOF 2.00 -		2.00								_		
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(16) BRUCE SCHNEIER 2.00		2.00								_	<u> </u>	
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Farm 990 (2020)											000	

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	PROJECT	-							20-8	096	820	Pa	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	(B) Average hours per week (list any	ge Position Reportable Reportable compensation compensation					(E) Reportable compensatic from related	n	am	(F) timated nount c other			
	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensat om the anization d relate anization	e on ed	
1b Subtotal							•	378,319.		0.	6	7,12	29.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					I	► ►	0. 378,319.		0.	6	7,12	0. 29.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	ed at	oove	e) wh	io r	eceived more than \$100),000 of reportab	le		Vee	0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,		•	,	,			5		3	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportab	le co	ompe	ensa	ation	n anc	l ot		the organization		4		x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		5		X
Section B. Independent Contractors 1 Complete this table for your five highest co the amountainting Dependent comparison for the second seco										npens	ation f	rom	
the organization. Report compensation for (A) Name and business		ear	enai	ng w	vitn	or w	triir	n the organization's tax year. (B) Description of services			(C comper		. <u></u> ı
ASSOCIAZIONE HERMES VIA ARETUSA 34, MILAN, I	TALY 201	129)					DEVELOPER			53	6,34	14.
							_						
							_						
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	nite	d to	-	se lis 1	stec	d above) who received n	nore than				
						_			1		Form	990 (2	020)

032008 12-23-20

		• • • •			respons	e or note to any lin	e in this Part VIII			
			Check if Schedule O o				(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts	1	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
S, C		с	Fundraising events		1c					
lar İar		d	Related organizations		1d					
ns, Simi		е	Government grants (contr	ributions)	1e 2	,829,250.				
erS		f	All other contributions, gifts,							
Ę			similar amounts not included	above	1f 4	,582,831.				
ont ont		g	Noncash contributions included in	lines 1a-1f	1g \$	351,143.				
ភីបី		h	Total. Add lines 1a-1f		<u></u>	· · · · · ·	7,412,081.			
						Business Code				
ice	2	2 a								
Program Service Revenue		b								
n S /en		С								
Rev		d								
roç		е								
Δ.		f	All other program service			-				
			Total. Add lines 2a-2f							
	3	3	Investment income (inclue	•			1 467			1 167
			other similar amounts)				1,467.			1,467.
	4		Income from investment of		•					
	5	•	Royalties		i) Real					
			a .	· ·	i) Real	(ii) Personal				
	6			6a						
			Less: rental expenses	6b 6c						
			Rental income or (loss)							
	_		Net rental income or (loss Gross amount from sales of		ecurities	(ii) Other				
	l '	a	assets other than inventory	7a	counties					
		h	Less: cost or other basis	10						
ē		b		7b						
er Revenue		~	Gain or (loss)							
Jev			Net gain or (loss)							
er	ß		Gross income from fundraisi							
đ	0	, u	including \$	ng ovonto (i	of					
•			contributions reported on	line 1c) S	-					
			Part IV, line 18	,		a				
		b	Less: direct expenses							
			Net income or (loss) from			• • • • • • • • • • • • • • • • • • •				
	9		Gross income from gamin		~ г					
			Part IV, line 19			a				
		b	Less: direct expenses			b				
		с	Net income or (loss) from	gaming ac	tivities					
	10) a	Gross sales of inventory,	less return	s					
			and allowances		10)a				
		b	Less: cost of goods sold		10)b				
		с	Net income or (loss) from	sales of in	ventory	🕨				
S						Business Code				
Miscellaneous Revenue	11	a								
lan		b								
Sel Sel		С								
Mis		d	All other revenue							
_		е	Total. Add lines 11a-11d							1.1.5-
	12	2	Total revenue. See instruction	ons		►	7,413,548.	0.	0.	1,467.
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Form 990 (2020)

THE	TOR	PROJECT,	INC.

THE TOR PROJECT, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F40 014	214 000	1 6 0 0 1 0	FA 01C
	trustees, and key employees	549,314.	314,286.	160,212.	74,816
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 6 6 1 1 4 17	1 604 704	E 450	20 011
7	Other salaries and wages	1,661,147.	1,624,784.	5,452.	30,911
8	Pension plan accruals and contributions (include		22 241	1 0 0 1	1 000
_	section 401(k) and 403(b) employer contributions)	25,322.	22,241.	1,881.	1,200
9	Other employee benefits	20,025. 233,343.	20,025.	17 221	11 061
10	Payroll taxes	233,343.	204,951.	17,331.	11,061
11	Fees for services (nonemployees):				
a	F	4 401	2 475	245.	1 771
b		4,491. 43,118.	2,475. 23,763.	245.	1,771 17,001
	6 H	43,110.	23,103.	2,354.	17,001
e	с с с с с с с с с с с с с с с с с с с				
f	Investment management fees				
g		1 100 7/2	1 100 951	10 034	70 050
	column (A) amount, list line 11g expenses on Sch 0.)	1,190,743.	1,100,851.	10,934.	78,958
12	Advertising and promotion	96,290.	55,691.	4,535.	36,064
13	Office expenses	36,761.	32,548.	3,430.	783
14	Information technology	50,701.	52,540.	5,450.	705
15	Royalties	6,751.	5,626.	916.	209
16 17		0,751.	5,020.	910.	209
17					
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,854.	4,854.		
19 20	Conferences, conventions, and meetings	3,323.	3,323.		
	Payments to affiliates	5,525.	5,525.		
21 22	Depreciation, depletion, and amortization	45,647.	38,040.	6,194.	1,413
22 23	E E E E E E E E E E E E E E E E E E E	28,264.	23,553.	3,836.	875
23 24	Insurance Other expenses. Itemize expenses not covered	20,2040	20,000.	5,050.	075
-+	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	38,350.	510.		37,840
a	TROGRAM EAPENDE	30,330.	• UIC		57,040
b					
C A					
d					
e	All other expenses	3,987,743.	3,477,521.	217,320.	292,902
25	Total functional expenses. Add lines 1 through 24e	5,507,745.	5, = / / , 541 •	<u>417,340</u>	494,904
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (222

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10090414 758606 15556000

10 2020.05093 THE TOR PROJECT, INC. Form **990** (2020)

THE TOR PROJECT, INC.

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
		· · ·		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			535,709.	1	3,276,264.
	2	Savings and temporary cash investments			143,275.	2	361,388.
	3	Pledges and grants receivable, net			219,458.	3	664,933.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			7,738.	9	8,832.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	242,053.			
	b	Less: accumulated depreciation		146,955.	140,745.	10c	95,098.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			1,046,925.	16	4,406,515.
	17	Accounts payable and accrued expenses			145,066.	17	305,460.
	18	Grants payable		18			
	19	Deferred revenue	130,519.	19	234,290.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forr	ner offic	cer, director,			
iliti		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	parties		24		
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on line	s 1 7-24)	. Complete Part X			
		of Schedule D			380,980.	25	0.
	26				656,565.	26	539,750.
ŷ		Organizations that follow FASB ASC 958, che	eck her	e ▶ 🔟			
JCe		and complete lines 27, 28, 32, and 33.			224 050		2 1 2 2 5 5 5
alaı	27	Net assets without donor restrictions			331,950.	27	3,182,779. 683,986.
а В	28	Net assets with donor restrictions		58,410.	28	683,986.	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ea				30	
∌t A	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			390,360.	32	3,866,765.
	33	Total liabilities and net assets/fund balances			1,046,925.	33	4,406,515.

Form **990** (2020)

10090414 758606 15556000

Part X Balance Sheet

Form 990 (2020)

1 Total revenue (must equal Part VII, column (A), line 12) 1 7, 413, 548 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 987, 743 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 425, 805 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390, 360 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 866, 765 Pert XII Financial Statements and Reporting 10 3, 866, 765 Part XII Financial Statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 H Yes,		990 (2020) THE TOR PROJECT, INC.	20-80	<u>96820</u>	Pa	ge 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 7, 413, 548 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 987, 743 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 425, 805 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390, 360 5 Net unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 866, 765 Pert XII Financial Statements and Reporting 10 3, 866, 765 Part XII Financial Statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 H Yes,	Pa	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 987, 743 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 425, 805 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390, 360 5 5 5 5 5 6 0 7 7 7 7 8 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 9 10 X, 866, 765 9 10 3, 866, 765 9 Check if Schedule O contains a response or note to any line in this Part XII 10 3, 866, 765 9 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 987, 743 3 Revenue less expenses. Subtract line 2 from line 1 3 3, 425, 805 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390, 360 5 5 5 5 5 6 0 7 7 7 7 8 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 9 10 X, 866, 765 9 10 3, 866, 765 9 Check if Schedule O contains a response or note to any line in this Part XII 10 3, 866, 765 9 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual						
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390, 360 5 Net unrealized gains (losses) on investments 5 6 6 7 6 7 8 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50, 600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 866, 765 Part XII Financial Statements and Reporting 10 3, 866, 765 Check if Schedule O contains a response or note to any line in this Part XII 10 3, 866, 765 Part XII Financial Statements and Reporting 10 3, 866, 765 Check if Schedule O contains a response or note to any line in this Part XII 10 3, 866, 765 Part XII Financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	2		_			
5 Net unrealized gains (losses) on investments 6 6 7 8 9 9 9 9 0 ther changes in net assets or fund balances (explain on Schedule O) 9 10 10 10 10 11 12 12 13 14 15 15 16 17 17 18 19 10 10 10 11 12 12 13 14 15 15 16 17 17 18 19 10 10 10 10 10 11 12 12 12 13 14 14 15 15 15 16 16 17 18 19 10 10 10 10 11 12 12 12 13 14 15 14 15 15 16 16 16 17 18 19 19	3		-			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50,600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,866,765 Part XII Financial Statements and Reporting 10 3,866,765 Check if Schedule O contains a response or note to any line in this Part XII 10 3,866,765 Part XII Financial Statements and Reporting 10 3,866,765 Check if Schedule O contains a response or note to any line in this Part XII 10 3,866,765 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X	4		4	39	0,3	60.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 50,600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,866,765 Part XII Financial Statements and Reporting 10 3,866,765 Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b b Vere the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b b b 2b X I If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	5	Net unrealized gains (losses) on investments	-			
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3, 866, 765 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - Method 1 accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: Image: Consolidated basis Image: Consolidated	6	Donated services and use of facilities	-			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 50,600 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,866,765 Part XII Financial Statements and Reporting 10 3,866,765 Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 3,866,765 Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 3,866,765 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process durin	9	Other changes in net assets or fund balances (explain on Schedule O)	9	5	0,6	00.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2c X <	10	,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	t XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash Image: Cash Image: Cash X Accrual Other Image: Cash Image: Cash X Accrual Other Image: Cash Imag		Check if Schedule O contains a response or note to any line in this Part XII				
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X 3a X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis Consolidated basis Both consolidated and separate basis consolidated basis consolidat	2a			2 a		X
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolida		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Act and OMB Circular A-133? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Aa X						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
cIf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?2c2cIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?3aX						
review, or compilation of its financial statements and selection of an independent accountant? 2c 2c 3c		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X		review, or compilation of its financial statements and selection of an independent accountant?		2c		X
Act and OMB Circular A-133?						
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
				3a	Х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b X		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-E	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nan	ne of t	the organization							 identification number 0 - 8 0 9 6 8 2 0
Pa	rt I	Reason for Public (TOR PROJEC		omplete ti	his nart) S	See instruction		0-0090020
								5.	
11e	Grgan	ization is not a private found							
2	\square	A church, convention of ch					I)(A)(I).		
2	\square	A school described in sect A hospital or a cooperative					::)		
4	\square	A medical research organiz					•	(iiii) Entor	the hospital's name
-		city, and state:	allon operated in co	injunction with a nospita	I described	a in Sectio	/// //O(D)(I)(A)	(iii). Liitei	the hospital s hame,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental u	nit descrit	ped in
Ŭ		section 170(b)(1)(A)(iv). (C				iou oy u g			
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A))(v).		
7	X	An organization that norma						ne general	public described in
-		section 170(b)(1)(A)(vi). (C						ie general	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	and-grant	college
		or university or a non-land-							
		university:						0	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersh	nip fees, ar	nd gross receipts from
		activities related to its exen							
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	aving
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
	_	organization(s). You mus	-						
С		☐ Type III functionally interest	•					y integrate	ed with,
		its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int	°	e ,	•		•	an attent	Iveness
_		requirement (see instruct		•					
е		Check this box if the orga functionally integrated or					а турет, туре	п, туре п	
f	Ente	functionally integrated, or er the number of supported of		many integrated support	ing organi	zation.			
q		vide the following information	•	ed organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

2020.05093 THE TOR PROJECT, INC.

Schedule A (Form 990 or 990-EZ) 2020 THE TOR PROJECT, INC.

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,684,850.	1,291,128.	4,670,356.	4,400,175.	7,412,081.	20,458,590.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2,684,850.	1,291,128.	4,670,356.	4,400,175.	7,412,081.	20,458,590.		
	The portion of total contributions	, , -	, , -	, , -	, , -	, , -	, , -		
Ŭ	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)						421,144.		
~							20,037,446.		
	Public support. Subtract line 5 from line 4.						20,037,440.		
		(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	(6) T = + = 1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	2,684,850.	1,291,128.	4,670,356.	4,400,175.	7,412,081.	20,458,590.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,			0 670	C 0 7	1 4 6 17	10 000		
	and income from similar sources		8,068.	2,678.	607.	1,467.	12,820.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						20,471,410.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,101,184.		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section s	501(c)(3)			
	organization, check this box and stop	here					>		
See	ction C. Computation of Publi	ic Support Per	centage						
14	Public support percentage for 2020 (li	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	97.88 %		
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	95.10 %		
16a	33 1/3% support test - 2020. If the o	organization did not	check the box or	n line 13, and line 1	4 is 33 1/3% or r	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X		
b	33 1/3% support test - 2019. If the o								
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation					
17a	and stop here. The organization qualifies as a publicly supported organization								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te			-		5			
b	10% -facts-and-circumstances test	•			•				
-	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organization		•				s T		
				.,,,	, 511001 (110 00/ 0				

Schedule A (Form 990 or 990-EZ) 2020

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Part II S

Schedule A (Form 990 or 990-EZ) 2020 THE TOR PROJECT, INC.

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

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

	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified 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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6						
10a	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						
1	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
	check this box and stop here						
Sec	tion C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage	•			
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by I	line 13, column (f))		17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2020. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	/3% , and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	3 01-25-21						m 990 or 990-EZ) 2020
				15		-	
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3a

3b

3c

4a

4b

4c

5a

5b

5c

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7

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9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** 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 line 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.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Organizations (continued)

1

2

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

Section C. Type II Supporting Organizations	
ocotion of type in oupporting 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		

			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 line 2, above, 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		

Section 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 yea(see instructio	ns).
---	---------------------------------------	-----------------------	------------------------------	------------------------------------	------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

c		The organization support	ed a governmental entity	. Describe in Part VI how	you supported a g	overnmental entity	(see instructions).
---	--	--------------------------	--------------------------	---------------------------	-------------------	--------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- 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.

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Schedule A (Form 990 or 990-EZ) 2020

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2020.05093 THE TOR PROJECT, INC.

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No

Yes

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 THE TOR PROJECT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
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 0.015 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 0.035.	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 0.85 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-functiona	Illy integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

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Fai	i v Type in Non-Functionally integrated 509	(a)(b) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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.)

PART II, SHORT YEAR EXPLANATION:

THE ORGANIZATION CHANGED ITS FISCAL YEAR END. AS A RESULT THE AMOUNTS

PRESENTED IN SCHEDULE A, PART II ARE FOR THE FOLLOWING PERIODS:

2020 COLUMN = 7/1/20 THROUGH 6/30/21

2019 COLUMN = 7/1/19 THROUGH 6/30/20

2018 COLUMN = 7/1/18 THROUGH 6/30/19

2017 COLUMN = SHORT PERIOD 1/1/18 THROUGH 6/30/18

2016 COLUMN = 1/1/17 THROUGH 12/31/17

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SCH	FD	111	F	П	L
зсп	ED	UL			L

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization THE TOR PROJECT, I	NC -	Emp	ployer identificatior 20-80968	
Par			Accor		
	organization answered "Yes" on Form 990, Part IV, lir				0
		(a) Donor advised funds	(b) Fun	ids and other accou	nts
1	Total number at 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 organization inform all donors and donor advisors in		inds		
Ũ	are the organization's property, subject to the organization's	-		Yes	
6	Did the organization inform all grantees, donors, and donor a				
Ŭ	for charitable purposes and not for the benefit of the donor				
			•	Yes	
Par					
1	Purpose(s) of conservation easements held by the organizat	•	-,		
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	torically	important land area	
	Protection of natural habitat	Preservation of a cel	-	-	
	Preservation of open space		thea m		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conserv	ation easement on t	ha last
2	day of the tax year.		JUNSEIV	Held at the End of the	
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
b	Number of conservation easements on a certified historic st				
с с	Number of conservation easements included in (c) acquired		20		
u	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re			n during the tax	
3		eleased, excinguished, or terminated by the orga	anizatioi	r duning the tax	
4	year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the per			Yes	
6	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and emorcing conserva	lion eas	sements during the y	ear
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and onforcing concernation		nto during the year	
7	Amount of expenses incurred in monitoring, inspecting, name \$	ding of violations, and emorcing conservation of	Jasemer	its during the year	
0	Does each conservation easement reported on line 2(d) abo	we estimate the requirements of eaction $170(h)(4)$			
8				Yes	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	tion accompate in its revenue and evenues atat	omont c		
9					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's infancial statements	that des	scribes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Other	Simil	ar Assets	
1 41	Complete if the organization answered "Yes" on Form		O		
10	If the organization elected, as permitted under FASB ASC 9			shoot works	
ia	of art, historical treasures, or other similar assets held for pu				
	service, provide in Part XIII the text of the footnote to its fina		ance or	public	
b	If the organization elected, as permitted under FASB ASC 9		aco shor	ot works of	
D	art, historical treasures, or other similar assets held for public	•			
			ce oi pi	JUIIC SELVICE,	
	provide the following amounts relating to these items:			¢	
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$ \$	
0		accurace or other similar accests for financial acid			
2	If the organization received or held works of art, historical tree the following amounte required to be reported under EASE		i, provid		
-	the following amounts required to be reported under FASB /	-	•	¢	
	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				000) 0000
	For Paperwork Reduction Act Notice, see the Instruction	15 IUI FUIIII 990.		Schedule D (Form	990) 2020
032051	12-01-20	26			

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2020.05093 THE TOR PROJECT, INC.

Sche	dule D (Form 990) 2020 THE TOR	PROJECT,	INC.					20-80	9682	0 Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures, c	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		-
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on I	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								1	v	1
	on Form 990, Part X?							L	Yes	Δ] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					•		
									Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f	Ending balance Did the organization include an amount on Fo								Yes	x	No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •] INO
Par]
		(a) Current year	1	Prior year	(c) Two year			ears back		Veare	hack
10	Beginning of year balance	(a) Guiterit year		TIOI year					(e) 1 001	yours	Dack
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ŭ	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	1 a. column (a)) held as:						
a	Board designated or quasi-endowment		%	· 9, • • • • • • •							
b	Permanent endowment	%									
	· · ·	%%%%%%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation th	at are held a	and administe	red for th	e oraaniz	ation			
	by:	0					U		Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answered	d "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Boo	k value	Э
	-	basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			24	2,053.	1	46,9	55.	9	5,0	98.
e	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line	10c.)				9	5,0	98.
								Schedule	D (Forn	1 990)	2020

032052 12-01-20

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Schedule D (Form 990) 2020 IIIE TOK FROM	JECI, INC.	20	-0090020 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	Description	TIG. See Form 990, Part X, line 15.	(b) Book value
	Jeschption		
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	15)	>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	······	
	on Form 000 Dort IV line	11a at 11f Saa Farm 000 Dart V lina 25	
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 25	. (b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			1

(9)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

032053 12-01-20

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(8)

Sche	dule D (Form 990) 2020 THE TOR PROJECT, INC.			20-	8096820 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,211,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		797,597.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	797,597.
3	Subtract line 2e from line 1			3	7,413,548.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,413,548.
Pa	t XII Reconciliation of Expenses per Audited Financial State	monte Wit	h Exponsos por	Date	
	T All Reconcination of Expenses per Addited Financial State	menus wit	n Expenses per	Relu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		n Expenses per	кеш	
1		2a.		1	ırn. 4,785,340.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2b			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c			4,785,340.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	797,597.		4,785,340. 797,597.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	797,597.	1	4,785,340.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	797,597.	1 2e	4,785,340. 797,597.
1 2 6 6 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	797,597.	1 2e	4,785,340. 797,597.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 2d	797,597.	1 2e	4,785,340. 797,597.
1 2 3 4 8 4 8	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a. 2a 2b 2c 2d 4a 4b	797,597.	1 2e	4,785,340. 797,597. 3,987,743. 0.
1 2 2 3 4 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	2a. 2a 2b 2c 2d 4a 4b	797,597.	1 2e 3	4,785,340. 797,597. 3,987,743.
1 2 2 3 4 3 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a 2b 2c 2d 4a 4b	797,597.	1 2e 3 4c	4,785,340. 797,597. 3,987,743. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047	
(Form 990)			n answered "Yes" on Form 990, Part			2020	
Department of the Treasury	-	Open to Public					
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Inspection	
Name of the organization					Employer	identification numb	er
THE TOR PROJECT					20-80		
Part I General Info Form 990, Part I		ctivities Ou	tside the United States. Compl	ete if the orgar	ization answ	vered "Yes" on	
, ,	,	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,		
-	-		the selection criteria used to award the			🗌 Yes 🗌 N	lo
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistar	nce outside the	
			an be duplicated if additional space is	· · · · · · · · · · · · · · · · · · ·		() () () () () () () () () () ()	
(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in gram service		es
	in the region	agents, and independent	gram services, investments, grants to		e specific typ	for and	
		contractors in the region	recipients located in the region)		(s) in the reg	I investment	
EUROPE	0	12	PROGRAM SERVICES	DEVELOPER		542,88	8.
NORTH AMERICA	0	5	PROGRAM SERVICES	DEVELOPER		287,81	9
						207,01	
SOUTH AMERICA	0	3	PROGRAM SERVICES	DEVELOPER		190,87	2.
3 a Subtotal	0	20				1,021,57	9.
b Total from continuation							<u> </u>
sheets to Part I	0	C					Ο.
c Totals (add lines 3a							
and 3b)	0	20				1,021,57	9.

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

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30 2020.05093 THE TOR PROJECT, INC.

Schedule F (Form 990) 2020

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Schedule F (Form 990) 2020

THE TOR PROJECT, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) 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)		
exempt 501(c)(3) orga	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Schedule F (Form 990) 2020

20-8096820

Schedule F (Form 990) 2020

THE TOR PROJECT, INC.

20-8096820

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

				-			
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicated if a	dditional space is neede	ed.					
(a) Type of grant or assistance	(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	

Schedule F (Form 990) 2020

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? <i>If</i> "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? <i>If</i> "Yes," <i>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)</i>	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) 2020

032074 12-03-20

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.

032075 12-03-20		34				Schedule F (Form 990) 2020
090414 758606 15556000	2020.05	093 THE	TOR	PROJECT,	INC.	15556001

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 20-8096820

Department of the Treasury	
Internal Revenue Service	

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

Open to Public Inspection

20

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

THE TOR PROJECT, INC.

1 0								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
 18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (CRYPTO CURREN)	X	0	351,143.	FAIR MARKET	VA	LUE	
26	Other ► ()			/				
27	Other ► (
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	ation during	a the tax vear for c	ontributions				
	for which the organization completed Form 828							
	3	, ,	C C				Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contrib	utions?	31		Х
	Does the organization hire or use third parties of							
	contributions?		•	· • ·		32a		X
b	If "Yes," describe in Part II.							
22	If the ergenization didn't report on emount in or	olumn (c) fo	r a type of propert	y for which column (a) is ch	nekod			

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

032141 11-23-20

10090414 758606 15556000

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

Schedule M (Form 990) 2020 032142 11-23-20 36 10090414 758606 15556000 2020.05093 THE TOR PROJECT, INC. 15556001

SCHI	EDU	LE (0
(Form	990 c	or 99	0-EZ)



Employer identification number 20 - 8096820

THE TOR PROJECT, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENDED JUNE 30, 2021, VOLUNTEERS CONTRIBUTED A VALUE OF \$797,597 TO OUR

WORK, AS FOLLOWS: 6,540 HOURS OF SOFTWARE DEVELOPMENT (VALUED AT

\$425,100); TRANSLATION SERVICES OF 1,364,631 WORDS (VALUED AT

\$276,236); AND CLOUD HOSTING SERVICES USING 23 SERVERS (VALUED AT

\$96,261).

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 THE FORM 990.

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.

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:					
LHA For	Paperwo	ork Redu	ction Ac	t Notice, see th	e Inst	ructions fo	or Form	n 990 or	990-EZ		Schedul	e O (Form 990 or 990-EZ) 2020
032211 11-2	20-20											
								37				
1009041	4 758	606 1	L5556	000	20	20.05	093	\mathbf{THE}	TOR	PROJECT,	INC.	. 15556001

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization THE TOR PROJECT, INC.	Employer identification num 20-8096820
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQ	UEST. THE
ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENT	S ARE POSTED ON TH
ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	990,49
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	990,49
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	31,18
MANAGEMENT AND GENERAL EXPENSES	3,09
FUNDRAISING EXPENSES	22,31
TOTAL EXPENSES	56,59
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	79,17
MANAGEMENT AND GENERAL EXPENSES	7,84
FUNDRAISING EXPENSES	56,64
TOTAL EXPENSES	143,66
	1,190,74
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
	-38

Name of the organization	Employer identification number
THE TOR PROJECT, INC.	20-8096820
LOSS ON REPAYMENT OF DISALLOWED COSTS	-52,212.
TOTAL TO FORM 990, PART XI, LINE 9	50,600.

PART VIII

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

FOLLOWING IS A BREAKDOWN OF THE TOR PROJECT'S FUNDING SOURCES FOR THE PERIOD ENDED JUNE 30, 2021:

FUNDING FROM US GOVERNMENT SOURCES

US STATE DEPT - BUREAU OF DEMOCRACY, HUMAN RIGHTS AND LABOR 1,532,843

GEORGETOWN UNIVERSITY - NATIONAL SCIENCE FOUNDATION 224,617

NEW YORK UNIVERSITY - INSTITUTE OF MUSEUM AND LIBRARY SERVICES 96,569

GEORGETOWN UNIVERSITY - DEFENSE ADVANCED RESEARCH PROJECTS AGENCY

570,497

US SMALL BUSINESS ADMINISTRATION 384,303

UNIVERSITY OF PITTSBURGH 20,421

FUNDING FROM NON-US GOVERNMENT SOURCES

032212 11-20-20

ame of the organization THE TOR PROJECT, INC.		yer identification number 0 - 8 0 9 6 8 2 0
SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA)	367,559
UNIVERSITY COLLEGE LONDON 8,250		
UNDING FROM CORPORATE SOURCES		
MOZILLA 1,500		
MULLVAD 50,000		
CALYX INSTITUTE 5,500		
THE GUARDIAN PROJECT 1,950		
CYMRU 50,000		
DUCK DUCK GO 25,000		
INSURGO 5,000		
NEW YORK TIMES 10,000		
BRAVE SOFTWARE 10,000		
MCAFEE - TUNNELBEAR 10,000		
GOBLANK 25,000		
DEFCON 10,000		
BLOCKCHAIR 10,000		
UNDING FROM PRIVATE FOUNDATIONS		
OPEN SOURCE COLLECTIVE 4,287		
MEDIA DEMOCRACY FUND 250,000		
ZCASH FOUNDATION 181,764		
RIPE 277		
STEFAN THOMAS CHARITABLE FOUNDATION 50,000		
BREWSTER KAHLE CHARITABLE FOUNDATION 25,000		
CHRISTOPHER SEIWALD CHARITABLE FOUNDATION 30,000		
40		(Form 990 or 990-EZ) 2020
0414 758606 15556000 2020.05093 THE TOR PROJECT,	INC.	15556001

Page 2

Schedule O (Form 990 or 990-EZ) 2020

chedule O (Form 990 or 990-EZ) 2020 ame of the organization THE TOR PROJECT, INC.	Employer identification no 20-8096820
BERTHA FOUNDATION 69,715	
DIGITAL DEFENDERS 11,720	
MARCOS FAMILY FOUNDATION 12,000	
FORD FOUNDATION 550,000	
INTERLEDGER FOUNDATION 2,000	
LEVCHIN FOUNDATION 10,000	
NDIVIDUAL DONATIONS 2,684,390	