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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2013 cal <u>e</u>	ndar year, or tax year beginnin	g 01-01-2013 ,2013, and end	aing 12-31	L-Z01J			
		pplicable	C Name of organization THIRD WAY				D Empl	oyer ide	entification number
	Iress cha	_	Doing Business As				20-1	73407	0
	ne char		•						
_	ıal retur		Number and street (or P O box if n 1025 CONNECTICUT AVENUE NW	naıl ıs not delivered to street address)) Room/suit	te	E Telepi	none nun	nber
	mınated		ROOM/SUITE 501				(202) 384-	1700
_	ended r		City or town, state or province, cou WASHINGTON, DC 200365422	ntry, and ZIP or foreign postal code					
ı App	olication	pending	F. N						\$ 13,898,705
			F Name and address of prid JONATHAN COWAN	ncipal officer			s this a grou ubordinates		n for
			1025 CONNECTICUT AVE WASHINGTON, DC 20036	NUE NW 501					
			WASHINGTON, DC 20030				re all subord cluded?	linates	Γ Y es Γ No
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J W	ebsite	:⊫ ww	W THIRDWAY ORG			H(c) G	Group exemp	tion nu	mber ►
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			scribe the organization's missi	on or most significant activitie					
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Governance	2 0	Check th	ıs box দ ıf the organızatıon dı	scontinued its operations or d	isposed of	f more tha	an 25% of it	s net a	ssets
উ	3 1	Number	of voting members of the govern	ing body (Part VI line 1a)				з] 30
20 တွ			of independent voting members					4	29
Ě			nber of individuals employed in					5	69
Activities &			nber of volunteers (estimate if r					6	29
٠.	7a⊺	Γotal unr	elated business revenue from P	art VIII, column (C), line 12				7a	C
	ь∧	Net unrel	ated business taxable income f	rom Form 990-T, line 34 .				7b	
							Prior Year		Current Year
<u>o</u>	8		outions and grants (Part VIII, li			ı	9,219		9,224,000
enne	9	Progra	m service revenue (Part VIII, I	ne 2g)			9,219 9	,550	9,224,000 11,500
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	9 10 11 12 13 14 15 16a b	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other i	m service revenue (Part VIII, Inment income (Part VIII, column (A), evenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)			9,219 9 94 9,323 4,358 139 2,670	,550 ,574 ,124 ,112 ,137	9,224,000 11,500 69,351 3,450 9,308,301 0 4,980,690 129,021 2,864,306
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Firm's name MCQUADE BRENNAN LLP

Firm's address > 1730 RHODE ISLAND AVE NW STE 800

May the IRS discuss this return with the preparer shown above? (see instructions)

WASHINGTON, DC 200363114

Paid

Preparer

Use Only

Firm's EIN 🕨

Phone no (202) 296-3306

✓ Yes ☐ No

		Ctotomont o	f Dun aware Care	.:	: - l t -		Page
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4d			es (Describe in Sch				
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4e	Tota	l program service	expenses 🟲	6,882,110			

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 1	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.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
1	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 $X^{f color}$	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	
L2a	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		Νo
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
L 7	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	
. 8	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		Νo
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No			
22	Did the organization report more than \$5,000 of grants or 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? <i>If "Yes," complete Schedule J.</i>	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 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d							
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 "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		1				
		28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
C	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		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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?	20	Yes				

GII	Statements Regarding Other 1RS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	.) No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 45		163	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	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
1	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			
	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
l	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		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	100		
	In 163, to line 3a of 3b, did the organization meronii 0000-1 '	5c		
ı	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	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	The symmetric the number of forms of 202 med during the year 1 1 1 1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	•		
	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 against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	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	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		6		No
	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		No
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		No
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	103	No
<u> </u>	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
	Tellon Bill oneles (11113 Section B requests information about policies not required by the Internative		Yes	No No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
	List the states men mich a cop, or this rollings to require to be mear or			
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			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

 $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$

interest policy, and financial statements available to the public during the tax year

►THE ORGANIZATION 1025 CONNECTICUT AVE NW

WASHINGTON, DC 200365422 NO 501 (202) 384-1700

NO 501

Form 990	(2013	
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г	a	ч	_	•

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

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

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

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

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

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

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

List all of the organization's former officers, key employees, 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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	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

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	ition (han (on is	one l both	box, an	heck unless officer stee)	3	(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W-		(F) Estimated amount of othe compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) (organization and related organizations	
			<u> </u>											
												+		
1b	Sub-Total				•		•	•						
c d	Total from continuation sheet Total (add lines 1b and 1c) .	S to Part VII, S	ection /	· .	٠.	٠.	٠	•		1,908,871	65,9	48		190,670
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
			- Organ		JIIF .									
3	Did the organization list any f e	ormer officer, di	rector o	r trus	stee,	, key	emplo	yee	, or highes	t compen	sated employee		Yes	No_
	on line 1a? If "Yes," complete S	Schedule J for su	ch indiv	ıdual	٠	•		•				3		No
4	For any individual listed on line organization and related organ													
_	Individual				• • • • • • • • • • • • • • • • • • • •	• • • • •			· ·		ar individual for	4	Yes	
5	Did any person listed on line 1 services rendered to the organ									• • •	• • • •	5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											. tay yaar	
		(A) lame and business	-	ation	101	tile (Latellu	ат уе	ear ending		(B) scription of services	1011 5	(C)
ELAIN	E KAMARCK, PO BOX 2341 BREWSTE		auuiess							CONSULTIN			Comper	120,000
	Fotal number of independent co \$100,000 of compensation fron			t not	lımıt	ed t	o thos	e lıst	ted above)	who rece	ived more than			

		Check if Schedu	ule O contains a respor	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
g \$	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b	2,532,500				
يَ ق	c	Fundraising eve	ents 1 c					
iffs,	d	Related organiz	ations 1d	5,735,000				
ij. ⊒.≅	l e	Government grants	s (contributions) 1e					
tributions, Giffs, Grants Other Similar Amounts				956,500				
uţi.	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
	g	Noncash contribution	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h		s 1a-1f		9,224,000			
				Business Code				
E e	2a	PROGRAM EVENT F	REGISTRATION	900099	11,500	11,500		
e Ke	ь			300033	11,500	11,300		
Program Serwce Revenue		-						
7 Y S	d	-						
જુ	e							
<u>ran</u>	f	All other progra	ım service revenue					
š								
	g 3		ome (including dividen		11,500			
			ar amounts)		72,754			72,75
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		•				
	6a	Gross rents	(ı) Real	(II) Personal				
		Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss) (i) Securities					
	7a	Gross amount		(II) Other				
		from sales of assets other	4,587,001					
	ь	than inventory Less cost or						
	"	other basis and sales expenses	4,590,404					
	c	Gain or (loss)	-3,403					
	d	Net gain or (los	s)		-3,403			-3,40
d١	8a	Gross income for events (not incline)						
Other Revenue		\$	idding					
⊕ >			reported on line 1c)					
Č.		See Part IV, IIII	a a					
i l	ь	Less direct ex	penses b					
δ	С	Net income or (loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		See Part IV, IIII	a a					
	ь	Less direct ex	penses b					
	c	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	Less cost of a	oods sold b					
			loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEC	DUSINCOME	900099	3,450	3,450		
	Ь							
	С							
	d		ue					
	e	Total. Add lines	311a-11d	🟲	3,450			
	12	Total revenue.	See Instructions .		9,308,301	14,950		69,35
	_							Form 900 (201)

Part IX Statement of Functional Expenses

Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions mus	tcomp	olete c	olum	n (A)	
Check if Schedule O contains a response or note to any line in this	Part IX						
		(B)	1		(C)		(D

	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and 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	1,224,964	1,102,270	112,204	10,490
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	3,015,278	2,713,388	276,195	25,695
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,036	103,449	10,536	1,051
9	Other employee benefits	350,455	315,155	32,098	3,202
10	Payroll taxes	274,957	247,262	25,183	2,512
11	Fees for services (non-employees)				
а	Management				
b	Legal	47,606		47,606	
С	Accounting	44,292		44,292	
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17	129,021			129,021
f	Investment management fees	214,580		214,580	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Schedule O)	689,847	668,419	16,866	4,562
12	Advertising and promotion	009,047	000,419	10,000	4,302
13	Office expenses	240,966	217,180	18,956	4,830
14	Information technology	106,597	95,322	8,691	2,584
15	Royalties	100,397	93,322	8,091	2,304
16	Occupancy	540,341	483,651	45,844	10,846
17	Travel	196,478	179,714	13,554	3,210
18	Payments of travel or entertainment expenses for any federal,	150,470	1/3,/14	13,334	3,210
10	state, or local public officials	28,542	28,542		
19	Conferences, conventions, and meetings	557,484	550,750	6,734	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	149,358	133,705	12,765	2,888
23	Insurance	13,700	12,434	1,091	175
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	REPAIRS AND MAINTENANCE	21,845	19,747	1,727	371
b	CHARITABLE CONTRIBUTIONS	10,000	8,691	935	374
c	MISCELLANEOUS EXPENSES	2,670	2,431	190	49
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,974,017	6,882,110	890,047	201,860
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)				
				Fo	rm 990 (2013)

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response or note to any line in the	nıs Par	t X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			3,803,158		5,458,826
	2	Savings and temporary cash investments			6,822,549	2	6,766,382
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			312,358	4	131,129
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L	rt II of	•		5	
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section 501(c)(9) v beneficiary organizations (see instructions) Complete Part II of	3), and oluntai	contributing ry employees'		6	
88	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			235,312		155,837
	10a	Land, buildings, and equipment cost or other basis Complete		1	·	9	130,007
	Ь	Part VI of Schedule D Less accumulated depreciation	10a 10b	989,338 460,001	310,716	100	529,337
	11	Investments—publicly traded securities	8,476,822		10,774,439		
	12	Investments—other securities See Part IV, line 11			0,470,022	12	10,774,433
	13	Investments—program-related See Part IV, line 11				13	
						14	
	14	Intangible assets			20,606		29,199
	15	Other assets See Part IV, line 11			, , , , , , , , , , , , , , , , , , ,		·
	16	Total assets. Add lines 1 through 15 (must equal line 34)			19,981,521		23,845,149
	17	Accounts payable and accrued expenses			327,419		518,738
	18	Grants payable			195,000	18	477 500
	19	Deferred revenue			195,000		177,500
	20	Tax-exempt bond liabilities				20	
တ္	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabiliti	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		stees,			
ूं इं		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		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 Par	t X of S	Schedule		2-	
		D			F22 440	25	606 220
	26	Total liabilities. Add lines 17 through 25			522,419	26	696,238
ě		lines 27 through 29, and lines 33 and 34.	una	complete			
an	27	Unrestricted net assets			19,094,060	27	22,902,244
- 80 - 80	28	Temporarily restricted net assets	365,042	28	246,667		
Ī	29	Permanently restricted net assets		29			
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	re ► [and			
ō	30	complete lines 30 through 34. Capital stock or trust principal, or current funds				30	
ets	31					31	
S S		Paid-in or capital surplus, or land, building or equipment fund				32	
Α. Δ	32	Retained earnings, endowment, accumulated income, or other fu	mus		19,459,102		23,148,911
Ŋet				•			
	34	Total liabilities and net assets/fund balances	•	•	19,981,521	34	23,845,149

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,:	308,301
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,9	974,017
3	Revenue less expenses Subtract line 2 from line 1	3		1,:	34,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,4	459,102
5	Net unrealized gains (losses) on investments	5		2,:	355,525
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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, column (B))	10		23,:	148,911
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. দ
				Yes	No
1	Accounting method used to prepare the Form 990				
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	wed 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 ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		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

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Direct otracto	ors, ers	Tru	ste	es, i	Key	Employees, Higi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (nan o n is b	ne b oth ctor,	ox, i an o /trus	unless fficer stee)	_	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke} emplojee	Highest compensated employee	Former	2,1033 111307	2/1033 11130/	related organizations
JONATHAN COWAN	42 00	х		х				295,755	23,840	17,908
PRESIDENT ANDREW FELDSTEIN	4 00						\vdash			
TRUSTEE GEORGETTE BENNETT	2.00	Х						0	0	0
TRUSTEE	2 00	х						0	0	0
WILLIAM D BUDINGER TRUSTEE	2 00	Х						0	0	0
DAVID COULTER	2 00	x						0	0	0
TRUSTEE LEWIS B CULLMAN	2 00						<u> </u>			
TRUSTEE		Х						0	0	0
WILLIAM DALEY TRUSTEE	2 00	×						0	0	0
PETER B LEWIS TRUSTEE	2 00	х						0	0	0
JOHN DYSON	2 00	х						0	0	0
TRUSTEE ROBERT R DYSON	2 00	X						0	0	0
TRUSTEE BRIAN FRANK	2 00									
TRUSTEE MICHAEL GOLDBERG	2 00	X						0	0	0
TRUSTEE DAVID HELLER	2 00	X						0	0	0
VICE CHAIR	2 00	х						0	0	0
PETER JOSEPH TRUSTEE	2 00	х						0	0	0
DEREK KAUFMAN	2 00	Х						0	0	0
TRUSTEE KIRK RADKE	2 00	X						0	0	0
TRUSTEE DEREK KIRKLAND	2 00									
TRUSTEE		Х						0	0	0
RONALD A KLAIN TRUSTEE	2 00	x						0	0	0
THURGOOD MARSHALL JR TRUSTEE	2 00	х						0	0	0
SUSAN MCCUE	2 00	х						0	0	0
TRUSTEE HERBERT S MILLER	2 00	X						0	0	0
TRUSTEE MICHAEL E NOVOGRATZ	2 00									
TRUSTEE ANDREW PARMENTIER	2 00	X						0	0	0
TRUSTEE		х						0	0	0
HOWARD ROSSMAN TRUSTEE	2 00	х						0	0	0
BERNARD L SCHWARTZ	2 00	х						0	0	0
TRUSTEE	j				1					<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
TIM SWEENEY	2 00	х						0	0	0	
TRUSTEE											
TED J TRIMPA TRUSTEE	2 00	×						0	0	0	
BARBARA M VOGELSTEIN	2 00										
TRUSTEE	2 00	x						0	0	0	
JOHN VOGELSTEIN	2 00										
CHAIR		X						0	0	0	
JOSEPH ZIMLICH TRUSTEE	2 00	×						0	0	0	
NANCY HALE	40 00			х				280,328	14,291	17,909	
SVP AND TREA	2 00										
MATTHEW BENNETT	40 00			х				276,305	14,252	29,100	
SVP AND SECR	2 00										
JAMES KESSLER SVP OF POLIC	40 00				х			289,195	0	29,100	
SEAN GIBBONS	40 00					х		186,774	0	26,154	
DIR - COMMUN											
Joshua Freed VP For Clean	40 00					х		164,620	0	25,057	
MIEKE EOYANG	40 00										
DIR - NAT SE	40 00					х		150,696	0	13,413	
BRENDA BETHEA	40 00					х		126,595	13,565	8,026	
DIR - ADMINI	2 00										
GABE HOROWITZ	40 00					х		138,603	0	24,003	
DIR - ECONOM	l		<u> </u>			I					

DLN: 93493134055334

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Inspection

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THIRD WAY 20-1734070 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	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 lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

Grassroots lobbying expenditures

		the last the second at the second sec	(a	1)		(b)	
ctiv		ı below, provide in Part IV a detailed description of the lobbying	Yes	No	/	Amoun	t
1	legislation, including any attempt to in through the use of	ation attempt to influence foreign, national, state or local nfluence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b		mpensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?						
d	Mailings to members, legislators, or t						
е	Publications, or published or broadcas	st statements?					
f	Grants to other organizations for lobb	ying purposes?					
g	Direct contact with legislators, their s	staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, co	onventions, 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 o	organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax	incurred under section 4912					
C	If "Yes," enter the amount of any tax	incurred by organization managers under section 4912					
d	If the filing organization incurred a se	ection 4912 tax, did it file Form 4720 for this year?					
- CII	501(c)(6).	nization is exempt under section 501(c)(4), section !			01 3	Yes	No
1	Were substantially all (90% or more)	dues received nondeductible by members?		ſ	1		No
2		use lobbying expenditures of \$2,000 or less?		F	2		No
3	Did the organization agree to carry ov	ver lobbying and political expenditures from the prior year?		-	3		Νo
Par	501(c)(6) and if eithe line 3, is answered "\						
1	Dues, assessments and similar amou		1			2,53	2,50C
2	Section 162(e) nondeductible lobbyin expenses for which the section 527(f	ng and political expenditures (do not include amounts of political i) tax was paid).				1.0	1 000
a	Current year		2a			18	1,909
b	Carryover from last year		2b				
С -	Total	5000/ \(\(\(\) \\ \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	2c				1,909
3		n 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			3/	9,875
4		on line 2c exceeds the amount on line 3, what portion of the excess over to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and politic	ical expenditures (see instructions)	5			-19	7,966
	rt IV Supplemental Inform		1				
Pro	<u> </u>	I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part I	I-A,I	ıne 2,	and
	Return Reference	Explanation					
3CH	· · · · · · · · · · · · · · · · · · ·	E ORGANIZATION SHARES ITS POLICY IDEAS AND ANALYSES CLUDING, IN SOME INSTANCES, TO CANDIDATES AND THEIR S			ASF	ossi	BLE,

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	THE ORGANIZATION SHARES ITS POLICY IDEAS AND ANALYSES AS BROADLY AS POSSIBLE, INCLUDING, IN SOME INSTANCES, TO CANDIDATES AND THEIR STAFFS

201104410 0 (101111 330 01 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493134055334

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

► 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 ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Supplemental Financial Statements

Open to Public Inspection

Employer identification number					
734070					
r Accounts. Complete if the					
b) Funds and other accounts					
ed Yes No					
purpose Yes No					
990, Part IV, line 7.					
ally important land area historic structure					
of a conservation					
Held at the End of the Year					
organization during					
riolations, and					
ring the year					
the year					
the year					
(h)(4)(B)(ı)					
e statement, and ents that describes					
er Similar Assets.					
ement and balance sheet rch in furtherance of public items					
nt and balance sheet rch ın furtherance of public					
▶ \$					
▶ \$					
ial gain, provide the					
► \$					
<u></u>					
1 4					

Part	•••• Organizations Maintaining Co	llections of Art, I	<u>Histori</u>	cal T	reasu	<u>res, or Ot</u>	her:	<u>Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	any of	the follo	owing that ar	e a sı	gnıfıcant use	of its	
а	Public exhibition		d ┌	Loan	or exch	nange progra	ms			
b	Scholarly research		е Г	Othe	er .					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	how the	y furth	er the o	rganızatıon's	exer	mpt purpose ır	1	
5	During the year, did the organization solicit								_ Yes	□ No
Par	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang	•								1 140
	Part IV, line 9, or reported an an									
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedi	ary for o	ontrib	utions o	or other asse	ts no		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	[I and complete the fo	llowing	table						
_	5					H.	_	Am	ount	
C C	Beginning balance						lc			
d e	Additions during the year					<u> </u>	ld le			
f	Distributions during the year					_	lf .			
	Ending balance	awaa 000 Dawt V lina '	212				LI	Г	Yes	
2a L	Did the organization include an amount on Fo									, NO
b	If "Yes," explain the arrangement in Part XII		-							<u>'</u>
Pa	TTV Endowment Funds. Complete	(a)Current year	answer (b) Pnor						(e)Four y	ears back
1a	Beginning of year balance			<u>, </u>	` '	,		,		
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 cur	rent year end balance	(line 1g	, colur	nn (a)) r	neld as				
a	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment ►									
С	Temporarily restricted endowment									
2-	The percentages in lines 2a, 2b, and 2c sho					d	£ + l	_		
3a	Are there endowment funds not in the posses organization by	ssion of the organizati	on that	are ne	iu aliu a	ammisterea	וטו נוו	е	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(i	- 	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•			• •			3b		<u> </u>
4 Date	Describe in Part XIII the intended uses of the type Land, Buildings, and Equipme				n ancu	vored 'Vec'	to Fo	vrm 000 Day	c+ T\/ li	
Fell	11a. See Form 990, Part X, line		e organ	iizatio	ii alisw	vereu res	10 1 0	Jilii 330, Pai	CIV, II	iie
	Description of property				or other estment)	(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	and						\top			
b f	Buildings									
c l	_easehold improvements		. [
d f	Equipment		. ${ extstyle ex$			836,	550	358,79	6	477,754
						 				
	Other					152,	788	101,20	5	51,583 529,337

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Par	t XI		evenue per Audited Financial Sta ered 'Yes' to Form 990, Part IV, line		ent	s With Revenue	per	Retur	n Complete if
1	Tota		support per audited financial statements				1		11,449,246
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 12						
а	Net	unrealized gains on investr	ments	2a		2,355,52	5		
b	Dona	ated services and use of fa	cilities	2b					
c	Reco	veries of prior year grants		2c					
d	O the	er (Describe in Part XIII)		2d					
e	Add	lines 2a through 2d .					2e	1	2,355,525
3	Subt	ract line 2e from line 1 .					3		9,093,721
4	A mo	unts included on Form 990), Part VIII, line 12, but not on line 1						
а	Inve	stment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a		214,58	0		
ь	O the	er (Describe in Part XIII)		4b					
С	Add	lines 4a and 4b					4 c		214,580
5	Tota	I revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	e 12)			5		9,308,301
Part	XII		penses per Audited Financial St			ts With Expens	es pe	r Reti	urn. Complete
1	Toto		swered 'Yes' to Form 990, Part IV, lin audited financial statements				1	$\overline{}$	7 750 427
			not on Form 990, Part IX, line 25	•	•		<u> </u>	+-	7,759,437
2			cilities	ا ء۔	. 1				
a					\dashv		\dashv		
b				21	+		-		
с		erlosses		20	+		_		
d		,		20			\dashv \Box		
e		<u>-</u>		•	•		26		
3				•	•		3	$+\!-$	7,759,437
4), Part IX, line 25, but not on line 1:	1 -					
a		•	ded on Form 990, Part VIII, line 7b .	<u> </u>	\dashv	214,58			
Ь		,		41			_		
С							40	-	214,580
5			d 4c. (This must equal Form 990, Part I, li	ne 18) .		5		7,974,017
Prov Part	ıde the	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and					vide any	y additional
	R	eturn Reference	Explanation						
SCHE	DULE	D, PAGE 3, PART X	THIRD WAY HAS ADOPTED THE ACCO REQUIRED BY TOPIC 740 OF THE FAS POSITIONS, AND HAS CONCLUDED THE SHOULD BE RECORDED RELATED TO A FILED FOR OPEN TAX YEARS (2010 - 20 RETURN THIRD WAY IS NOT AWARE OF THERE IS A REASONABLE POSSIBILIT BENEFITS WILL CHANGE MATERIALLY	B ASC HAT N ANY UI 012), I F ANY Y THA	THOL NCE OR TA	HIRD WAY HAS AN IABILITY FOR UNF ERTAIN TAX POSI EXPECTED TO BE X POSITIONS FO THE TOTAL AMOUR	ALYZE RECOC FIONS TAKEN R WHIO	D ITS GNIZED GTAKEN N IN IT: CH IT B	TAX D TAX BENEFITS N ON RETURNS S 2013 TAX BELIEVES THAT
			1						

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493134055334

OMB No 1545-0047

2013

Employer identification number

(Form 990)

Department of the Treasury

Internal Revenue Service

THIRD WAY

Name of the organization

SCHEDULE F

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (b) type) (e.g., fundraising, program service, aperical in region (b) type) (e.g., fundraising, program service, specific type of service(s) in region (b) type) (e.g., fundraising, program service, specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type) (e.g., fundraising, program service, describe specific type of service(s) in region (b) type of service(s) in region (b) type of service(s) in region (b) type of service(s)						20-1734070	
other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Pa				he United States. Co	omplete if the organiza	ation answered
assistance outside the United States. 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region offices in the region with present too the	1	other assistance, the grantee	es' eligibility fo	r the grants o	r assistance, and the s	election criteria used	_
(a) Region (b) Number of offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (e g , findersing, program service, describe specific type of service(s) in region (e) If activity listed in (d) is a program service, describe specific type of service(s) in region (f) Total expenditures for and investments in region (INVESTMENTS) (INVESTMENTS	2			ganızatıon's p	rocedures for monitoring	ng the use of its grant	s and other
offices in the region offices in the region of the region	3	Activites per Region (The follow	ung Part I, line :	3 table can be d	uplicated if additional spa	ce is needed)	
CENTRAL AMERICA AND THE CARIBBEAN EUROPE INVESTMENTS 7,957,00 INVESTMENTS 286,00 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)		(a) Region	offices in the	employees, agents, and independent contractors in	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	a program service, describe specific type of	for and investments
3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 8,243,00					INVESTMENTS		7,957,000
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 8,243,00		EUROPE			INVESTMENTS		286,000
b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 8,243,00	_						9 24 2 000
		Total from continuation sheets					8,243,000
							8,243,000

Pa						ited States. Comp <u>duplicated if additio</u>			to Form 990,
1	(a) Name of organization	(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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2						les by the foreign co.(c)(3) equivalency			
3	Enter total nur	nber of other or	ganizations or ent	ities					

Schedule F (Form 990) 2013

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)
							appraisal, other)
							ula E (Earry 000) 2012

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	굣	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)	Γ	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)	F	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	~	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2013

chedule	F (Form	990)2013
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).								
ReturnReference	Explanation							
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 7,957,000 EUROPE 0 286,000							

Schedule F (Form 990) 2013

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DLN: 93493134055334

2013

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Internal Revenue Service Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

IRD WAY					20-1734070	
Fundraising Acti Form 990-EZ filers				on answered "Yes" to part.	o Form 990, Part IV,	line 17.
Indicate whether the organizations Mail solicitations Internet and email solicity Phone solicitations In-person solicitations Did the organization have a or key employees listed in Fire of the ten highest to be compensated at least	itations written or oral agre orm 990, Part VII paid individuals oi	ement with) or entity rentities (e f g h any Indi in connec	Solicitation of non-Solicitation of gove Special fundraising vidual (including officerstion with professional fundraisional fund	ernment grants ernment grants g events s, directors, trustees undraising services?	▼ Yes
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	FUND CNCLT	Yes	No			
PEARSON & ASSOCIATES 900 19TH ST NW STE 800 WASHINGTON, DC 20006	FUND CNSLT		No	60,000	60,000	
PECK MADIGAN JONES & STEWART 1300 CONNECTICUT AVE NW WASHINGTON, DC	FUND CNSLT		No	95,052	43,012	52,040
20036	FUND CNSLT					
HOLLY PAGE HOSCHEIT 7908 RVR FLS DR	FUND CNSLT		No	60,000	15,000	45,000
POTOMAC, MD 20854						
WM ANDRESEN 4435 TUSCANY CT WOODBRIDGE, VA	FUND CNSLT		No	30,000	6,000	24,000
22192	FUND CNSLT					
BLOOM STRATEGIC CONSULTING 4925 GREENVILLE AVE STE 100	I CIND CINSEI		No	5,000	5,000	
DALLAS, TX 75206						
 al				250,052	129,012	121,040

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(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)	(-),
Revenue	1	Gross receipts				
eVe	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	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 Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	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>Ф</u>		\$13,000 OH FORM 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>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	✓ Yes % ✓ No %	Г Yes%	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming l Yes," explain				

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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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**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 Health or social club dues or initiation fees			
	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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Form 990 of other organizations A pproval by the board or compensation committee			
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		No
	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		No
	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		Νo
b	Any related organization?	6b		No
	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			
	ın Part III	8		Νo
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-MISC 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)	294,805 23,840		950	10,200	2,868 4,840		
(2)NANCY HALE SVP AND TREASURER	(i) (ii)	277,952 14,291		2,376	10,200	4,808 2,901		
(3)MATTHEW BENNETT SVP AND SECRETARY	(i) (ii)	275,355 14,252		950	10,200	16,007 2,893	1	
(4)JAMES KESSLER SVP OF POLICY	(i) (ii)	288,766		429	10,200	18,900	318,295	
(5)SEAN GIBBONS DIR - COMMUNICATIONS	(i) (ii)	186,423		351	7,471	18,683	212,928	
(6)JOSHUA FREED VP FOR CLEAN ENERGY	(i) (ii)	164,620			6,585	18,472	189,677	
(7)MIEKE EOYANG DIR - NAT SEC PROG	(i) (ii)	150,396		300	6,028	7,385	164,109	
(8)GABE HOROWITZ DIR - ECONOMIC PROG	(i) (ii)	138,603			5,544	18,459	162,606	

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

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SCHEDULE O (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.

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

2013
Open to Public Inspection

Name of the organization THIRD WAY	Employer identification number
THIRD WAT	20-1734070

Return Reference	Explanation
PAGE 2, PART	2 TRADE. PRODUCED A SERIES OF REPORTS THAT ANALYZED AMERICAN EXPORT TRENDS IN ASIAN MARKETS, MARKET INTEGRATION AMONG NORTH AMERICAN COUNTRIES, OPPORTUNITIES FOR US EXPORTS IN EU MARKETS, AND THE POLICY MECHANISM TO IMPLEMENT TRADE DEALS 3 SOCIAL SECURITY RELEASED AN ORIGINAL PROPOSAL TO REFORM SOCIAL SECURITY THROUGH CREATION OF A NATIONAL COMMISSION 4 ECONOMIC GROWTH PRODUCED A SERIES OF MEMOS ANALYZING GROWTH INDICATORS AND IMPLICATIONS FOR US GROWTH AS A RESULT OF A POTENTIAL BREACH OF THE NATION'S DEBT LIMIT

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	BETWEEN STRANGERS IS SO DANGEROUS IN THE INTERNET AGE 3 IMMIGRATION CREATED AN INFOGRAPHIC ENTITLED "TURNING GREEN CARDS INTO GROWTH" TO EMPHASIZE THE ECONOMIC NEED FOR IMMIGRATION REFORM AND EXPLAIN HOW THE FUTURE FLOW OF IMMIGRATION WOULD CHANGE UNDER A COMPREHENSIVE REFORM BILL 4 MODERATE POLITICS RELEASED 2 MAJOR REPORTS WHICH DISASSEMBLED THE ASSUMPTIONS UNDERLYING THE IDEA THAT "DEMOGRAPHY EQUALS DESTINY" FOR THE POLITICAL PARTIES AND SHOWED THAT WHILE THE DEMOGRAPHIC MAKEUP OF THE COUNTRY IS INDEED SHIFTING, THE THREE GROWING GROUPS-HISPANIC, ASIAN, AND MILLENNIAL VOTERS-ARE NOT PREDOMINANTLY LIBERAL, THEIR IDEOLOGY IS NOT STABLE, AND THEY DON'T DISPLAY DEEP LOYALTY TO THE DEMOCRATIC BRAND

Return Reference	Explanation
1	TRADE'S FAILURE 3 RENEWABLE FUELS RELEASED A MEMO, AND GLOSSARY OF KEY TERMS, THAT PROVIDED BASIC INFORMATION ON BIOFUELS AND US RENEWABLE FUEL POLICY AND EXPLAINED HOW THE ENVIRONMENTAL PROTECTION AGENCY'S PROPOSED CHANGES TO THE FEDERAL RULES ON RENEWABLE FUELS WOULD IMPACT THE DEVELOPMENT AND ECONOMICS OF ADVANCED BIOFUELS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES NATIONAL SECURITY PROGRAM IN 2013, THE NATIONAL SECURITY PROGRAM HAD A NUMBER OF SIGNIFICANT EXEMPT PURPOSE ACHIEVEMENTS, INCLUDING 1 IRAN RELEASED A MEMO EXPLAINING THE BENEFITS AND DRAWBACKS OF THE INTERIM NUCLEAR AGREEMENT THAT WOULD LIMIT IRAN'S NUCLEAR WEAPONS PRODUCTION CAPABILITY 2 DEFENSE BUDGET RELEASED A MEMO ANALYZING THE ADMINISTRATION'S 2014 DEFENSE BUDGET REQUEST, RELEASED MEMOS ON REDUCING THE BUREAUCRATIC BLOAT AT THE PENTAGON AND ALSO CURBING COSTS OF THE F-35 3 DIPLOMATIC SECURITY REVIEWED GOVERNMENT REPORTS ON THE ATTACKS ON US DIPLOMATIC FACILITIES AT BENGHAZI, LIBYA, AND MADE RECOMMENDATIONS FOR SECURITY IMPROVEMENTS 4 SYRIA RELEASED A SERIES OF MEMOS ON SYRIA'S CHEMICAL WEAPONS USAGE AND THE BENEFITS OF THE AGREEMENT TO DESTROY THEIR CHEMICAL WEAPONS STOCKPILES

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	JOHN DYSON ROBERT DYSON TRUSTEE TRUSTEE BROTHERS BARBARA MANFREY VOGELSTEIN JOHN VOGELSTEIN TRUSTEE CHAIR MARRIED

Return Reference	Explanation
,	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

Return Reference	Explanation
· ·	THE ORGANIZATION REMINDS STAFF OF THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS THE POLICY PRECLUDES OFFICERS AND EMPLOYEES FROM MAKING ANY DECISIONS FROM WHICH THEY WILL BENEFIT FINANCIALLY THE POLICY ALSO REQUIRES THAT ANY POTENTIAL CONFLICT OF INTEREST BE DISCLOSED THE POLICY IS REVIEWED PERIODICALLY BY THE PRESIDENT AND BOARD POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED AND DETERMINATIONS ARE MADE ON A CASE-BY-CASE BASIS

Return Reference	Explanation				
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				

Return Reference	Explanation				
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				

Return Reference	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

Return Reference	Explanation					
FORM 990, PAGE 12, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS					

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DLN: 93493134055334

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-1734070

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

THIRD WAY

Name of the organization

Part I Identification of Disregarded Entities Complete	e if the organization a	answered "Yes" or	Form 990, Par	t IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations Complete ıf t e tax year.	he organization ar	nswered "Yes" o	on Form 990, P	art IV,	line 34 because it	had or	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501		(f) Direct controlling entity	Section (13) co ent	ontrolle tity?
(1) THIRD WAY INSTITUTE	SEEPARTVII	DE	501C3	7		THIRD WAY	Yes Yes	No
1025 CONNECTICUT AVE NW STE 501								
WASHINGTON, DC 20036 26-0535276								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501:	35Y			Schedule R (Forn	1 990) 2	013

Part III	Identification of Related Org because it had one or more rela						ation ansv	vered "Ye	es" on	Form	990, Part	IV, lu	ne 34	ļ
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop r allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentag ownersh
						,			Yes	No		Yes	No	
												_		
													\square	
Part IV	Identification of Related Org line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,
Na	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllir entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	Section (b) (continue)	i) on 512 (13) rolled tity?	No.
							1			-	ĺ	Yes	<u>*</u>	No
												ı		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)				1e		No			
f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
b. Land of facilities and the state of the s				1k		No.			
Performance of services or membership or fundraising solicitations for related organization(s) **Performance of services or membership or fundraising solicitations by related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses				1 p		No			
q Reimbursement paid by related organization(s) for expenses				1q	Yes				
r Other transfer of cash or property to related organization(s)				1r		No			
s Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	te this line, including co	overed relationships	and transaction thresholds						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	ıvolved				
(1) THIRD WAY INSTITUTE	С	5,735,000	CASH						
(2) THIRD WAY INSTITUTE	L	1,594	COST OF SALARY & BENEFITS						
(3) THIRD WAY INSTITUTE	0	101,383	COST OF SALARY & BENEFITS						
			1						
		1							

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	ty Primary activity Legal Predominant Are all partners Share of Solution total en		(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership				
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
												\Box	
	•												

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation							
SCHEDULE R	PART II, COLUMN (B) PRIMARY ACTIVITY FUND EDUCATIONAL ACTIVITIES FOCUSED ON MODERATE POLICY SOLUTIONS							

Schedule R (Form 990) 2013