

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable THIRD WAY Address change 20-1734070 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1025 CONNECTICUT AVENUE NW Terminated ROOM/SUITE 501 (202) 384-1700 City or town, state or country, and ZIP + 4 WASHINGTON, DC 200365422 Amended return Application pending **G** Gross receipts \$ 9,418,138 Name and address of principal officer H(a) Is this a group return for JONATHAN COWAN ┌ Yes 🗸 No affiliates? 1025 CONNECTICUT AVENUE NW 501 WASHINGTON, DC 20036 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► WWW THIRDWAY ORG **L** Year of formation 2004 **M** State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities TO RESEARCH AND DEVELOP CENTRIST POLICY IDEAS Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 69 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 29 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 0 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 8,862,201 9.219.000 175,732 9,550 Program service revenue (Part VIII, line 2g) . . . 61.827 94.574 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 9,099,760 9,323,124 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 4,140,344 4,358,112 16a Professional fundraising fees (Part IX, column (A), line 11e) . 80,398 139,137 b Total fundraising expenses (Part IX, column (D), line 25) \triangleright 258,738 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,140,841 2,670,766 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,361,583 7,168,015 18 2,155,109 19 Revenue less expenses Subtract line 18 from line 12 . 2,738,177 (Assets or id Balances **Beginning of Current End of Year** Year 19,981,521 20 Total assets (Part X, line 16) . . . 17,223,875 21 522,419 Total liabilities (Part X, line 26) . . . 574,471 22 Net assets or fund balances Subtract line 21 from line 20 16,649,404 19,459,102 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of

my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	*****			2013-08-23			
Sign	Signature of officer			Date			
Here	JONATHAN COWAN PRESIDENT						
	Type or print name and title						
Doid	Print/Type preparer's name HEATHER JONES	Preparer's signature	Date 2013-10-08	Check if self-employed	PTIN		
Paid Preparer Use Only		Firm's name ► MCQUADE BRENNAN LLP					
	Firm's address ► 1730 RHODE	Phone no (202) 296-3306				
	WASHINGTON	I, DC 200363114					
May the IRS	discuss this return with the pro	eparer shown above? (see instructions))		▽ Yes ▽ No		

- 0111	990 (2012)				Page 4
Par	Check if Schedule O contains				·
1	Briefly describe the organization's m				
_	ESEARCH AND DEVELOP CENTRIST				
		., , , , , , , , , , , , , , , , , , ,			
	Did the sween material undertake any a			rubiah wara nat liatad an	
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .				
	If "Yes," describe these new services	on Schedule O			·
3	Did the organization cease conductin		it changes in how it co	nducts, any program	
	services?				
	If "Yes," describe these changes on S	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 50 the total expenses, and revenue, if ar	1 (c)(4) organizations	are required to report		
	(Code) (Expenses \$	5 2,553,773	ıncludıng grants of \$) (Revenue \$	9,550)
	ECONOMIC PROGRAM PLEASE NOTE THAT F MADE AVAILABLE TO THE GENERAL PUBLIC T EXEMPT PURPOSE ACHIEVEMENTS, INCLUDI MEDICARE NEED TO FIXED IN ORDER TO EN PRODUCED A REPORT ON HOW FUTURE BUTHE DEBT LIMIT PROCEDURE 3 TRADE AND HOW TRADE CAN BE A POWERFUL ENGINE REPORT THAT EXPLAINED KEY CORPORATE	THROUGH ITS WEBSITE A ING 1 ENTITLEMENT REF ISURE FUTURE SOLVENCY DGET TRENDS WILL IMPA O THE ECONOMY PRODUC FOR MIDDLE CLASS PROS	WWW THIRDWAY ORG IN : ORM RELEASED A SERIES Y AS WELL AS OUTLINING S ICT PUBLIC INVESTMENT SE CED A SERIES OF REPORTS PERITY AND U S ECONOM!	2012, THE ECONOMIC PROGRAM HAI OF MEMOS AND REPORTS EXPLAININ PECIFIC WAYS THEY CAN BE STRENO FENDING AS WELL AS A POLICY MEMO THAT EXPLAINED THE OPPORTUNIT IC GROWTH 4 ECONOMIC GROWTH	O A NUMBER OF SIGNIFICANT IG WHY SOCIAL SECURITY AND GTHENED 2 FEDERAL BUDGET O OUTLINING WAYS TO REFORM Y AROUND ASIAN MARKETS AND
4b	(Code) (Expenses \$ SOCIAL POLICY AND POLITICS PROGRAM IN		including grants of \$) (Revenue \$)
	INCLUDING 1 GAY EQUALITY RELEASED A ANALYZING NATIONAL SURVEYS CONDUCTED GROUPS ARE EVOLVING ON THE ISSUE 2 IN IS CONSISTENT WITH THE AMERICAN VALUE CITIZENSHIP FOR IMMIGRANTS WHO WERE ARDUOUS PROCESS TO GAIN LEGAL STATUS AMERICANS IN THE MIDDLE ON SOCIAL SEC	REPORT OUTLINING THE D BETWEEN 2004 AND 20 IMIGRATION DRAFTED A ES OF HOLDING CHILDREI BROUGHT HERE ILLEGAL 3 MODERATES CONDU	BIG SHIFT OUR COUNTRY 11 TO DIG UNDERNEATH T ND RELEASED A MEMO OFF N BLAMELESS AND HOLDING LY AS CHILDREN AND REQ CTED PUBLIC OPINION RES	HAS UNDERGONE IN ITS VIEWS ON METOPLINE NUMBERS AND GAIN INSERTING A COMPROMISE SOLUTION OF A COULTS RESPONSIBLE, BY GRANTING THOSE WHO CAME AS ADULTSEARCH TO GAIN INSIGHT AND UNDE	MARRIAGE FOR GAY COUPLES, SIGHTS ABOUT HOW DIFFERENT N IMMIGRATION REFORM THAT IG A QUICK PATH TO S TO GO THROUGH A MORE RSTANDING OF THE VIEWS OF
	(0.1	1,000,545) (5	
4 c	(Code) (Expenses \$, ,	including grants of \$) (Revenue \$)
	CLEAN ENERGY PROGRAM IN 2012, THE CLI LIMITED PARTNERSHIPS CONDUCTED A SE PARTNERSHIP INVESTMENT MECHANISM TO COMPETITIVENESS RELEASED A PAPER ANA NEEDED TO CREATE MORE OPPORTUNITIES ECONOMY 3 KEEPING NATURAL GAS AFFOI NATURAL GAS SECTOR OVER THE PAST TEN NOT SPIKE TOO RAPIDLY IN CASE DEMAND	RIES OF BRIEFINGS AND CLEAN ENERGY PROJECT ALYZING THE IMPORTANC FOR CLEAN ENERGY TEC RDABLE DEVELOPED AND YEARS AND PROPOSED S	DEVELOPED PAPERS TO ED TS SO THEY COULD GET AC E OF DISRUPTIVE TECHNOI SHNOLOGIES OR WE RISKE DRELEASED AN ORIGINAL- SEVERAL STEPS THE FEDER.	UCATE THE PUBLIC ON THE NEED TO CESS TO CHEAPER PRIVATE CAPITAL LOGIES TO ECONOMIC GROWTH AND D STIFLING THE COUNTRY'S ABILITY RESEARCH PAPER THAT EXAMINED P	O OPEN THE MASTER LIMITED 2 AMERICAN CLEAN ENERGY WARNING THAT AMERICA TO COMPETE IN THE GLOBAL RICE FLUCTUATIONS IN THE
	(6-1-		mahadana ta 63	\	
	(Code) (Expenses \$ OTHER PROGRAM SERVICES IN 2012, THE N	, ,	Including grants of \$) (Revenue \$) EVEMENTS INCLUDING 1
	IRAN PUBLISHED A MEMO EXPLAINING WHY BROADER CONFLICT 2 CHINA PUBLISHED DOD HEALTH CARE RELEASED A PAPER EXF RECOMMENDATIONS FOR REFORM 4 DOD COSTS IMPACT THE NATIONAL BUDGET AND	(IMMEDIATE MILITARY S' A MEMO EXPLAINING THI PLAINING HOW DOD'S RIS FUEL EFFICIENCY RELE/	FRIKES WOULD NOT STOP E CHINESE LEADERSHIP TR ING HEALTH CARE COSTS ! ASED A PAPER, JOINTLY WI	IRAN'S NUCLEAR WEAPONS PROGRA ANSITION AND WHAT IT MEANS FOR SQUEEZE OUT OTHER PRIORITIES IN TH THE ENERGY PROGRAM, EXPLAIN	M, AND COULD PROVOKE A U S - CHINA RELATIONS 3 THE DOD BUDGET, AND MADE ING HOW DOD'S RISING FUEL
4d	Other program services (Describe II				
	(Expenses \$ 1,026,506) (Revenue \$)
4e	Total program service expenses ►	6,204,764			

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
l1	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	Yes	
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		No
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L 5	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, Parts II and IV	15		No
L 6	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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

F (: I	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 63		1 62	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for 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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INC
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
0		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49663	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
1	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
7 2	against amounts due or received from them)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
_	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O 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.			
c	In which the organization is licensed to issue qualified health plans			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		H-13

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

	<u> </u>		Yes	No					
			res	140					
Ia	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing								
	body, or if the governing body delegated broad authority to an executive committee								
L	or similar committee, explain in Schedule O								
D	Enter the number of voting members included in line 1a, above, who 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	Yes						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct								
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was								
-	filed?	4		Νo					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		Νo					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Νo					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
	Each committee with authority to act on behalf of the governing body?	8b	Yes						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo					
c-	etian D. Daliaine (This Costian D. requests information about policies not required by the Internal D		ua Cad	<u>م</u> ۱					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu							
			ye Cod	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a							
10a b	Did the organization have local chapters, branches, or affiliates?			No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes	No No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No					

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THE ORGANIZATION 1025 CONNECTICUT AVE NW NO 501 WASHINGTON, DC (202) 384-1700

Form	990	(2012)
------	-----	--------

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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	(C) Position (do not check nore than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2005 11200,	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation from the organization (W-organization (W-organ							(E) Reportable compensation from related organizations (W 2/1099-MISC)	,_	(F) Estima mount o compens from t	ted f other ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099	-M13C)	2/1099-M13C)		rganizati relate organiza	ed
												+		
												+		
						-						\perp		
												_		
												\perp		
1b	Sub-Total			•	•			•				_		
с	Total from continuation sheet	•			•	•	•	•		1 522 401	157.3	F 7		150 522
d	Total (add lines 1b and 1c) .							\ \		1,522,481		5/		159,522
2	Total number of individuals (in \$100,000 of reportable compe	_					a abov	e) w	no receive	a more tr	lan			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual													
5	Did any person listed on line 1	a receive or ac	rije cor	nner	• satu	• on fr	om an	• / nr	elated ord	anization	or individual for	4	Yes	
3	services rendered to the organ											5		No
Se	ction B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	-		-			, -	3		(B) cription of services		(C Comper)
ELAINI	E KAMARCK , PO BOX 2341 BREWST		auu IC33							CONSULTIN	·		сопре	123,117
												\dashv		
										I		ı		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 1-1

Part V		Statement of Revenue Check if Schedule O contains a respon	se to any question	in this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
(0	1a	Federated campaigns 1a					
s, Grants Amounts	b	Membership dues 1b	3,105,500				
2 1 1 1 1	С	Fundraising events 1c					
Ę,	_	Related organizations 1d	5,485,000				
ons, Gifts, Grants Similar Amounts	d						
ış, iğ	е	Government grants (contributions) 1e					
er Ç	f	All other contributions, gifts, grants, and 1f similar amounts not included above	628,500				
tributio Other	g	Noncash contributions included in lines			i		
Contributions, and Other Sim	.	Total. Add lines 1a-1f		9,219,000			
ة ت	h	Iotal. Add lines 1a-11	· · · · •	3,213,000			
en n	•	075.W5D0 U010D 1071	Business Code				
ven	2a	SPEAKERS HONORARIA		5,000	5,000		
æ	b	MISCELLANEOUS INCOME		4,050	4,050		
МСЕ	С	MEETING REG FEES		500	500		
Š.	d						
E S	e						
Program Serwce Revenue	f	All other program service revenue					
<u>~</u>	g	Total. Add lines 2a-2f	🛌	9,550			
	3	Investment income (including dividence and other similar amounts)		83,213			83,213
	4	Income from investment of tax-exempt bond p	h h				
	5	Royalties	🕨				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and 95,014					
		sales expenses					
	С	Gain or (loss) 11,361		11,361			11,361
	d 8a	Net gain or (loss)		11,301			11,301
Other Revenue	-	events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>	L	a l					
ნ	b C	Less direct expenses b Net income or (loss) from fundraising e	events L				
_		Gross income from gaming activities See Part IV, line 19					
		a					
	b c	Less direct expenses b Net income or (loss) from gaming active	/ities				
		Gross sales of inventory, less					
		returns and allowances .					
	_	a					
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	Business Code				
	11a	enscendieous Revenue	Duamess Code				
	ь						
	c						+
	d	All other revenue					+
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	_				
		iotai ievenue. See Instructions		9,323,124	9,550		94,574

Form	990 (2012)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al	Ī	ions must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	art IX T	(B)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	973,311	771,875	193,367	8,069
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,631,698	2,458,581	119,778	53,339
8	Pension plan accruals and contributions (include section 401(k)	, ==,=,=	, ==,===	-,,,,,,	,
	and 403(b) employer contributions)	144,187	129,117	12,616	2,454
9	Other employee benefits	355,503	318,347	31,105	6,051
10	Payroll taxes	253,413	226,926	22,173	4,314
11	Fees for services (non-employees)				
а	Management				
b	Legal	78,402		78,402	
С	Accounting	64,966		64,966	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	139,137			139,137
f	Investment management fees	67,251		67,251	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	728,750	726,250	2,500	
12	Advertising and promotion	49,703	,	' 	1,399
13	Office expenses	229,809	204,720		8,663
14	Information technology	61,265	54,321	4,781	2,163
15		61,263	54,321	4,781	2,103
	Royalties	464.726	411.012	24.461	10.262
16 17	Occupancy	464,736	411,912	34,461	18,363
18	Payments of travel or entertainment expenses for any federal,	195,791	169,933	18,316	7,542
10	state, or local public officials	19,651	19,651		
19	Conferences, conventions, and meetings	525,601	504,308	21,293	
20	Interest	879	789	62	28
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	158,951	140,715	11,965	6,271
23	Insurance	13,665	12,149	999	517
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MISCELLANEOUS EXPENSES	7,664	6,821	574	269
b	CHARITABLE CONTRIBUTIONS	2,600	2,305	182	113
c	REPAIRS AND MAINTENANCE	1,082	989	47	46
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,168,015	6,204,764	704,513	258,738
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)	.,	5,251,701		239,733

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,585,687	1	3,803,158
	2	Savings and temporary cash investments			11,863,730	2	6,822,549
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			291,733	4	312,358
Assets	5	Loans and other receivables from current and former officers, d employees, and highest compensated employees Complete Pa Schedule L	rectors	s, trustees, key		5	
	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(1)$ 0 employers and sponsoring organizations of section $501(c)(9)$ 0 beneficiary organizations (see instructions) Complete Part II o	contributing y employees'		6		
Š.	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			126,561	9	235,312
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1	895,384			
	ь	Less accumulated depreciation	10b	584,668	433,424	10c	310,716
	11	Investments—publicly traded securities	-		902,132	11	8,476,822
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		_	20,608	15	20,606
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			17,223,875	16	19,981,521
	17	Accounts payable and accrued expenses			271,971	17	327,419
	18	Grants payable				18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue			302,500		195,000
	20	Tax-exempt bond liabilities			,	20	,
	21	Escrow or custodial account liability Complete Part IV of Sche				21	_
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif					
Liabili		persons Complete Part II of Schedule L			,	22	ı
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	rt X of S	chedule			
		D				25	
	26	Total liabilities. Add lines 17 through 25			574,471	26	522,419
yn do		Organizations that follow SFAS 117 (ASC 958), check here ►	✓ and c	complete			
Ě	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			15,982,447	27	19,094,060
<u>ದ</u> ನ	27			•	666,957	28	365,042
<u> </u>	28 29	Temporarily restricted net assets	•	000,937	29	303,042	
Assets of Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958), check he	ere ► 「	and		29	
ō		complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
ž Ž	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for			40.040.404	32	40.450.400
ž	33	Total net assets or fund balances			16,649,404	33	19,459,102
	34	Total liabilities and net assets/fund balances			17,223,875	34	19,981,521

Par	t XI Reconcilliation of Net Assets				- 3
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	<u>Г</u>
	Total revenue (must equal Part VIII, column (A), line 12)				
1	Total revenue (must equal Part VIII, column (A), me 12)	1		9,3	323,124
2	Total expenses (must equal Part IX, column (A), line 25)	2		7 -	168,015
3	Revenue less expenses Subtract line 2 from line 1	_		-	
_		3		2,1	155,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,6	549,404
5	Net unrealized gains (losses) on investments	_			
6	Donated services and use of facilities	5			554,589
Ū	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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		10.	150 101
Dar	t XII Financial Statements and Reporting	10		19,5	459,102
T GI	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
-	Accounting method used to prepare the Form 990				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Software ID: **Software Version:**

EIN: 20-1734070 Name: THIRD WAY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any	erage Position (do not check urs more than one box, er unless person is both an officer and a director/trustee)				th	.	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
JONATHAN COWAN PRESIDENT	42 00 4 00	Х		х				212,801	11,210	15,681
ANDREW FELDSTEIN TRUSTEE	2 00	х						0	0	0
GEORGETTE BENNETT TRUSTEE	2 00	х						0	0	0
WILLIAM D BUDINGER TRUSTEE	2 00	×						0	0	0
DAVID COULTER TRUSTEE	2 00	×						0	0	0
LEWIS B CULLMAN TRUSTEE	2 00	×						0	0	0
WILLIAM DALEY TRUSTEE	2 00	X						0	0	0
PETER B LEWIS TRUSTEE	2 00	×						0	0	0
JOHN DYSON TRUSTEE	2 00	х						0	0	0
ROBERT R DYSON TRUSTEE	2 00	х						0	0	0
BRIAN FRANK TRUSTEE	2 00	х						0	0	0
MICHAEL GOLDBERG TRUSTEE	2 00	×						0	0	0
DAVID HELLER VICE CHAIR	2 00 2 00	x						0	0	0
PETER JOSEPH TRUSTEE	2 00	X						0	0	0
DEREK KAUFMAN TRUSTEE	2 00	x						0	0	0
KIRK RADKE TRUSTEE	2 00	×						0	0	0
DEREK KIRKLAND TRUSTEE	2 00	x						0	0	0
RONALD A KLAIN TRUSTEE	2 00	X						0	0	0
DANIEL S LOEB TRUSTEE	2 00	X						0	0	0
THURGOOD MARSHALL JR TRUSTEE	2 00 2 00	x						0	0	0
SUSAN MCCUE TRUSTEE	2 00	х						0	0	0
HERBERT S MILLER TRUSTEE	2 00	х						0	0	0
MICHAEL E NOVOGRATZ TRUSTEE	2 00	х						0	0	0
ANDREW PARMENTIER TRUSTEE	2 00	x						0	0	0
DAVID N ROBERTS TRUSTEE	2 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)		than	onot one son is er and trust	box s bot d a tee)	, th	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HOWARD ROSSMAN TRUSTEE	2 00 2 00	х						0	0	0
BERNARD L SCHWARTZ TRUSTEE	2 00	х						0	0	0
TIM SWEENEY TRUSTEE	2 00	х						0	0	0
TED J TRIMPA TRUSTEE	2 00	х						0	0	0
BARBARA MANFREY VOGELSTEIN TRUSTEE	2 00	х						0	0	0
JOHN VOGELSTEIN CHAIR	2 00	х						0	0	0
JOSEPH ZIMLICH TRUSTEE	2 00	х						0	0	0
NANCY HALE SVP & TREASU	40 00 2 00			х				213,042	11,210	15,694
MATTHEW BENNETT SVP & SECRET	40 00 2 00			х				208,997	10,022	25,234
JAMES KESSLER SVP FOR POLI	40 00				х			219,528	0	25,236
CHAD FITZGERALD DIRECTOR, EX	20 00 22 00					х		103,295	113,624	14,017
SEAN GIBBONS DIRECTOR, CO	40 00					х		166,322	0	22,683
ROBERT KEAST VP FOR OUTRE	40 00					х		145,075	0	12,180
JOSHUA FREED VP FOR CLEAN	40 00					х		140,083	0	21,533
BRENDA BETHEA DIRECTOR,ADM	40 00 2 00					×		113,338	11,291	7,264

DLN: 93493281003103

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Na	Section 501(c)(4), (5), or (6) orga me of the organization			Employe	Employer identification number					
THI	RD WAY			20-173	20-1734070					
Par	t I-A Complete if the or	ganization is exempt under	section 501(c			organization.				
1	Provide a description of the or									
2	Political expenditures	,	, 3	ı	•	\$	7,378			
3	Volunteer hours						•			
Par	tala: Complete if the or	ganization is exempt under	section 501(c)(3).						
1		e tax incurred by the organization un		7(-7-		\$				
2	Enter the amount of any excis	e tax incurred by organization manag	ers under section	4955	.	\$				
3	If the organization incurred a s	section 4955 tax, did it file Form 472	0 for this year?			☐ Yes 「	_ No			
4a	Was a correction made?					┌ Yes ┌	- No			
ь	If "Yes," describe in Part IV									
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section	n 50:	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	F	\$	5,23			
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	for section 527	►	\$				
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 1120)-POL, line 17b	-	\$	5,23			
4	Did the filing organization file I	Form 1120-POL for this year?				✓ Yes 「	_ No			
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	unds Also entertl nızatıon, such as a	he							
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ent	n's	(e) A mount of po contributions re- and promptly directly delivere separate polit organization If enter - 0-	ceived and ed to a ical			

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

chedale e (i	51111 330 01 330 E2/2012		raye
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	
	• • • • • • • • • • • • • • • • • • • •	(-)	(1-)

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a	1)	(b)		
activ		Yes	No	Amount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), o	r section		
				Yes No		

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	3,734,000
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	118,150
b	Carryover from last year	2b	
C	Total	2c	118,150
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	560,100
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-441,950

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
		THE ORGANIZATION SHARES ITS POLICY IDEAS AND ANALYSES AS BROADLY AS POSSIBLE, INCLUDING, IN SOME INSTANCES, TO CANDIDATES AND THEIR STAFFS

DLN: 93493281003103

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

itema	al Revenue Service	Inspection				
	me of the organi	zation		Employer identification number		
I H.I	IRD WAY			20-1734070		
Pa	rt I Organi	izations Maintaining Donor Adv	vised Funds or Other Similar Fu	inds or Accounts. Complete if the		
		ation answered "Yes" to Form 990	, Part IV, line 6.	·		
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at					
2		ributions to (during year)				
3		ts from (during year)				
4 Aggregate value at end of year						
5	radvised Yes No					
6	used only for c		onor advisors in writing that grant funds of the donor or donor advisor, or for an			
Pa	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	Form 990, Part IV, line 7.		
1 2	Preservation Protection Preservation Complete lines	of natural habitat on of open space	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertified historic structure		
				Held at the End of the Year		
а	Total number o	f conservation easements		2a		
b	Total acreage i	restricted by conservation easements		2b		
c	Number of cons	servation easements on a certified histo	oric structure included in (a)	2c		
d		servation easements included in (c) acq ire listed in the National Register	uired after 8/17/06, and not on a	2d		
3	Number of cons	servation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization during		
	the tax year ►					
4	Number of stat	es where property subject to conservat	ion easement is located 🛌	<u></u>		
5		nization have a written policy regarding t the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No		
6	Staff and volun ►	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year		
7	A mount of expe ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year		
В			d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ι)		
9	balance sheet, the organizatio	and include, if applicable, the text of the n's accounting for conservation easeme		statements that describes		
aı		izations Maintaining Collection ete ıf the organızatıon answered "Y	s of Art, Historical Treasures, o es" to Form 990, Part IV, line 8.	or Other Similar Assets.		
1a	works of art, his	storical treasures, or other similar asse	16 (ASC 958), not to report in its reven its held for public exhibition, education, on its financial statements that describes	or research in furtherance of public		
b	works of art, his		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incl	uded in Form 990, Part X		▶ \$		
2	_	cion received or held works of art, histor nts required to be reported under SFAS	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r financial gain, provide the		
а	Revenues inclu	ided in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal Tı</u>	<u>easu</u>	res, or O	<u>the</u>	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck	any of	the follo	wing that a	re a	significant use o	fits	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	rt, hıs	torical	treasu	es or other	rsım			
	assets to be sold to raise funds rather than t								<u>.</u>	Yes	│ No
Par	Part IV, line 9, or reported an an	nount on Form 99	90, Pa	art X	, line	21.				0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	/ for c	ontribi	itions o	r other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	wing t	able		_				
							_		Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year						-	1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	>					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in P	art >	(III		Γ
Pai	rt V Endowment Funds. Complete										
	D	(a)Current year	(b)Prior	year	b (c) Tw	o years back	(d)	Three years back (e) Four y	ears back
1a	Beginning of year balance							\vdash			
b	Contributions							 			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	rent year end baland	ce (lır	ne 1 a	, colum	ın (a)) h	eld as	•	•		
а	Board designated or quasi-endowment	,	·	_	,						
ь	Permanent endowment 🕨										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posse:		atıon	that	are hel	d and a	dmınıstered	d for	the		
	organization by (i) unrelated organizations							-	3a(i)	Yes	No
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio								3b		I
4	Describe in Part XIII the intended uses of th	ne organızatıon's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa							1	<u> </u>
	Description of property				a) Cost o sıs (ınve		(b) Cost or o basis (othe		(c) Accumulated depreciation	(a) B	ook value
1a	_and										
b I	Buildings										
c l	_easehold improvements										
d I	Equipment						766	,913	517,642		249,271
	Other							,471	67,026	5	61,445
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), line	10(c).)			•		310,716

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

Par	XI Reconciliation of Revenue per Audited Financial Stat	teme	nts With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements			1	9,910,462
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	654,589		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	654,589
3	Subtract line 2e from line 1			3	9,255,873
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	67,251		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	67,251
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	9,323,124
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	ents With Expenses	per l	Return
1	Total expenses and losses per audited financial statements			1	7,100,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,100,764
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,251		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	67,251
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5	7,168,015

Part XIII Supplemental Information

Complete this part to 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

I dentifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THIRD WAY HAS ADOPTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AS REQUIRED BY TOPIC 740 OF THE FASB ASC THIRD WAY HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS (2009-2011), OR EXPECTED TO BE TAKEN IN ITS 2012 TAX RETURN THIRD WAY IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A REASONABLE POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281003103

OMB No 1545-0047

2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

	ment of the Treasury Revenue Service		► Attacl	h to Form 990. ►	See separate instructions.		Open to Public Inspection
	e of the organizatio RD WAY	n					tification number
		T.C	 		ha Haira de Crata a Co	20-1734070	
Pa			n on Activiti rt IV, line 14b		he United States. Co	omplete if the organi	zation answered
1	For grantmake	rs. Does the d	organization m	naıntaın record	ls to substantiate the a	amount of the grants	or
			•	=	stance, and the selection		
	the grants or as	ssistance?					│ Yes │ No
2	For grantmaker the United State		n Part V the or	ganızatıon's p	rocedures for monitorii	ng the use of grant f	unds outside
3	Activites per Reg	ion (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i a program service, describe specific type of service(s) in region	
	CENTRAL AMERI CARIBBEAN	ICA AND THE			INVESTMENTS		
	EUROPE				INVESTMENTS		
	NORTH AMERIC	Α			INVESTMENTS		

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

6,660,000

6,660,000

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti Ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
_									
2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	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	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Г	Yes	ঘ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	굣	Yes	Γ	Νo
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)	Γ	Yes	্	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	্	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	Information

Complete this part to 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).

as applicable. Also	complete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
CTIVITIES PER REGION	SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 6,400,000 EUROPE 0 102,000 NORTH AMERICA 0 158,000
	l	Schedule F (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281003103

2012

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization					Employer identi	fication number
THIRD WAY					20-1734070	
Part I Fundraising Activities	s. Complete if th	ne organiz	ation a	nswered "Yes" to F	orm 990. Part IV.	line 17.
Indicate whether the organizationMail solicitations	raiseu iulius tillou	-		Solicitation of non-go		
b Internet and email solicitation	ne.			Solicitation of non-go Solicitation of govern	-	
c Phone solicitations	15		_	Special fundraising ev		
d In-person solicitations			g l	Special fulldraising ev	rents	
u p in-person soncitations						
2a Did the organization have a writter or key employees listed in Form 9						✓ Yes ✓ N
b If "Yes," list the ten highest paid in to be compensated at least \$5,00			sers) pu	rsuant to agreements	under which the fund	raiser is
(i) Name and address of	(ii) Activity	(iii)	Dıd	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
ındıvıdual		fundrais		from activity	(or retained by)	(or retained by)
or entity (fundraiser)		custo	· .		fundraiser listed in col (i)	organization
		contribu			CO1 (1)	
		Yes	No			
DEADCON & ACCOCIATES	FUNDRAISIN					
PEARSON & ASSOCIATES 900 19TH ST NW STE 800			No	70,000	45,000	25,000
300 13111 31 1111 312 300			.,,	, 0,000	15,000	23,333
WASHINGTON, DC 20006						
CHAD FITZGERALD	FUNDRAISIN					
328 W 11TH ST			No	25,000	25,000	
NEW YORK, NY 10014	FUNDRAISIN					
HIRSCHBERG	IONDRAISIN					
STRATEGIES						
1010 VERMONT AVENUE NW STE 814			No		20,178	-20,178
NW SIC 014						
WASHINGTON, DC 20005						
HOLLY P HOSCHEIT	FUNDRAISIN					
7908 RVR FLS DR			No		15,000	-15,000
					,	,
POTOMAC, MD 20854	FUNDRAISIN					
PECKMADIGANJONES&STEWART						
1300CONNAVNW			No	502,500	14,009	488,491
WASH DC 20026						
WASH, DC 20036	FUNDRAISIN					
DARA FREED						
383 GRAND ST			No	100,000	9,000	91,000
NEW YORK, NY 10002						
,	FUNDRAISIN					
WM ANDRESEN						
4435 TUSCANY CT			No	50,000	7,500	42,500
WOODBRIDGE, VA 22192						
Total		. 🕨		747,500	135,687	611,813
3 List all states in which the organiz	ation is registered	or licenses	l to colo	ut funde or has been	notified it is avamet for	om registration or
3 List all states in which the organiz licensing	acion is registered	or incensed	. to SOIIC	it iulius of lias been l	iotilied it is exempt fr	om registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>R</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. 「Yes 「No
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Does	the organization operate gaming	activities with nonmembers?	· · · · · · · · · · · · Yes No
12	Is the organization a grantor, ber	neficiary or trustee of a trust	or a member of a partnership or other entity
	formed to administer charitable ç	jaming?	· · · · · · · · · · · · · · · · · · ·
L3	Indicate the percentage of gamir	ng activity operated in	
а	The organization's facility		13a
b	An outside facility		13b
14	Enter the name and address of th	ne person who prepares the o	rganization's gaming/special events books and records
	Name 🟲		
	Address 🟲		
15a			whom the organization receives gaming
b			organization 🟲 \$ and the
	amount of gaming revenue retain	ed by the third party 🟲 \$	
C	If "Yes," enter name and address	s of the third party	
	b.		
	Name 🟲		
	Address 🏲		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation	▶ \$	
	Description of services provided	>	
	Director/officer	F Employee	Independent contractor
17	Mandatory distributions		
а			le distributions from the gaming proceeds to
-	retain the state gaming license?		Yes No
b		•	tributed to other exempt organizations or spent
Dar	in the organization's own exempt rt IV Supplemental Infori		r * \$ art to provide the explanations required by Part I, line 2b,
<u>laten</u>	columns (III) and (v), a		0b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	Identifier	Return Reference	Explanation
			ADDITIONAL INFORMATION FOR PART I LINE 2B V THE WRITTEN AGREEMENTS WITH CHAD FITZGERALD AND HOLLY PAGE HOSCHEIT PROVIDED FOR THE
			REIMBURSEMENT OF DOCUMENTED EXPENSES RELATING TO THEIR FUNDRAISING CONSULTING SERVICES THE FOLLOWING AMOUNTS WERE REIMBURSED CHAD FITZGERALD 2621 THIRD WAY DID NOT ENTER INTO ANY
			ARRANGEMENTS WITH FUNDRAISERS THAT SOLELY PAID FOR EXPENSE REIMBURSEMENTS WITHOUT PAYING FOR FUNDRAISING SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281003103

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THIRD WAY

Employer identification number

20-1734070

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
				1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			1
				1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			ĺ
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JONATHAN COWAN PRESIDENT	(i) (ii)	211,828 11,210		973	8,968	5,009 1,704		
(2)NANCY HALE SVP & TREASURER	(i) (ii)	211,502 11,210		1,540	8,981	5,009 1,704	1	
(3)MATTHEW BENNETT SVP & SECRETARY	(i) (ii)	208,024 10,022		973	8,968	14,743 1,523	· '	
(4)JAMES KESSLER SVP FOR POLICY	(i) (ii)	218,876		652	8,970	16,266	244,764	
(5)CHAD FITZGERALD DIRECTOR EXTERNAL R	(i) (ii)	103,209 113,530		86 94	8,677	2,542, 2,798		
(6)SEAN GIBBONS DIRECTOR COMMUNICAT	(i) (ii)	165,982		340	6,653	16,030	189,005	
(7)ROBERT KEAST VP FOR OUTREACH	(i) (ii)	144,759		316	5,803	6,377	157,255	
(8)JOSHUA FREED VP FOR CLEAN ENERGY	(i) (ii)	139,386		697	5,603	15,930	161,616	

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281003103

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization THIRD WAY

Employer identification number

20-1734070

		20-1734070
ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	2 FEDERAL BUDGET PRODUCED A REPORT ON HOW FUTURE BUDGET TRENDS WILL IMPACT PUBLIC INVESTMENT SPENDING AS WELL AS A POLICY MEMO OUTLINING WAYS TO REFORM THE DEBT LIMIT PROCEDURE 3 TRADE AND THE ECONOMY PRODUCED A SERIES OF REPORTS THAT EXPLAINED THE OPPORTUNITY AROUND ASIAN MARKETS AND HOW TRADE CAN BE A POWERFUL ENGINE FOR MIDDLE CLASS PROSPERITY AND US ECONOMIC GROWTH 4 ECONOMIC GROWTH AND JOBS PRODUCED A REPORT THAT EXPLAINED KEY CORPORATE TAX REFORM POLICIES AND THEIR IMPACT ON US ECONOMIC GROWTH
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	QUICK PATH TO CITIZENSHIP FOR IMMIGRANTS WHO WERE BROUGHT HERE ILLEGALLY AS CHILDREN AND REQUIRING THOSE WHO CAME AS ADULTS TO GO THROUGH A MORE ARDUOUS PROCESS TO GAIN LEGAL STATUS 3 MODERATES CONDUCTED PUBLIC OPINION RESEARCH TO GAIN INSIGHT AND UNDERSTANDING OF THE VIEWS OF AMERICANS IN THE MIDDLE ON SOCIAL SECURITY AND MEDICARE AND RELEASED AN ANALYSIS SHOWING WHAT AMERICANS WANT FIXED
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	ECONOMY 3 KEEPING NATURAL GAS AFFORDABLE DEVELOPED AND RELEASED AN ORIGINAL-RESEARCH PAPER THAT EXAMINED PRICE FLUCTUATIONS IN THE NATURAL GAS SECTOR OVER THE PAST TEN YEARS AND PROPOSED SEVERAL STEPS THE FEDERAL GOVERNMENT COULD TAKE TO HELP ENSURE GAS PRICES DID NOT SPIKE TOO RAPIDLY IN CASE DEMAND BEGAN TO OUTSTRIP SUPPLY
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES IN 2012, THE NATIONAL SECURITY PROGRAM HAD A NUMBER OF SIGNIFICANT EXEMPT PURPOSE ACHIEVEMENTS, INCLUDING 1 IRAN PUBLISHED A MEMO EXPLAINING WHY IMMEDIATE MILITARY STRIKES WOULD NOT STOP IRAN'S NUCLEAR WEAPONS PROGRAM, AND COULD PROVOKE A BROADER CONFLICT 2 CHINA PUBLISHED A MEMO EXPLAINING THE CHINESE LEADERSHIP TRANSITION AND WHAT IT MEANS FOR U.S CHINA RELATIONS 3 DOD HEALTH CARE RELEASED A PAPER EXPLAINING HOW DOD'S RISING HEALTH CARE COSTS SQUEEZE OUT OTHER PRIORITIES IN THE DOD BUDGET, AND MADE RECOMMENDATIONS FOR REFORM 4 DOD FUEL EFFICIENCY RELEASED A PAPER, JOINTLY WITH THE ENERGY PROGRAM, EXPLAINING HOW DOD'S RISING FUEL COSTS IMPACT THE NATIONAL BUDGET AND HOW FUEL EFFICIENCY EFFORTS CAN BOTH IMPROVE MILITARY EFFECTIVENESS AND LOWER COSTS
ADDITIONAL INFORMATION	FORM 990, PART VI	SECTION A, LINE 2 BUSINESS RELATIONSHIPS - TRUSTEE AND OFFICER JONATHAN COWAN SERVES AS A DIRECTOR AND OFFICER OF THIRD WAY INSTITUTE TRUSTEES DAVID HELLER, HOWARD ROSSMAN, AND THURGOOD MARSHALL, JR SERVES AS A DIRECTOR OF THIRD WAY INSTITUTE OFFICER MATTHEW BENNETT SERVES AS AN OFFICER OF THIRD WAY INSTITUTE
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JOHN DYSON ROBERT DYSON TRUSTEE TRUSTEE BROTHERS BARBARA MANFREY VOGELSTEIN JOHN VOGELSTEIN TRUSTEE CHAIR MARRIED
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FIRST, THE PRESIDENT, TREASURER AND FINANCIAL CONTROLLER CONDUCTED AN IN-DEPTH REVIEW OF AN ELECTRONIC VERSION OF THE DRAFT FORM 990 AS PREPARED BY THE ACCOUNTANTS A SECOND DRAFT FORM 990 IS THEN REVIEWED BY LEGAL COUNSEL. AFTER INCORPORATING ADDITIONAL CHANGES, A FINAL VERSION OF THE FORM 990 IS SENT TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING THE TAX RETURN WITH THE IRS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION COMMITTEE CONDUCTED A REVIEW OF CEO SALARIES FOR COMPARABLY SIZED ORGANIZATIONS TO DETERMINE A REASONABLE COMPENSATION PACKAGE. THE SALARY REVIEW INCLUDED, CONDUCTING A COMPENSATION SURVEY AND EVALUATING FORM 990 OF OTHER ORGANIZATIONS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION COMMITTEE CONDUCTED A REVIEW OF CORPORATE OFFICERS'SALARIES FOR COMPARABLY SIZED ORGANIZATIONS TO DETERMINE A REASONABLE COMPENSATION PACKAGE THE SALARY REVIEW INCLUDED, CONDUCTING A COMPENSATION SURVEY AND EVALUATING FORM 990 OF OTHER ORGANIZATIONS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES FOR SERVICES	FORM 990, PART IX, LINE 11G	COMMISSION POLICY RESEARCH 225,710 0 0 COM PUBLIC OPINION RESEARCH 222,795 0 0 OTHER CONSULTING 277,745 2,500 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493281003103

2012

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

THIRD WAY

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection Employer identification number

				20-17340	70			
Part I Identification of Disregarded Entities (Comp	lete if the organizatio	n answered "Yes" t	o Form 990, Pa	art IV, line 33.)				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Irect controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during	i zations (Complete r the tax year.)	f the organization a	inswered "Yes'	' to Form 990, Pa	art IV,	line 34 because i	t had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity s (if section 501)	status c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(tontrolle ntity?
(1) THIRD WAY INSTITUTE	FUND EDUCA	DE	501C3	7		THIRD WAY	Yes Yes	No
1025 CONNECTICUT AVE NW STE 501	TOND EDOCA	DL DL	30103	ľ		IIIRD WAI	les	
WASHINGTON, DC 20036 26-0535276								
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 501	35Y			Schedule R (For	n 990) 2	2012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Part	V	Transactions With Related Organizations (Complete if the organization a	answered "Yes" to For	m 990, Part IV, lır	ne 34, 35b, or 36.)			
N	ote. 🤇	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 Dur	ing th	e tax year, did the orgranization engage in any of the following transactions with one or mo	ore related organizations l	isted in Parts II-IV	?			
a F	Receip	ot of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b C	Sıft, gı	rant, or capital contribution to related organization(s)				1b		No
c (Gift, gr	rant, or capital contribution from related organization(s)				1c	Yes	
d L	.oans	or loan guarantees to or for related organization(s)				1d		No
e L	oans.	or loan guarantees by related organization(s)				1e		No
f D	lvide	nds from related organization(s)				1f		No
g S	Sale o	fassets to related organization(s)				1g		No
h P	urcha	ase of assets from related organization(s)				1h		No
i E	xchar	nge of assets with related organization(s)				1 i		No
j L	ease	of facilities, equipment, or other assets to related organization(s)				1j		No
k L	825 8	of facilities, equipment, or other assets from related organization(s)				1k		No
		mance of services or membership or fundraising solicitations for related organization(s)			<u> </u>	11	Yes	
		mance of services or membership or fundraising solicitations by related organization(s)			-	1m		No
		g of facilities, equipment, mailing lists, or other assets with related organization(s)			-	1n	Yes	
		ng of paid employees with related organization(s)			-	_	Yes	
p F	Reimb	ursement paid to related organization(s) for expenses				1p		No
q F	Reimb	ursement paid by related organization(s) for expenses				1q		No
r O	thert	transfer of cash or property to related organization(s)				1r		No
s C	ther	transfer of cash or property from related organization(s)				1s		No
2 I	f the a	answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including c	overed relationships	and transaction thresholds			
		(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	ınt ın	ıvolved	
(1) THIR	D WAY	Y INSTITUTE	С	5,485,000	CASH			
(2) THIR	D WAY	Y INSTITUTE	L	76,675	COST OF SALARY BENEFITS			
(3) THIR	D WAY	Y INSTITUTE	0	74,513	COST OF SALARY BENEFITS			
(4) THIR	D WAY	Y INSTITUTE	N	34,613	COST OF SHARED FACILITIES			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	PART II COLUMN B PRIMARY ACTIVITY FUND EDUCATIONAL ACTIVITIES FOCUSED ON MODERATE POLICY SOLUTIONS

Additional Data Return to Form

Software ID: Software Version:

EIN: 20-1734070

Name: THIRD WAY