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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Third Way. Number and street: 1025 Connecticut Ave NW No 501. City or town: Washington, DC 200365422

D Employer identification number: 20-1734070. E Telephone number: (202) 775-3768. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.THIRD-WAY.COM

J Organization type: 501(c)(4)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 7,073,629

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c), and Total amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**Part III Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	714,753	595,819	38,597	80,337
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	672,103	560,265	36,294	75,544
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	17,355	14,467	937	1,951
<b>28</b>	Employee benefits not included on lines 25a - 27	133,392	111,144	7,320	14,928
<b>29</b>	Payroll taxes	95,324	79,462	5,148	10,714
<b>30</b>	Professional fundraising fees	115,750			115,750
<b>31</b>	Accounting fees	22,320		22,320	
<b>32</b>	Legal fees	32,477		32,477	
<b>33</b>	Supplies	31,410	25,045	3,123	3,242
<b>34</b>	Telephone	48,679	38,815	4,840	5,024
<b>35</b>	Postage and shipping	4,814	3,838	479	497
<b>36</b>	Occupancy	217,950	173,786	21,669	22,495
<b>37</b>	Equipment rental and maintenance	17,541	13,987	1,744	1,810
<b>38</b>	Printing and publications	17,938	14,290	1,782	1,866
<b>39</b>	Travel	75,576	21,184	24,338	30,054
<b>40</b>	Conferences, conventions, and meetings	181,473	167,063	14,410	
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	24,969	19,910	2,482	2,577
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	web development	103,200		103,200	
<b>b</b>	Professional Services	183,450	127,295	21,633	34,522
<b>c</b>	commissioned research	295,048	285,564	6,261	3,223
<b>d</b>	miscellaneous	2,597		2,597	
<b>e</b>	insurance	9,289		9,289	
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,017,408	2,387,405	207,945	422,058

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <input type="checkbox"/> advancing a 21st century progressive agenda by working with elected officials, candidates, and advocates to create policies and market new ideas in the public debate  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> Culture - creating new progressive approaches to cultural issues  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	801,804
<b>b</b> Middle Class Project - designing new themes and policy ideas for a 21st century progressive economic agenda  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	865,834
<b>c</b> National Security - helping to build a credible, tough and smart progressive national security agenda  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	719,767
<b>d</b> _____ _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	2,387,405

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>		
		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		653,684	<b>45</b>	547,807	
	<b>46</b> Savings and temporary cash investments . . . . .		2,826,015	<b>46</b>	6,695,552	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	3,480			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>		133,442	<b>47c</b>	3,480
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			<b>48c</b>	
	<b>49</b> Grants receivable . . . . .				<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .				<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .				<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			22,490	<b>53</b>	56,867
	<b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) . . . . .				<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b>	351,253			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	52,875	66,911	<b>57c</b>	298,378
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )				<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			3,702,542	<b>59</b>	7,602,084	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		19,626	<b>60</b>	152,504	
	<b>61</b> Grants payable . . . . .			<b>61</b>		
	<b>62</b> Deferred revenue . . . . .			<b>62</b>	850,000	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )			<b>65</b>		
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			19,626	<b>66</b>	1,002,504	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted . . . . .		3,682,916	<b>67</b>	6,599,580	
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>		
	<b>69</b> Permanently restricted . . . . .			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			3,682,916	<b>73</b>	6,599,580
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			3,702,542	<b>74</b>	7,602,084

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	7,073,629
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	7,073,629
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	7,073,629

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	3,017,408
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	3,017,408
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	3,017,408

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)**

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

**Part VI Other Information (See the instructions.)**

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures (See line 81 instructions). 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed DC
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 13

91a The books are in care of The Organization Telephone no (202) 775-3768
1025 Connecticut Ave NW No 501
Located at Washington, DC ZIP + 4 200365422

91b 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)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts



Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------

<p><b>Please Sign Here</b></p> <p>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</p> <p>***** Signature of officer</p> <p>Jonathan Cowan President Type or print name and title</p>	<p>2008-05-07 Date</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------

<b>Paid Preparer's Use Only</b>	Preparer's signature  Judy Stanfield	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  STRACK STANFIELD LLC 15825 Shady Grove Road 40 Rockville, MD 20850			EIN  Phone no  (301) 519-3280

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-1734070  
**Name:** Third Way

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
matt bennett 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	vp for public affairs 40 00	178,846	7,154	0
jonathan cowan 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	president 40 00	178,846	4,308	0
nancy hale 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	vp strategy & leadership 40 00	153,462	6,138	0
jim kessler 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	vp for policy 40 00	178,846	7,153	0
bernard l schwartz 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	chair 2 00	0	0	0
adam solomon 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	vice chair 2 00	0	0	0
dwight anderson 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
georgette bennett 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
lewis b cullman 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
beth dater 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
scott delman 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
john dyson 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
robert r dyson 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
joseph h flom 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
michael b goldberg 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
david heller 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
peter joseph 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
lieutenant general claudia kennedy 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
derek kirkland 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
reynold levy 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
thurgood marshall jr 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
susan mccue 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
herbert s miller 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
michael e novogratz 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
howard rossman 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
barbara manfrey vogelstein 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
john vogelstein 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0
doug wilson 1025 Connecticut Ave NW Suite 501 washington, DC 200365422	trustee 2 00	0	0	0

## TY 2007 Depreciation and Depletion Schedule

**Name:** Third Way

**EIN:** 20-1734070

Asset	Amount
Computer - Alienware	1,583
Computer Equipment	235
Computer Equipment	288
Computer Equipment	109
Computer Equipment	481
Computer Equipment	564
Laptop - Hale	210
Computer Equipment - Jen	226
Computer Equipment - Jon	276
Computer Equipment	335
Computer Equipment	153
Healthy Back Office Chairs	475
Healthy Back Office Chair - Jon	118
Statistical Software 9 (SAS)	349
Phone System	414
Dell Computer	205
Dell Computer	477
Computer Monitors	22
Computer - Lenovo	17
server	231
TV	247
Monitors	75
Office Furniture	5,822
Construction Library & Closet	200
website	11,857

### TY 2007 Land etc. Schedule

**Name:** Third Way

**EIN:** 20-1734070

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Computer - Alienware	7,914	4,880	3,034
Computer Equipment	1,173	665	508
Computer Equipment	1,438	719	719
Computer Equipment	546	264	282
Computer Equipment	2,404	1,042	1,362
Computer Equipment	2,820	1,222	1,598
Laptop - Hale	1,050	437	613
Computer Equipment - Jen	1,133	472	661
Computer Equipment - Jon	2,757	552	2,205
Computer Equipment	3,347	670	2,677
Computer Equipment	1,531	306	1,225
Healthy Back Office Chairs	4,749	950	3,799
Healthy Back Office Chair - Jon	1,180	236	944
Statistical Software 9 (SAS)	3,490	698	2,792
Phone System	24,835	414	24,421
Dell Computer	1,540	205	1,335
Dell Computer	4,771	477	4,294
Computer Monitors	1,360	22	1,338
Computer - Lenovo	1,023	17	1,006
server	13,848	231	13,617
TV	4,944	247	4,697
Monitors	1,500	75	1,425
Office Furniture	174,655	5,822	168,833
Construction Library & Closet	27,960	200	27,760
website	59,285	32,052	27,233

## TY 2007 Other Changes in Net Assets Schedule

**Name:** Third Way

**EIN:** 20-1734070

Description	Amount
prior period adjustments	-1,139,557