Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

		e 2008 calendar year, or tax year beginning	and c	ending		A STATE OF THE PARTY OF THE PAR	Spection
				The second named in column 2 is not a se	5 5 1 11		
		use IRS			D Employer ide	entification nu	mper
		change label or Doing Business As		2	20-8096820		
	lame ch	nange print or type. Number and street (or P.O. box if mail is not delivered to street	address) R	oom/suite	E Telephone nu	ımber	
	nitial retu	urn See 122 SCOTT CIRCLE		1	781-424-9877	,	
Пт	erminat						
H	mended	tion Specific Instructions. City or town, state or country, and ZIP + 4 DEDHAM MA	02026		G Gross receipt	s \$	531,105
			02020	1	-	22 -999/5 20	
Ц,	тррпсац	on pending F Name and address of principal officer:			nis a group return t		Yes X No
				H(b) Are	all affiliates includ	ded?	Yes No
I T	ax-exe	mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	1	f "No," attach a lis	t. (see instructi	ons)
		e: ► WWW.TORPROJECT.ORG		-			
				H(C) Gro	up exemption nun		
Concession in con-		rganization: X Corporation Trust Association Other ▶	L Ye	ar of format	ion: 2006	M State of leg	gal domicile: MA
P	art I	Summary					
	1	Briefly describe the organization's mission or most significant activit	ies: To deve	lop, impr	ove, distribute	e free, publi	cly available
		tools and programs that promote free speech, free expression, civic					
ø		research regarding, and to promote the use of and knowledge abou					
anc		to educate the general public around the world about privacy rights					
Activities & Governance	_						i.
0	2	Check this box ▶ ☐ if the organization discontinued its operation				its assets.	
න	3	Number of voting members of the governing body (Part VI, line 1a)				3	8
es	4	Number of independent voting members of the governing body (Par	t VI, line 1b).			4	0
viti	5	Total number of employees (Part V, line 2a)				5	4
\cti	6	Total number of volunteers (estimate if necessary)				6	2,100
-	7a	Total gross unrelated business revenue from Part VIII, line 12, colur				7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34 .				7b	0
	-	The difference business taxable mostle from the 1, fine of .		T	Prior Year		urrent Year
	8	Contributions and grants (Part VIII, line 1h)					
Te					109,9		13,150
enr	9	Program service revenue (Part VIII, line 2g)			342,7		514,611
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10	3,344	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11				0	0
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column			452,7	725	531,105
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			36,4	128	66,433
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0
"	15	Salaries, other compensation, employee benefits (Part IX, column (A	A), lines 5-10)	146,6	669	280,328
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)			,	0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶					Ü
E	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)			49,3	221	81,804
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), lines					
					232,4		428,565
. 0	19	Revenue less expenses. Subtract line 18 from line 12			220,3		102,540
Net Assets or Fund Balances		T. I. I (D I. V. II		Beg	ginning of Year		nd of Year
ssei 3ala	20	Total assets (Part X, line 16)			220,3	307	322,847
at A	21	Total liabilities (Part X, line 26)				0	0
STREET, SQUARE,	THE RESERVE OF THE PERSON NAMED IN	Net assets or fund balances. Subtract line 21 from line 20			220,3	307	322,847
Pa	rt II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including account	mpanying schedu	ules and sta	tements, and to the	ne best of my ki	nowledge
		and belief, it is true, correct, and complete. Declaration of preparer (other than office	er) is based on all	information	of which prepare	r has any know	ledge.
					. / 1		17/ -0
Sig	n	V			Væ	209-	De -07
		Signature of officer			Date		
Hei	re	ANDREW LBUMAN BASWIPPE	DAPP SICTO	OR			
		Type or print name and title					
		Preparer's Date	10	Check if	I P	reparer's identi	fying number
Paid	d	signature Musaloff H Nu		elf-		see instructions)	.,g namber
	parer'	Meredith Dunn 6		employed		00003305	
	-	Firm's name (or yours Meredith Hoban Dunn, CPA, PC			EIN ►		
USE	Only	li sell-employed),	2750			04 700 755	
-	100	address, and ZIP + 4 1179 High Street, Westwood, MA 02090-			Phone no. ► 7	81-769-755	
May	the IF	RS discuss this return with the preparer shown above? (see instruction	ns)			>	Yes No

	AND AND DESCRIPTION OF THE PROPERTY AND					
4c	(Code:) (Expenses \$ 0	including grants	s of \$	0) (Revenue \$		0)
	(morading grant	σ σ, φ	o) (Nevende v .)
4d	Other program services. (Describe in Schedule O.)					
		œ.	0 \ /D	•	0 \	
			0) (Revenue S		0)	
4e	Total program service expenses ► \$	175,848	(Must equal Part I)	K, Line 25, column	(B).)	
					F	orm 990 (2008)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		Χ
	Part II	4		Χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	4		^
5	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			V
7		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i> complete Schedule D, Part IV			V
40		9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
40	Parts VI, VII, VIII, IX, or X as applicable	11		Χ
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Χ
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J.	22		~
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
_ 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24-		~
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		X
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Χ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Χ

Part IV Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b X c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 X

Form 990 (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			3
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
_	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	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		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
h	\$75?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d		7c		Χ
e	If "Yes," indicate the number of Forms 8282 filed during the year			
C	benefit contract?	_		
f	benefit contract?	7e		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	/ !!		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008) THE TOR PROJECT, INC. 20-8096820 Page **6**

Part VI Governance, Managemen

Section A. Governing Body and Management

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	0.0		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
40-			Yes	No
12a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
D	rise to conflicts?	426	_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Χ	
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	4Ch		
Sect	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nlv)		
	available for public inspection. Indicate how you make these available. Check all that apply.	,		
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the state of t	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ► Andrew Lewman 781-424-987	7		
	122 Scott Circle, Dedham, MA 02026			

Form 990 (2008) THE TOR PROJECT, INC. 20-8096820 Page **7**

Part VII Compensation of Office

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		_		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Roger Dingledine President	40.	Х		Х				82,503	0	0
Nick Mathewson Vice President	40.	Х		Х		Х		110,004	0	0
Andrew Lewman Treasurer & Clerk	3.	Х		Х				0	0	0
lan Goldberg Director	3.	Х						0	0	0
Xianghui Mao Director	3.	Х						0	0	0
Wendy Seltzer Director	3.	Х						0	0	0
Fred von Lohmann Director	3.	Х						0	0	0
Frank Reiger Director	3.	Х						0	0	0
Jacob Appelbaum Developer	40.							66,000	0	0
Matthew Edman Developer	20.							16,000	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0

Pa	Section A. Officers, Directors, Tri	ustees, Key Em	ploy	ees,	and	l Hig	hes	t Co	mpensated Em	ployees (contir	nued)	
	(A)	(B)				C)			(D)	(E)	1	(F)
	Name and title	Average hours per week	O Individual trustee or director	Institutional trustee	(checi Officer	all Key employee	a Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo compo fro organ and	imated bount of ither ensation m the nization related nizations
		0.							0	C		0
		0.							0	C		0
		0.							0	C		0
		0.							0	C		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
		0.							0	0		0
41.	T-4-1	0.						172	0	0	1	0
1b	Total							. •	274,507	0	1	0
2	Total number of individuals (including those organization ► 1	in 1a) who rece	eived	more	e tha	n \$1	100,0	000 ir	n reportable com	npensation from	the	
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sci	director or truste hedule J for suc	ee, ke	ey er ividu	nplo				st compensated		Ye:	s No
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual	m of reportable reater than \$15	com ₁	pens	atior "Yes	n and	d oth	er co	ompensation fro	m uch	4	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	accrue compens es," complete S	ation ched	fron ule J	n any	unr unr	relate	ed or	ganization for		5	X
Sec	ction B. Independent Contractors									•		
1	Complete this table for your five highest con compensation from the organization.	npensated indep	pende	ent c	ontra	actor	rs tha	at red	ceived more tha	n \$100,000 of		
	(A) Name and business a	ddress							(B) Description of serv	rices	(C) Compensa	ation
												0
												0
												0
												0
2	Total number of independent contractors (in	icluding those in	1) 14	ho r	acoi:	ıpd :	moro	tha	\$100 000 in			0
~	compensation from the organization	ncidaling those in		110 1	COCIN	reu I	HOTE	uiai	1 \$ 100,000 III			

20-8096820

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

	All other organizations must complete column	(A) but are not req	uired to complete	columns (B), (C), an	d (D).
	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 governments and		охроново	general expenses	СХРСПОСО
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	66,433	66,433		
4	Benefits paid to or for members	0	00,100		
5	Compensation of current officers, directors,				
	trustees, and key employees	192,507		192,507	
6	Compensation not included above, to disqualified	102,007		102,007	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	66,615	66,615		
7	Other salaries and wages	00,019	00,013		
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	21,206	E 511	15 600	
11	Fees for services (non-employees):	21,206	5,514	15,692	
	Management	0			
a	Legal	5,585		F F0F	
b	-	5,197		5,585	
C	Accounting			5,197	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	07.000		
g	Other	37,286	37,286		
12	Advertising and promotion	908		908	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	13,351		13,351	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	4,743		4,743	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
. a	Employee expense	8,400		8,400	
b	Miscellaneous	4,948		4,948	
С	Payroll service fees	1,386		1,386	
d		0			_
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	428,565	175,848	252,717	0
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
-					Form 990 (2000)

Page 10

Part X **Balance Sheet** (A) (B) Beginning of year End of year 48,731 181,147 1 2 30,760 2 274,116 3 0 3 0 4 0 4 0 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L... 8,400 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 0 7 0 8 Prepaid expenses and deferred charges . . 9 10a Land, buildings, and equipment: cost basis 10a **b** Less: accumulated depreciation. Complete Part VI of Schedule D 10b 0 10c 0 11 0 11 0 12 0 12 0 13 Investments-program-related. See Part IV, line 11 0 13 0 14 14 15 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 220,307 16 322,847 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 0 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 23 24 0 24 0 25 0 25 0 Total liabilities. Add lines 17 through 25. 26 0 26 0 Organizations that follow SFAS 117, check here ▶ X and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 220,307 322,847 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 220,307 33 322,847 34 220,307 34 322,847 Part XI Financial Statements and Reporting Yes Accounting method used to prepare the Form 990: X Cash Accrual 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2b X If "Yes" to lines 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 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a If "Yes," did the organization undergo the required audit or audits? 3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

2008
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number THE TOR PROJECT, INC 20-8096820 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) 11g(iii) Provide the following information about the organizations the organization supports. (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support organization above or IRC section governing document? col.(i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes No No 0 0 0 0 0 Total

Par					1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked t	the box on line	e 5, 7, or 8 of	Part I.)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0	109,955	109,797	219,752
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0			0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	o	0			0
4	Total Add lines 1-3	0	0	0	109,955	109,797	219,752
5	The portion of total contributions by each	J	0	U	100,000	103,737	210,702
	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)						
6	Public support. Subtract line 5 from line 4.						219,752
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	0	0	109,955	109,797	219,752
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
0	sources	0	0	0	10	3,344	3,354
9	Net income from unrelated business activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0			0
11	Total support. Add lines 7 through 10.						223,106
12	Gross receipts from related activities, etc. (s	ee instructions	.)			12	514,611
13	First five years. If the Form 990 is for the or					a section 501(c)	
	organization, check this box and stop here						X
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, c		ed by line 11	column (f))		14	0.00%
15	Public support percentage from 2007 Sched					15	0.00%
16a	33 1/3% support test-2008. If the organiza						
	and stop here . The organization qualifies as						
b	33 1/3% support test-2007. If the organiza						
	box and stop here . The organization qualified						oneok this
17a	10%-facts-and-circumstances-test–2008.						is 10%
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2007.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circur						
18	Private foundation. If the organization did not ch		_				

Schedule A (Form 990 or 990-EZ) 2008 THE TOR PROJECT, INC. 20-8096820 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1-5 0 0 0 0 0 0 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b 0 Public support (Subtract line 7c from line 6.) . Section B. Total Support (a) 2004 Calendar year (or fiscal year beginning in) **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Amounts from line 6 0 0 0 0 0 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 0.00% 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 0.00%

Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 0.00% Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 0.00% 19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . b 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

	990 or 990-EZ) 2008	THE TOR PR	OJECT, INC.				20-8096820	Page 4
Part IV							by Part II, line 10	0;
	Part II, line 17a	or 17b; or Par	t III, line 12. Pr	ovide any oth	ner additional	information.	(see instructions)
,								
	. Daniel Marine Marine Prints - Prints							

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization	Employer identification number							
THE TOR PROJECT, INC.		20-8096820						
Organization type (check or	ne):	20 0000020						
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion						
	501(c)(3) taxable private foundation							
General Rule X For organizations filir	es for both the General Rule and a Special Rule. See instructions.) In page 7. See instructions.) In page 7. See instructions.) In page 7. See instructions.) In page 8. See instructions.) In page 8. See instructions.) In page 9. See instructions.)	or more (in money or						
Special Rules								
under sections 509(a	3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% s a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the yor (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount II.	year, a contribution of the						
during the year, aggr	7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive egate contributions or bequests of more than \$1,000 for use <i>exclusively</i> educational purposes, or the prevention of cruelty to children or animals	for religious, charitable,						
during the year, some not aggregate to mor year for an exclusive applies to this organi	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)							
	are not covered by the General Rule and/or the Special Rules do not file must answer "No" on Part IV, line 2 of their Form 990, or check the box							

Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

Page	1	of	1	of Part

Name of organization
THE TOR PROJECT, INC.

Employer identification number
20-8096820

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	International Broadcasting Bureau 330 Independence Ave, SW Washington DC 20237 Foreign State or Province: Foreign Country:	\$260,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Internews Europe 14, Cite Griset Paris Foreign State or Province: Foreign Country: France	\$ 183,180	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Stichting NInet Kruislaan 419; 1098 VA Amersterdam Foreign State or Province: Foreign Country: Netherlands	\$42,931	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Google 1600 Amphitheatre Parkway Mountain View CA 94043 Foreign State or Province: Foreign Country:	\$ 28,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province:	\$0_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	4	-	4	
ge	- 1	of		of Part III

	rganization				Employer identification number					
THE OWNER WHEN PERSON NAMED IN	PROJECT, INC.	entral and a	:	· · · / 7 ›	20-8096820	_				
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.									
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)									
(a) No. from Part I	(b) Purpose of gift	,) Use of gift) Description of how gift is held	С				
1										

		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of t	ransferor to transferee					
(a) No	For. Prov. Country					_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
2										
		(e) T	ransfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	itionship of transferor to transferee						
(-) N	For. Prov. Country									
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held					
3										
		(e) T	Transfer of gift							
		(6) 1	ransier of gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	elationship of transferor to transferee						
	,									
(a) No.	For. Prov. Country		and artistical registers and transfer a comment			_				
from Part I	(b) Purpose of gift (c) Use of gift	(d) Description of how gift is held					
4	4									
		(e) T	Transfer of gift							
	Transferee's name, address, and			in of t	ransferor to transferee					
	, au. 500, und		- Toldiolisii	J						

	For. Prov. Country									
	Country					_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number THE TOR PROJECT, INC. 20-8096820 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a 2a b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after 8/17/06 d 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the taxable year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
\$ 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Schedule D (Form 990) 2008

Page 2

Page 2

Part	Organizations Maintaining Co	llections of Art, Hist	torical Treasures	, or Other Similar As	ssets (continued)
3	Using the organization's accession and o	other records, check ar	ny of the following th	nat are a significant use	e of its collection
	items (check all that apply):	. \Box			
а	Public exhibition	d 📙	Loan or exchang	e programs	
b	Scholarly research	e	Other		
C	Preservation for future generations	S			
4	Provide a description of the organization Part XIV.	's collections and expla	ain how they further	the organization's exe	mpt purpose in
5	During the year, did the organization soli assets to be sold to raise funds rather th				Yes No
Part	Trust, Escrow and Custodial Part IV, line 9, or reported an a	_		ion answered "Yes" t	to Form 990,
1a	Is the organization an agent, trustee, cus			ons or other assets not	
L	included on Form 990, Part X?			M	Yes No
b	If "Yes," explain the arrangement in Part	XIV and complete the	following table:		Amount
С	Beginning balance				Amount
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				0
2a	Did the organization include an amount of "Yes," explain the arrangement in Part		1e 21?		Yes X No
b Part			orod "Voo" to For	m 000 Port IV line 1	0
rail					
4-) Current year (b) Prio	r year (c) Two yea	rs back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Investment earnings or losses .				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	0			
2	Provide the estimated percentage of the	-	as:		
a	Board designated or quasi-endowment				
b	Permanent endowment	%_			
С	Term endowment \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>				
3a	Are there endowment funds not in the po	ssession of the organi	zation that are held	and administered for t	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organization				3b
4	Describe in Part XIV the intended uses of			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	0	0	0
е	Other	0	0	0	0
Total	. Add lines 1a-1e. (Column (d) should ea	ual Form 990 Part X	column (B) line 100	(c)) >	0

Schedule D (Form 990) 2008 Page 3

THE TOR PROJECT, INC.

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.
(a) Description of security or	(b) Book value	(c) Method of valuation:
category (including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII Investments—Program Related	See Form 990, Part X,	line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets. See Form 990, Pa	art X, line 15.	
(a)	Description	(b) Book value
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total. (Column (b) should equal Form 990, Part X,	col. (B) line 15.)	0
Part X Other Liabilities. See Form 990,	, Part X, line 25.	
(a) Description of liability	(b) Amount	
Federal income taxes		0
		0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	ule D (Form 990) 2008		Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	531,105
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	428,565
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	102,540
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	(
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	102,540
Par			
1	Total revenue, gains, and other support per audited financial statements	1	627,752
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	02.1.02
а	Net unrealized gains on investments		
b	Donated services and use of facilities	17	
C	Recoveries of prior year grants	··-	
d	Other (Describe in Part XIV)	\dashv	
e	Add lines 2a through 2d	2e	96,647
3	Subtract line 2e from line 1	3	531,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	331,100
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	531,105
THE RESERVE OF THE PERSON NAMED IN	XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	525,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	020,212
a	Donated services and use of facilities	17	
b	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25	\dashv	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	96,647
3	Subtract line 2e from line 1	3	428,565
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	420,000
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	\dashv \mid	
c	Add lines 4a and 4b	10	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	4c 5	428,565
In Property Control	Supplemental Information		720,000
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		

TILL	$T \cap D$	JECT	INIO

20-8096820

Schedule D (Form 9	990) 2008	Page 5
Part XIV	Supplemental Information (continued)	

SCHEDULE E (Form 990 or 990-EZ)

THE TOR PROJECT, INC.

To be completed by organizations that

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Inspection Employer identification number

20-8096820

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3		
		3		
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		
	Records documenting that scholarships and other financial assistance are awarded on a racially	100		
	nondiscriminatory basis?	4b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
5	Does the organization discriminate by race in any way with respect to:			4
	Students' rights or privileges?	5a		
<u> </u>	Clausing rights of privileges	Ja		
	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		
d	Scholarships or other financial assistance?	5d		
е	Educational policies?	5e		
f	Use of facilities?	5f		
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		
	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.	2.2		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	7		

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Inspection Employer identification number

ΙH	E TOR PROJECT, INC.				20-80	96820
	rt I General Infor	mation on Ac 990, Part IV, line		de the United States. Co	mplete if the organization ans	swered
1		s' eligibility for th		ords to substantiate the amo		X Yes No
2	For grantmakers. Desc United States.	cribe in Part IV tl	he organization	's procedures for monitoring	the use of grant funds outsic	le the
3	Activities per Region. (U	Jse Schedule F-	1 (Form 990) if	additional space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Fra	ince	0	0	program services	software enhancements	0
Ne	therlands	0	0	program services	software enhancements	0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
		0	0			0
То	tals	0	0			0

20-8096820

Schedule F (Schedule F (Form 990) 2008	Page
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	90
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	
	Use Schedule F-1 (Form 990) if additional space is needed.	

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement	check															
(e) Amount of cash grant	61,433 check	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(d) Purpose of grant	development and research												٦			
(c) Region	Europe															
(b) IRS code section and EIN (if applicable)																
1 (a) Name of organization																

Schedule F (Form 990) 2008			
0	ganizations or entities	Enter total number of other organizations or	က
	quivalency letter.	provided a section 501(c)(3) equivalency letter	
	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has	Enter total number of organizal	7

20-8096820

Page 3

Schedule F (Form 990) 2008

Part III Grants and

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1(Form 990) if additional space is needed.

(a) Type of grant or assistance	assistance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0	6	
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
						Schedule	Schedule F (Form 990) 2008

Schedule F (F	orm 990) 2008 Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
Part I Line	2 Tor expects a paper written and published at the end of the grant period.
	*
1	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE TOR PROJECT, INC.	20-8096820
Form 990 Part vi Section b Line 12c sign a statement of compliance annually	
Form 990 Part vi Section b Line 15 look at industry payscales and pay lower end of scale	
Form 990 Part vi Section c Line 19 upon request	
,	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
1 Federated Campaigns		1
2 Membership dues		2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above:		
Individual donors	13,150	
Other contributions total	13,150	6 0
7 Total	13,150	7 0

y Employees	
and Ke	
Trustees	
's, Directors, '	
Officers,	
from	
- Receivables	
6	
art X, Lines 5 and 6 (99	
	L

			Travel Advances:				
			0	8,400	0		
D APPANIAGE B ASPA	9	Disqualified	Original	Balance due beginning	Balance due	Coorrity	
DOLLOWER'S HALLE			alloquit	ol year	eld of year	Deplaced Suppose	
2 Shava Nerad			former employee	8,400			
3							
4							
2							
9							
7							
8							
6							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

c)
Z
CT.
Ĭ
000
Ы
R
F
뿌

FMV of consideration									
Description									
Purpose of loan									
Interest rate									
Repayment terms									
Maturity date									
Date of note									

(Rev. April 2008) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of 			Χ				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and compart I only	comple 	ete ►					
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requestime to file income tax returns.	t an e	xtension of					
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exters of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069 returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed p Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chapter 1.	rm 886 9, or 88 age 2 (88 870, group (Part II) of					
Type or Name of Exempt Organization Employer id	entifica	tion number					
print THE TOR PROJECT, INC. 20-8096820							
File by the Number, street, and room or suite no. If a P.O. box, see instructions.							
due date for filing your 122 SCOTT CIRCLE							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DEDHAM MA	020	026					
Check type of return to be filed (file a separate application for each return):							
X Form 990 Form 990-T (corporation)		Form 4720					
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227					
Form 990-EZ Form 990-T (trust other than above)		Form 6069					
Form 990-PF Form 1041-A Form 8870							
		1 01111 0070					
The books are in the care of		▶ If this and attach	X				
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2009 , to file the exempt organization return for the organization named ab is for the organization's return for: ▶ X calendar year 2008 or ▶ tax year beginning , and ending		he extension	ı				
	ge in a	accounting p	eriod				
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,							
less any nonrefundable credits. See instructions.	3a	\$					
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax							
payments made. Include any prior year overpayment allowed as a credit.	3b	\$					
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,							
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			(20)				
System). See instructions.	3c	\$	0				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For payment instructions	orm 88	79-EO					
for payment instructions.							