

Form **990**
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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
750 FIRST STREET NE NO 800
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20002

D Employer identification number
13-5643515
E Telephone number
(202) 336-8286
G Gross receipts \$ 37,036,025

F Name and address of principal officer
DR ANTHONY MCCLAIN
750 FIRST STREET NE NO 800
WASHINGTON, DC 20002

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527
J Website: ▶ WWW.SOCIALWORKERS.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1955 **M** State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT PROFESSIONAL DEVELOPMENT, ADVANCE SOUND SOCIAL POLICIES AND MAINTAIN PROFESSIONAL STANDARDS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	270
6 Total number of volunteers (estimate if necessary)	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,458,291
7b Net unrelated business taxable income from Form 990-T, line 34	227,187

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	954,800	673,631
9 Program service revenue (Part VIII, line 2g)	32,261,302	33,068,760
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	538,865	930,184
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,699,825	2,260,475
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,454,792	36,933,050
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,824	38,043
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,815,876	18,372,874
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,049,760	21,471,750
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	39,004,460	39,882,667
19 Revenue less expenses Subtract line 18 from line 12	-2,549,668	-2,949,617

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	86,207,353	83,662,424
21 Total liabilities (Part X, line 26)	21,904,571	21,242,242
22 Net assets or fund balances Subtract line 21 from line 20	64,302,782	62,420,182

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer
Date 2019-05-13
DR ANTHONY MCCLAIN CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name WILLIAM E TURCO CPA
Preparer's signature WILLIAM E TURCO CPA
Date
Check if self-employed PTIN P00369217
Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325
Firm's address ▶ 9737 WASHINGTONIAN BLVD 400 Phone no (301) 296-3600
GAITHERSBURG, MD 20878

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC 'S (NASW) EXEMPT PURPOSE IS TO IMPROVE AND EXTEND THE SOCIAL WORK PROFESSION THROUGH ADVANCEMENT OF SOUND SOCIAL POLICIES AND PROGRAMS, PROVISION OF MEMBERSHIP SERVICES, AND CREATION AND MAINTENANCE OF PROFESSIONAL STANDARDS AND TO ENSURE THE PROFESSIONAL DEVELOPMENT OF MEMBERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 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>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 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 (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DR ANTHONY MCCLAIN CEO 750 FIRST STREET NE SUITE 800 WASHINGTON, DC 200024241 (202) 408-8600

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	95,191				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	578,440				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f			673,631			
Program Service Revenue		Business Code					
	2a MEMBERSHIP DUES	900099	18,821,644	18,821,644			
	b CONFERENCES	900099	5,231,161	4,411,302	24,846	795,013	
	c CE APPROVAL PROGRAMS	900099	5,100,753	5,100,753			
	d PUBLICATIONS & SUB	541800	2,395,210	1,723,282	531,930	139,998	
	e CERTIFICATION & CREDEN	900099	1,519,992	1,519,992			
	f All other program service revenue						
g Total. Add lines 2a-2f			33,068,760				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		209,979			209,979	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		345,183		306,047	39,136	
	6a Gross rents	(i) Real					
		64,967	(ii) Personal				
		b Less rental expenses	0				
		c Rental income or (loss)	64,967				
	d Net rental income or (loss)		64,967			64,967	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		720,205	(ii) Other				
		b Less cost or other basis and sales expenses	0				
		c Gain or (loss)	720,205				
	d Net gain or (loss)		720,205			720,205	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	70,872					
	b Less cost of goods sold	b	102,975				
	c Net income or (loss) from sales of inventory		-32,103	-32,103			
Miscellaneous Revenue	Business Code						
11a ADMINISTRATIVE OH	900099	756,950			756,950		
b JOBLINK	541800	595,468		595,468			
c LABEL REVENUE	900099	530,010			530,010		
d All other revenue							
e Total. Add lines 11a-11d			1,882,428				
12 Total revenue. See Instructions			36,933,050	31,544,870	1,458,291	3,256,258	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,043			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,111,812			
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	13,116,043			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,109,603			
9 Other employee benefits	1,919,766			
10 Payroll taxes	1,115,650			
11 Fees for services (non-employees)				
a Management				
b Legal	51,832			
c Accounting	1,414,895			
d Lobbying	667,214			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	41,582			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,894,892			
12 Advertising and promotion	277,111			
13 Office expenses	3,747,193			
14 Information technology	717,679			
15 Royalties	109,068			
16 Occupancy	2,480,452			
17 Travel	933,740			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,869,741			
20 Interest	67,772			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	424,886			
23 Insurance	234,333			
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.)				
a BANK FEES	761,276			
b INCOME TAX EXPENSE	742,286			
c EQUIPMENT COSTS	427,821			
d MEMBERSHIP DUES	207,179			
e All other expenses	400,798			
25 Total functional expenses. Add lines 1 through 24e	39,882,667			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	13,943	1	23,812
	2 Savings and temporary cash investments	9,729,381	2	9,453,641
	3 Pledges and grants receivable, net		3	49,938
	4 Accounts receivable, net	1,130,988	4	1,098,611
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	364,253	8	335,748
	9 Prepaid expenses and deferred charges	434,161	9	594,878
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,188,663		
	b Less accumulated depreciation	10b 5,548,229	2,927,141	10c 2,640,434
	11 Investments—publicly traded securities	12,763,703	11	12,815,897
	12 Investments—other securities See Part IV, line 11	58,714,130	12	56,649,465
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	129,653	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	86,207,353	16	83,662,424	
Liabilities	17 Accounts payable and accrued expenses	4,071,592	17	4,987,827
	18 Grants payable		18	
	19 Deferred revenue	10,605,340	19	10,319,811
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,227,639	25	5,934,604
	26 Total liabilities. Add lines 17 through 25	21,904,571	26	21,242,242
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	64,302,782	27	62,420,182
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	64,302,782	33	62,420,182
	34 Total liabilities and net assets/fund balances	86,207,353	34	83,662,424

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,933,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,882,667
3	Revenue less expenses Subtract line 2 from line 1	3	-2,949,617
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,302,782
5	Net unrealized gains (losses) on investments	5	30,982
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	1,036,035
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	62,420,182

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 13-5643515

Name: NATIONAL ASSOCIATION OF SOCIAL
WORKERS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

POLICY PRACTICE AND PROFESSIONAL DEVELOPMENT - ADVANCED FEDERAL AND STATE LEGISLATION, REGULATION AND OTHER POLICY AROUND THE SOCIAL WORK WORKFORCE AND A VARIETY OF SOCIAL JUSTICE ISSUES, THROUGH LOBBYING, GRASSROOTS MOBILIZATION AND OTHER INITIATIVES - PROVIDED THE SOCIAL WORK PERSPECTIVE IN KEY AREAS OF PRACTICE INCLUDING HEALTH, AGING, BEHAVIORAL HEALTH, MENTAL HEALTH, CHILD WELFARE AND SCHOOLS, PARTICIPATED IN OVER 30 MULTI-STAKEHOLDER COALITIONS - PROMOTED THOUGHT LEADERSHIP FOR THE PROFESSION BY DEVELOPING AND DISSEMINATING COMPELLING RESOURCES ON PRACTICE AND SOCIAL JUSTICE TOPICS, INCLUDING PRACTICE STANDARDS, GUIDELINES AND ISSUE BRIEFS, REGULARLY UPDATED SOCIAL WORK SPEAKS, THE "GO TO" MANUAL FOR PRACTITIONERS, RESEARCHERS, POLICY MAKERS AND OTHERS ARTICULATING THE SOCIAL WORK PERSPECTIVE ON OVER 65 TOPICS - ADVANCED EXCELLENCE IN SOCIAL WORK PRACTICE- INSPIRED THE NEXT GENERATION OF LEADERS THROUGH AWARDS PROGRAMS AND ENGAGEMENT IN ORGANIZATIONAL EFFORTS OF VARIOUS TYPES - HELD NASW NATIONAL CONFERENCE, JUNE 2018, WITH CLOSE TO 2,000 SOCIAL WORK PROFESSIONALS, AND 100 EXHIBITORS ATTENDING THE MEETING OF THE PROFESSION IN WASHINGTON, DC- HELD CONTINUING EDUCATION WEBINARS ON AVERAGE OF ONE PER MONTH ON A VARIETY OF TOPICS THE TOTAL VIEWERSHIP FOR THESE WEBINARS EXCEEDED 1,000 - CONDUCTED A VIRTUAL ROUNDTABLE BY THE OFFICE OF ETHICS AND PROFESSIONAL REVIEW HELD A LIVE-STREAMED ROUNDTABLE ON THE REVISIONS TO THE NASW CODE OF ETHICS THAT WENT INTO EFFECT ON JANUARY 1ST 2018 TO DATE, THE ROUNDTABLE HAS BEEN VIEWED BY THOUSANDS OF SOCIAL WORK PROFESSIONALS

Form 990, Part III, Line 4b:

MEMBER ENGAGEMENT NASW PROVIDES ONGOING CUSTOMER SERVICE TO ITS 115,000 MEMBERS TO ENSURE THEY RECEIVE THE MOST VALUE FOR THEIR MEMBERSHIP DOLLARS AT THE CHAPTER AND NATIONAL LEVELS NASW MEMBERS RECEIVE - A MONTHLY NATIONAL PUBLICATION WITH TIMELY PROGRAM, POLICY AND PROFESSIONAL ARTICLES MOST CHAPTERS ALSO PRODUCE QUARTERLY MEMBER PUBLICATIONS (PRINT OR DIGITAL) - A WEEKLY EMAIL DIGEST OF EVENTS, COURSES, RESOURCES AND RESEARCH FROM NASW AND ITS PARTNERS - 12-HOUR DAILY ACCESS TO PROFESSIONAL MEMBER SERVICES REPRESENTATIVES APPROXIMATELY 7,000 MEMBERS ARE SERVED BY NASW'S CUSTOMER CALL CENTER EVERY MONTH - 24/7 ACCESS TO PRACTICE, ETHICS, LEGAL, EVENT, RESEARCH AND MEDIA TOOLS VIA THE SOCIALWORKERS.ORG NATIONAL WEBSITE, CHAPTER WEBSITES AND SPECIAL INTEREST BLOGS MANY RESOURCES ARE MEMBERS-ONLY - INFORMATION THROUGH MULTIPLE CURATED SOCIAL MEDIA NETWORKS FOR SOCIAL WORKERS IN JULY 2018, NASW HAD 144,000 FACEBOOK FANS, 71,000 LINKEDIN GROUP MEMBERS AND 42,000 TWITTER FOLLOWERS - TARGETED NATIONAL AND CHAPTER EMAIL COMMUNICATION ABOUT SPECIAL EVENTS, INSURANCE COVERAGE, ADVOCACY EFFORTS, ASSOCIATION POLICIES, GOVERNANCE ISSUES, AND CAREER DEVELOPMENT SERVICES

Form 990, Part III, Line 4c:

PUBLICATIONS - CONTINUED TIMELY PUBLICATION OF FIVE SCHOLARLY JOURNALS, PUBLISHED QUARTERLY SOCIAL WORK (FLAGSHIP JOURNAL OF NASW), CHILDREN & SCHOOLS, HEALTH & SOCIAL WORK, AND SOCIAL WORK RESEARCH - PUBLISHED SIX BOOKS (1) EARLY CHILDHOOD EDUCATION AND CARE AN EMERGING FIELD OF PRACTICE FOR SOCIAL WORK (2) FOUNDATIONS OF SOCIAL WORK PRACTICE IN THE FIELD OF AGING A COMPETENCY-BASED APPROACH (3) SOCIAL WORK SPEAKS 11TH EDITION (4) DISABILITY, INTIMACY, AND SEXUAL HEALTH A SOCIAL WORK PERSPECTIVE (5) ENGAGING HUMAN SERVICES WITH EVIDENCE-INFORMED PRACTICE AND (6) HANDBOOK ON BULLYING PREVENTION A LIFE COURSE PERSPECTIVE - PUBLISHED THE UPDATED CODE OF ETHICS (OCTOBER 2017)- PUBLISHED AN EBOOK UPDATE TO THE 10TH EDITION OF SOCIAL WORK SPEAKS- WORKED WITH PRACTICE STAFF TO PUBLISH ONE STANDARD AND THREE BROCHURES- EXHIBITED AT THE 2017 CSWE APM CONFERENCE IN DALLAS, TX

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 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
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHRYN CONLEY WEHRMANN PRESIDENT	4 00	X		X				0	0	0
MILDRED JOYNER VICE PRESIDENT	1 00	X		X				0	0	0
HEATHER-BRADLEY-GEARY SECRETARY	1 00	X		X				0	0	0
PATRICK JOHNSON TREASURER	1 00	X		X				0	0	0
MARIANNE YOSHIOKA DIRECTOR	1 00	X						0	0	0
AMY DIMAURO DIRECTOR	1 00	X						0	0	0
PAULA A MADRIGAL DIRECTOR	1 00	X						0	0	0
RUFUS SYLVESTER LYNCH DIRECTOR	1 00	X						0	0	0
ANTHONY J HILL DIRECTOR	1 00	X						0	0	0
SONYA HUNTE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA K RUNKLE DIRECTOR	1 00	X						0	0	0
CORNELIA GORDON-HEMPE DIRECTOR	1 00	X						0	0	0
AMY CAPPICCIE DIRECTOR	1 00	X						0	0	0
DAN SHEA DIRECTOR	1 00	X						0	0	0
LARRY D WATSON DIRECTOR	1 00	X						0	0	0
R MARC ANDREWS DIRECTOR	1 00	X						0	0	0
MARTHA A GUERRERO DIRECTOR	1 00	X						0	0	0
JEANNE F COOK DIRECTOR	1 00	X						0	0	0
GUADALUPE LARA DIRECTOR	1 00	X						0	0	0
ABRIANA TERRELL DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER PECK DIRECTOR	1 00	X						0	0	0
ANTHONY MCCLAIN CHIEF EXECUTIVE OFFICER	22 50			X				370,362	0	23,717
KATHLEEN C WAUGH CHIEF OPERATING OFFICER	15 00 37 50			X				225,965	0	33,574
ANNE B CAMPER GENERAL COUNSEL	33 75			X				182,606	0	42,641
HEIDI MCINTOSH DEPUTY DIRECTOR, PROGRAMS	37 50				X			177,041	0	40,258
GAIL WALLER-WOODS DEPUTY DIRECTOR, MMC	37 50					X		151,568	0	31,157
JOEL RUBIN EXECUTIVE DIRECTOR, IL CHAPTER	37 50					X		137,487	0	46,620
CHERYL BRADLEY PUBLISHER	37 50					X		133,859	0	32,402
ROBERT ARNOLD DIRECTOR DEVELOPMENT	15 00					X		134,209	0	21,904
MARTHA LEQUEUX DIRECTOR, HR AND FACILITIES	22 50 37 50					X		131,932	0	25,010

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL ASSOCIATION OF SOCIAL WORKERS INC	Employer identification number 13-5643515
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 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 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1 Dues, assessments and similar amounts from members	1	18,821,644
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	1,212,002
b Carryover from last year	2b	-4,265,200
c Total	2c	-3,053,198
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	941,082
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-3,994,280

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS INC

Employer identification number
13-5643515

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		235,576		235,576
b Buildings		614,504	492,640	121,864
c Leasehold improvements		3,805,409	1,913,069	1,892,340
d Equipment		3,533,174	3,142,520	390,654
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,640,434

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	56,649,465	C
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 56,649,465	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	550,000
DEFERRED RENT AND LEASE INCENTIVES	2,960,249
ACCRUED DEFINED PENSION LIABILITY	1,019,744
DUE TO AFFILIATES	1,404,611
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 5,934,604

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	50,374,988
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	30,982	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	13,307,981	
e	Add lines 2a through 2d		2e	13,338,963
3	Subtract line 2e from line 1		3	37,036,025
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-102,975	
c	Add lines 4a and 4b		4c	-102,975
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	36,933,050

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	50,556,201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	11,415,820	
e	Add lines 2a through 2d		2e	11,415,820
3	Subtract line 2e from line 1		3	39,140,381
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	742,286	
c	Add lines 4a and 4b		4c	742,286
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	39,882,667

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-5643515

Name: NATIONAL ASSOCIATION OF SOCIAL
WORKERS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2015.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EQUITY IN EARNINGS OF ASSURANCE SERVICES, INC 1,221,556 RELATED ENTITIES REVENUES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 11,225,756 INTERCOMPANY TRANSACTIONS 721,107 CHAPTER PAC REVENUE 139,562

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON LINE 10B -102,975

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELATED ENTITIES EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 10,489,117 COST OF GOODS SOLD REPORTED ON LINE 10B 102,975 INTERCOMPANY TRANSACTIONS 721,107 CHAPTER PAC EXPENSES 102,621

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INCOME TAX EXPENSE 742,286

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS INC

Employer identification number
13-5643515

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7				
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANTHONY MCCLAIN CHIEF EXECUTIVE OFFICER	(i)	367,788	0	2,574	23,717	4,557	398,636	0
	(ii)	0	0	0	0	0	0	0
2 KATHLEEN C WAUGH CHIEF OPERATING OFFICER	(i)	224,524	0	1,441	21,593	15,076	262,634	0
	(ii)	0	0	0	0	0	0	0
3 ANNE B CAMPER GENERAL COUNSEL	(i)	181,818	0	788	17,816	26,538	226,960	0
	(ii)	0	0	0	0	0	0	0
4 HEIDI MCINTOSH DEPUTY DIRECTOR, PROGRAMS	(i)	176,805	0	236	16,794	27,895	221,730	0
	(ii)	0	0	0	0	0	0	0
5 GAIL WALLER-WOODS DEPUTY DIRECTOR, MMC	(i)	151,370	0	198	8,612	25,478	185,658	0
	(ii)	0	0	0	0	0	0	0
6 JOEL RUBIN EXECUTIVE DIRECTOR, IL CHAPTER	(i)	136,992	0	495	10,997	36,511	184,995	0
	(ii)	0	0	0	0	0	0	0
7 CHERYL BRADLEY PUBLISHER	(i)	133,130	0	729	7,637	25,603	167,099	0
	(ii)	0	0	0	0	0	0	0
8 ROBERT ARNOLD DIRECTOR DEVELOPMENT	(i)	133,734	0	475	9,923	14,817	158,949	0
	(ii)	0	0	0	0	0	0	0
9 MARTHA LEQUEUX DIRECTOR, HR AND FACILITIES	(i)	131,251	0	681	12,672	15,931	160,535	0
	(ii)	0	0	0	0	0	0	0

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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS INC

Employer identification number

13-5643515

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CLASSES OF MEMBERSHIP AND THEIR RIGHTS ARE AS FOLLOWS REGULAR MEMBERS ELECTING THE MEMBERS OF THE BOARD, HOLDING NATIONAL ELECTIVE OFFICE AND VOTING IN NATIONAL ELECTIONS AS SOCIATE MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS EXCEPT THOSE OF HOLDING NATIONAL ELECTIVE OFFICE AND VOTING IN NATIONAL ELECTIONS STUDENT MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERSHIP EXCEPT HOLDING NATIONAL ELECTIVE OFFICE OTHER THAN SUCH POSITIONS AS ARE SPECIFICALLY DESIGNATED TO BE HELD BY STUDENTS TRANSITIONAL MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	REGULAR MEMBERS ELECTING THE MEMBERS OF THE BOARD, HOLDING NATIONAL ELECTIVE OFFICE AND VOTING IN NATIONAL ELECTIONS ASSOCIATE MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS EXCEPT THOSE OF HOLDING NATIONAL ELECTIVE OFFICE AND VOTING IN NATIONAL ELECTIONS STUDENT MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERSHIP EXCEPT HOLDING NATIONAL ELECTIVE OFFICE OTHER THAN SUCH POSITIONS AS ARE SPECIFICALLY DESIGNATED TO BE HELD BY STUDENTS TRANSITIONAL MEMBERS ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DELEGATE ASSEMBLY IS COMPOSED OF 200 DELEGATES ELECTED FROM AMONG THE MEMBERSHIP PURSUANT TO ARTICLE IV OF NASW BYLAWS, THE DELEGATE ASSEMBLY HAS THE AUTHORITY TO TAKE FINAL ACTION ON BYLAWS AMENDMENTS RELATING TO DELEGATE ASSEMBLY AND THE NATIONAL/CHAPTER DUES ALLOCATION, AS WELL AS DETERMINING THE ASSOCIATION'S MAJOR PROGRAM PRIORITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FOLLOWING THE PREPARATION OF THE 990 AND 990-T BY THE INDEPENDENT TAX PREPARER, THE SCHEDULES ARE SENT TO THE CONTROLLER FOR REVIEW. THE CONTROLLER REVIEWS THE SCHEDULES AND THEN PRESENTS THEM TO THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF OPERATING OFFICER (COO). ONCE REVIEW BY BOTH THE CEO AND COO IS COMPLETED, AND THE CEO HAS APPROVED DISTRIBUTION OF THE FORM, THE DRAFT COPY IS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE BOARD OR A DESIGNATED COMMITTEE OF THE BOARD REVIEWS THE RETURN IN DETAIL. FOLLOWING THIS REVIEW, THE RETURNS ARE FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE TIME A MEMBER RUNS FOR AN ELECTED POSITION ON THE NASW BOARD OF DIRECTORS, THE PERSON IS REQUIRED TO REVIEW AND SIGN THE NASW CONFLICT OF INTEREST POLICY. NEW MEMBERS OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS ARE REQUIRED TO PARTICIPATE IN NEW BOARD MEMBER ORIENTATION. AT THIS TIME THEY AGAIN REVIEW THE POLICY. IT IS A BOARD MEMBER'S RESPONSIBILITY TO BRING UP, EITHER ABOUT THEMSELVES OR OTHER MEMBERS OF THE BOARD, ANY PERCEIVED OR ACTUAL CONFLICTS OF INTEREST. THEY ARE ALSO RESPONSIBLE FOR RECUSING THEMSELVES FROM ANY BOARD BUSINESS THAT MAY CONFLICT WITH THEIR OTHER INTERESTS. FINALLY, BOARD MEMBERS ARE NOT ALLOWED TO ACT AS PAID CONSULTANTS TO NASW OR ANY OF ITS AFFILIATES OR CHAPTERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	NASW HAS A COMPENSATION POLICY THAT COVERS COMPENSATION OF THE CHIEF EXECUTIVE OFFICER FOR THE CHIEF EXECUTIVE OFFICER, THE NASW EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS REQUIRED TO REVIEW COMPARABILITY DATA, INCLUDING BUT NOT LIMITED TO EXPERT COMPENSATION STUDIES BY INDEPENDENT FIRMS, AND INFORMATION OBTAINED FROM IRS FILINGS OF SIMILAR ORGANIZATIONS THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISION REGARDING COMPENSATION THE DOCUMENTATION MUST INCLUDE THE TERMS OF THE COMPENSATION AND THE DATE IT WAS APPROVED, THE MEMBERS OF THE BOARD WHO WERE PRESENT DURING THE DISCUSSIONS REGARDING COMPENSATION THAT WAS APPROVED AND THOSE WHO VOTED ON IT, THE COMPARABILITY DATA OBTAINED AND RELIED ON, AND HOW THE DATA WAS OBTAINED, AND ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION ON THE COMPENSATION BY ANYONE ON THE BOARD WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NASW MAKES ITS AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND TAX RETURNS AVAILABLE AT ITS NATIONAL HEADQUARTERS AT 750 FIRST STREET, NE, WASHINGTON, D C FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) UPON WRITTEN REQUEST, NASW DIRECTS THE INDIVIDUAL TO GUIDESTAR WEBSITE IF THE INDIVIDUAL DOES NOT HAVE ELECTRONIC ACCESS TO THE INTERNET, NASW WILL PROVIDE A COPY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT COSTS -185,521 EQUITY IN EARNINGS OF ASSURANCE SERVICES, INC 1,221,556

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL
WORKERS INC

Employer identification number

13-5643515

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) NJ SOCIAL WORK EDUCATION RESEARCH & SCHOLARSHIP CORP 136 MARION DR WEST ORANGE, NJ 07052 46-4395824	TO EDUCATE THE PUBLIC ABOUT SOCIAL WORK AND SOCIAL PROGRAMS	NJ	501(C)(3)	LINE 11	NATIONAL ASSOCIATION OF SOCIAL WORKERS INC		No
(2) NASW FOUNDATION 750 FIRST STREET NE STE 800 WASHINGTON, DC 20002 13-6128093	TO ENHANCE WELL-BEING BY STRENGTHENING THE SOCIAL WORK PROFESSION	DC	501(C)(3)	LINE 7	NATIONAL ASSOCIATION OF SOCIAL WORKERS INC	Yes	
(3) NASW POLITICAL ACTION FOR CANDIDATE ELECTION 750 FIRST STREET NE STE 800 WASHINGTON, DC 20002 52-1066364	SUPPORT THE ELECTION OF CANDIDATES WHO SUPPORT SOCIAL WORK	DC	527		NATIONAL ASSOCIATION OF SOCIAL WORKERS INC	Yes	
(4) INTERNATIONAL SOCIAL DEVELOPMENT CENTER LIMITED PO BOX 80496 DAR ES SALAAM TZ	TO STRENGTHEN THE SOCIAL WORK PROFESSION	TZ	FOREIGN CHARITY		THE NASW FOUNDATION INC		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) NASW ASSURANCE SERVICES INC 50 CITIZENS WAY SUITE 304 FREDERICK, MD 21701 26-0401714	OVERSEE NASW'S INSURANCE RELATED PROGRAMS	DE	NATIONAL ASSOCIATION OF SOCIAL WORKERS INC	C	762,051	58,008,910	100 000 %	Yes	
(2) NASW PURCHASING GROUP INC 50 CITIZENS WAY SUITE 304 FREDERICK, MD 21701 26-0443917	STATE LEVEL FACILITATION OF FILING PROFESSIONAL LIABILITY INSURANCE PROGRAM	DE	NASW ASSURANCE SERVICES INC	C	-645	53,217	100 000 %		No
(3) NASW INSURANCE COMPANY 50 CITIZENS WAY SUITE 304 FREDERICK, MD 21701 26-1689940	AN ASSOCIATION CAPTIVE INSURANCE COMPANY	DC	NASW ASSURANCE SERVICES INC	C	949,408	20,895,901	100 000 %		No
(4) NASW LEGAL DEFENSE FUND 750 FIRST STREET NE SUITE 800 WASHINGTON, DC 20002 23-7370193	DEFRAY THE COSTS OF LEGAL EXPENSES OF MEMBERS	DC	NATIONAL ASSOCIATION OF SOCIAL WORKERS INC	T	45,275	407,990	100 000 %	Yes	

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

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NASW ASSURANCE SERVICES INC	A	306,047	CASH
(2)NASW ASSURANCE SERVICES INC	E	1,465,228	CASH
(3)NASW ASSURANCE SERVICES INC	F	3,286,221	CASH
(4)NASW FOUNDATION INC	C	95,191	CASH
(5)NASW FOUNDATION INC	Q	580,783	COST
(6)NASW POLITICAL ACTION FOR CANDIDATE ELECTION	Q	72,953	COST

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 13-5643515
Name: NATIONAL ASSOCIATION OF SOCIAL
WORKERS INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NASW ASSURANCE SERVICES INC	A	306,047	CASH
NASW ASSURANCE SERVICES INC	E	1,465,228	CASH
NASW ASSURANCE SERVICES INC	F	3,286,221	CASH
NASW FOUNDATION INC	C	95,191	CASH
NASW FOUNDATION INC	Q	580,783	COST
NASW POLITICAL ACTION FOR CANDIDATE ELECTION	Q	72,953	COST