

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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
 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) 336-8227
G Gross receipts \$ 34,583,164

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 FOR SOCIAL WORKERS.

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)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	274
6 Total number of volunteers (estimate if necessary)	6	200
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,090,547
7b Net unrelated business taxable income from Form 990-T, line 34	7b	272,480

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	673,631	472,583
9 Program service revenue (Part VIII, line 2g)	33,068,760	30,753,243
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	930,184	1,187,627
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,260,475	2,053,231
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,933,050	34,466,684
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,043	18,555
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)	18,372,874	18,779,227
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)	21,471,750	19,019,192
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,882,667	37,816,974
19 Revenue less expenses. Subtract line 18 from line 12	-2,949,617	-3,350,290

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	83,662,424	80,717,027
21 Total liabilities (Part X, line 26)	21,242,242	19,145,521
22 Net assets or fund balances. Subtract line 21 from line 20	62,420,182	61,571,506

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: 2020-07-07
 DR ANTHONY MCCLAIN CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Firm's name ▶ RSM US LLP Firm's EIN ▶ 42-0714325
 Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500 Phone no. (301) 296-3600
 GAITHERSBURG, MD 20878

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 274</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>		3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .</p>		4a		No
<p>b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>		6a	Yes	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b	Yes	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>		7a		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c		
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d _____</p>			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e		
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f		
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h		
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b		
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a _____</p>			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b _____</p>			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	<p>11a _____</p>			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b _____</p>			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b _____</p>	12a		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>		13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	<p>13b _____</p>			
<p>c Enter the amount of reserves on hand</p>	<p>13c _____</p>			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>		14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		16		No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	a The governing body?	Yes	
8b	b 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.)

		Yes	No
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	
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	
15a	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?	Yes	
15b	a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		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

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-A 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: MILES MUTNICK CFO 750 FIRST STREET NE NO 800 WASHINGTON, DC 20002 (202) 336-8227	

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

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

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

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

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

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

(A) Name and Title	(B) 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like COHNREZNICK LLP, BRIGHTKEY INC, ABISO LAMBEBO CONSULTING LLC, RSM US LLP, and RR DONNELLEY.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	472,583		
	g Noncash contributions included in lines 1a - 1f: \$ _____				
h Total. Add lines 1a-1f		472,583			

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		900099	18,244,080	18,244,080		
	b CE APPROVAL PROGRAMS		900099	4,572,018	4,572,018		
	c CONFERENCES		900099	4,145,629	3,273,071	22,968	849,590
	d PUBLICATIONS & SUB.		541800	2,306,155	1,809,273	496,882	
	e CERTIFICATION & CREDEN		900099	1,485,361	1,485,361		
	f All other program service revenue.						
g Total. Add lines 2a-2f			30,753,243				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			327,372			327,372
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			447,807			447,807
	6a Gross rents	(i) Real	(ii) Personal				
		86,545					
	b Less: rental expenses		0				
	c Rental income or (loss)		86,545				
	d Net rental income or (loss)			86,545			86,545
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		874,576					
	b Less: cost or other basis and sales expenses		0	14,321			
	c Gain or (loss)		874,576	-14,321			
	d Net gain or (loss)			860,255			860,255
	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	62,779					
b Less: cost of goods sold	b	102,159					
c Net income or (loss) from sales of inventory			-39,380			-39,380	
Miscellaneous Revenue	Business Code						
11a LABEL REVENUE	900099	853,186				853,186	
b JOBLINK	541800	570,697		570,697			
c ADMINISTRATIVE OH	900099	134,376				134,376	
d All other revenue							
e Total. Add lines 11a-11d			1,558,259				
12 Total revenue. See Instructions.			34,466,684	29,383,803	1,090,547	3,519,751	

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	18,555			
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	833,610			
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	13,368,537			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	917,881			
9 Other employee benefits	2,524,759			
10 Payroll taxes	1,134,440			
11 Fees for services (non-employees):				
a Management				
b Legal	121,355			
c Accounting	1,200,195			
d Lobbying	666,918			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,460			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,716,043			
12 Advertising and promotion	151,300			
13 Office expenses	2,612,827			
14 Information technology	925,056			
15 Royalties	162,208			
16 Occupancy	2,689,732			
17 Travel	965,890			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,274,774			
20 Interest	42,890			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	408,763			
23 Insurance	273,298			
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	758,560			
b EQUIPMENT COSTS	306,602			
c MEMBERSHIP DUES	193,602			
d INCOME TAX EXPENSE	162,280			
e All other expenses	343,439			
25 Total functional expenses. Add lines 1 through 24e	37,816,974			
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	23,812	1	123,157
	2 Savings and temporary cash investments	9,453,641	2	11,935,556
	3 Pledges and grants receivable, net	49,938	3	29,578
	4 Accounts receivable, net	1,098,611	4	1,062,692
	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	335,748	8	326,341
	9 Prepaid expenses and deferred charges	594,878	9	588,515
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,535,124		
	b Less: accumulated depreciation	5,947,365		
	11 Investments—publicly traded securities	12,815,897	11	7,167,324
	12 Investments—other securities. See Part IV, line 11	56,649,465	12	56,896,105
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	83,662,424	16	80,717,027	
Liabilities	17 Accounts payable and accrued expenses	4,987,827	17	4,516,858
	18 Grants payable		18	
	19 Deferred revenue	10,319,811	19	10,290,670
	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	5,934,604	25	4,337,993
	26 Total liabilities. Add lines 17 through 25	21,242,242	26	19,145,521
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	62,420,182	27	61,571,506
	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	62,420,182	33	61,571,506
	34 Total liabilities and net assets/fund balances	83,662,424	34	80,717,027

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	34,466,684
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,816,974
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,350,290
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,420,182
5	Net unrealized gains (losses) on investments	5	-610,253
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	3,111,867
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	61,571,506

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-5643515

Name: NATIONAL ASSOCIATION OF SOCIAL
WORKERS

Form 990 (2018)

Form 990, Part III, Line 4a:

POLICY PRACTICE AND PROFESSIONAL DEVELOPMENT: - WORKED WITH CONGRESSIONAL CHAMPIONS TO INTRODUCE AND ADVANCE THREE WORKFORCE-RELATED BILLS: SOCIAL WORKER SAFETY ACT, IMPROVING MENTAL HEALTH ACCESS AND SOCIAL WORK REINVESTMENT ACT- WORKED WITH STATE LEGISLATURE CHAMPIONS TO ADVANCE WORKFORCE LEGISLATION- GAVE CONGRESSIONAL TESTIMONY ON NUMEROUS CONGRESSIONAL AND STATE-LEVEL BILLS- ADVANCED FIVE SOCIAL JUSTICE PRIORITIES: ECONOMIC JUSTICE, ENVIRONMENTAL JUSTICE, CRIMINAL/JUVENILE JUSTICE, HEALTHCARE ACCESS AND IMMIGRATION; IMPLEMENTED NATIONAL, STATE AND LOCAL VOTER MOBILIZATION CAMPAIGN.- PROVIDED INPUT ON NUMEROUS PROPOSED FEDERAL AND STATE REGULATIONS REGARDING THE PROFESSION AND THE CLIENTS WE SERVE- REPRESENTED SOCIAL WORKERS IN SCORES OF NATIONAL, STATE AND LOCAL COALITIONS - DEVELOPED AND INTRODUCED CE TRACKER, A NEW TOOL TO ENABLE SOCIAL WORKERS TO TRACK THEIR CONTINUING EDUCATION HOURS/CREDITS- DEVELOPED AND IMPLEMENTED A ROBUST PORTFOLIO OF PROFESSIONAL EDUCATION PROGRAMMING, INCLUDING NATIONAL AND CHAPTER WEBINARS AND CONFERENCES- DEVELOPED AND DISSEMINATED PUBLICATIONS TO SUPPORT SOCIAL WORK PRACTICE INCLUDING PRACTICE ALERTS AND PRACTICE PERSPECTIVES- PROVIDED CURATED CONTENT TO SPECIALTY PRACTICE SECTIONS IN 11 SPECIALTY AREAS (E.G. HEALTH, CHILD WELFARE, SCHOOLS, ETC.)- PLAYED A LEADERSHIP ROLE IN FUNDING AND DESIGN OF NATIONAL ACADEMIES OF SCIENCE, ENGINEERING AND MEDICINE CONSENSUS STUDY, "INTEGRATING SOCIAL CARE INTO HEALTH CARE DELIVERY". - UPDATED STATEMENTS IN SOCIAL WORK SPEAKS

Form 990, Part III, Line 4b:

MEMBER ENGAGEMENT:- SERVED MORE THAN 120,000 SOCIAL WORKERS AND SOCIAL WORK STUDENTS DURING THE FISCAL YEAR WITH QUALITY PROGRAMMING AT BOTH NATIONAL AND CHAPTER LEVELS. - PRODUCED SIX ISSUES OF THE ORGANIZATION'S NEW, AWARD-WINNING SOCIAL WORK ADVOCATES MAGAZINE. SEVERAL CHAPTERS ALSO PUBLISHED NEW DIGITAL OR PRINT PUBLICATIONS THIS YEAR.- LAUNCHED A POPULAR ONLINE COMMUNITY WITH DAILY DIGESTS OF MEMBER-LED PRACTICE DISCUSSIONS.- PROVIDED UNLIMITED ACCESS TO AN EXTENSIVE DATABASE OF SOCIAL WORK STUDIES AND SOCIAL SCIENCE LITERATURE THROUGH THE NEW NASW RESEARCH LIBRARY FOR MEMBERS.- SENT WEEKLY EMAIL UPDATES ON POLICY, WORKFORCE ADVOCACY AND PRACTICE ISSUES MOST IMPORTANT TO SOCIAL WORK PRACTITIONERS. ALSO INCREASED NASW'S SOCIAL MEDIA FOLLOWING TO ENGAGE MORE MEMBERS AND SUPPORTERS IN REAL-TIME.- COORDINATED THE ANNUAL NATIONAL SOCIAL WORK MONTH CAMPAIGN FOR THE PROFESSION: "ELEVATE SOCIAL WORK"- REACHED MORE THAN 7.7 MILLION VISITS TO THE SOCIALWORKERS.ORG, NASW'S NATIONAL WEBSITE.

Form 990, Part III, Line 4c:

PUBLICATIONS:- PUBLICATION OF FIVE SCHOLARLY JOURNALS, PUBLISHED QUARTERLY: SOCIAL WORK (FLAGSHIP JOURNAL OF NASW); CHILDREN & SCHOOLS; HEALTH & SOCIAL WORK; SOCIAL WORK ABSTRACTS; AND SOCIAL WORK RESEARCH - PUBLISHED SIX NEW BOOKS, IN PRINT AND AS E-BOOKS: (1) ELDER SUICIDE: DURKHEIM'S VISION (2) SOCIAL ENTREPRENEURSHIP, INTRAPRENEURSHIP, AND SOCIAL VALUE CREATION: RELEVANCE FOR CONTEMPORARY SOCIAL WORK PRACTICE (3) GRAND CHALLENGES FOR SOCIETY: EVIDENCE-BASED SOCIAL WORK PRACTICE (4) THE SOCIAL WORK ETHICS CASEBOOK; (5) REPRODUCTIVE DECISION MAKING: ACTING TO HELP CLIENTS, AND (6) ETHICAL STANDARDS IN SOCIAL WORK: A REVIEW OF THE NASW CODE OF ETHICS- PUBLISHED THE BROCHURE, GERONTOLOGICAL SOCIAL WORKERS: HELPING OLDER ADULTS TO MAXIMIZE THEIR DIGNITY, HEALTH, AND INDEPENDENCE - LAUNCHED FOUR BOOK MARKETING CAMPAIGNS: BLACK FRIDAY SALE, HOLIDAY SALE, SOCIAL WORK MONTH SALE, AND GRADUATION SALE

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			
KATHRYN CONLEY WEHRMANN PRESIDENT	4.00	X		X				0	0	0
EBONY SPEAKES-HALL VICE PRESIDENT	1.00	X		X				0	0	0
HEATHER BRADLEY-GEARY SECRETARY	1.00	X		X				0	0	0
ENRICO DEGIRONIMO 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
DEBRA F FARIA DIRECTOR	1.00	X						0	0	0
TROY L BRINDLE DIRECTOR	1.00	X						0	0	0
ANTHONY J HILL DIRECTOR	1.00	X						0	0	0
STEPHANIE ASARE NTI 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			
SONYA HUNTE DIRECTOR	1.00	X						0	0	0
PEGGY WEBER DIRECTOR	1.00	X						0	0	0
RUTH A LIPSCHUTZ 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			
BRITTANY DWYER DIRECTOR	1.00	X						0	0	0
ANTHONY MCCLAIN CHIEF EXECUTIVE OFFICER	36.00			X				370,062	0	24,000
KATHLEEN C WAUGH COO UNTIL JAN 2019	1.50 37.50			X				225,642	0	36,494
ANNE B CAMPER GENERAL COUNSEL	33.75			X				187,267	0	35,355
MILES MUTNICK CFO SINCE DEC 2018	33.75			X				1,346	0	0
HEIDI MCINTOSH DEPUTY DIR, PROGRAMS THRU 10/2018	3.75 37.50				X			165,943	0	27,294
SUSAN JASHINSKY DEPUTY DIRECTOR, CHAPTERS OPS.	37.50					X		137,538	0	49,489
GAIL WALLER-WOODS DEPUTY DIRECTOR, MMC	37.50					X		151,062	0	39,577
JOEL RUBIN EXECUTIVE DIRECTOR, IL CHAPTER	37.50					X		137,520	0	56,521
ROBERT ARNOLD FOUNDATION DIRECTOR	37.50					X		133,986	0	23,505

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			
CHERYL BRADLEY DEPUTY DIRECTOR, PUBLISHING	37.50					X		133,185	0	41,651

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
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	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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	18,244,080
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	1,127,865
b Carryover from last year	2b	-3,994,280
c Total	2c	-2,866,415
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	883,531
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	-3,749,946

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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS

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? Yes 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? Yes 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 7/25/06, 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| 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	507,237	107,267
c Leasehold improvements		3,851,237	2,120,683	1,730,554
d Equipment		3,833,807	3,319,445	514,362
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,587,759

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	56,896,105	C
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	56,896,105	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	676,356
DEFERRED RENT AND LEASE INCENTIVES	2,845,075
DUE TO AFFILIATES	816,562
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,337,993

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	49,286,522
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-610,253
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	15,371,392
e	Add lines 2a through 2d	2e	14,761,139
3	Subtract line 2e from line 1	3	34,525,383
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	43,460
b	Other (Describe in Part XIII.)	4b	-102,159
c	Add lines 4a and 4b	4c	-58,699
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,466,684

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	49,061,531
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	11,450,297
e	Add lines 2a through 2d	2e	11,450,297
3	Subtract line 2e from line 1	3	37,611,234
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	43,460
b	Other (Describe in Part XIII.)	4b	162,280
c	Add lines 4a and 4b	4c	205,740
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,816,974

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

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 2016.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EQUITY IN EARNINGS OF ASSURANCE SERVICES, INC. 3,111,868. RELATED ENTITIES REVENUES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 10,994,306. INTERCOMPANY TRANSACTIONS 1,193,996. CHAPTER PAC REVENUE 71,222.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON LINE 10B -102,159.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RELATED ENTITIES EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS 10,011,318. COST OF GOODS SOLD REPORTED ON LINE 10B 102,159. INTERCOMPANY TRANSACTIONS 1,193,996. CHAPTER PA C EXPENSES 142,824.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INCOME TAX EXPENSE 162,280.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL WORKERS

Employer identification number
13-5643515

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7	
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.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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)	367,488	0	2,574	24,000	3,051	397,113	0
	(ii)	0	0	0	0	0	0	0
2 KATHLEEN C WAUGH COO UNTIL JAN 2019	(i)	224,201	0	1,441	20,047	16,786	262,475	0
	(ii)	0	0	0	0	0	0	0
3 ANNE B CAMPER GENERAL COUNSEL	(i)	186,475	0	792	16,986	20,268	224,521	0
	(ii)	0	0	0	0	0	0	0
4 HEIDI MCINTOSH DEPUTY DIR, PROGRAMS THRU 10/2018	(i)	165,639	0	304	13,754	13,837	193,534	0
	(ii)	0	0	0	0	0	0	0
5 SUSAN JASHINSKY DEPUTY DIRECTOR, CHAPTERS OPS.	(i)	137,022	0	516	12,976	38,052	188,566	0
	(ii)	0	0	0	0	0	0	0
6 GAIL WALLER-WOODS DEPUTY DIRECTOR, MMC	(i)	150,758	0	304	8,612	31,304	190,978	0
	(ii)	0	0	0	0	0	0	0
7 JOEL RUBIN EXECUTIVE DIRECTOR, IL CHAPTER	(i)	136,760	0	760	10,496	46,364	194,380	0
	(ii)	0	0	0	0	0	0	0
8 ROBERT ARNOLD FOUNDATION DIRECTOR	(i)	133,511	0	475	7,651	16,602	158,239	0
	(ii)	0	0	0	0	0	0	0
9 CHERYL BRADLEY DEPUTY DIRECTOR, PUBLISHING	(i)	132,456	0	729	7,637	34,353	175,175	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.

Additional Data

Software ID:

Software Version:

EIN: 13-5643515

Name: NATIONAL ASSOCIATION OF SOCIAL WORKERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
ANTHONY MCCLAIN CHIEF EXECUTIVE OFFICER	(i)	367,488	0	2,574	24,000	3,051	397,113	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN C WAUGH COO UNTIL JAN 2019	(i)	224,201	0	1,441	20,047	16,786	262,475	0
	(ii)	0	0	0	0	0	0	0
ANNE B CAMPER GENERAL COUNSEL	(i)	186,475	0	792	16,986	20,268	224,521	0
	(ii)	0	0	0	0	0	0	0
HEIDI MCINTOSH DEPUTY DIR, PROGRAMS THRU 10/2018	(i)	165,639	0	304	13,754	13,837	193,534	0
	(ii)	0	0	0	0	0	0	0
SUSAN JASHINSKY DEPUTY DIRECTOR, CHAPTERS OPS.	(i)	137,022	0	516	12,976	38,052	188,566	0
	(ii)	0	0	0	0	0	0	0
GAIL WALLER-WOODS DEPUTY DIRECTOR, MMC	(i)	150,758	0	304	8,612	31,304	190,978	0
	(ii)	0	0	0	0	0	0	0
JOEL RUBIN EXECUTIVE DIRECTOR, IL CHAPTER	(i)	136,760	0	760	10,496	46,364	194,380	0
	(ii)	0	0	0	0	0	0	0
ROBERT ARNOLD FOUNDATION DIRECTOR	(i)	133,511	0	475	7,651	16,602	158,239	0
	(ii)	0	0	0	0	0	0	0
CHERYL BRADLEY DEPUTY DIRECTOR, PUBLISHING	(i)	132,456	0	729	7,637	34,353	175,175	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

NATIONAL ASSOCIATION OF SOCIAL WORKERS

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 AND CHAPTER ELECTIONS. ASSOCIATE MEMBERS: ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS EXCEPT THOSE OF HOLDING ELECTIVE OFFICE AND, UNTIL 5 YEARS OF CONTINUOUS MEMBERSHIP, VOTING IN NATIONAL AND CHAPTER 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CLASSES OF MEMBERSHIP AND THEIR RIGHTS ARE AS FOLLOWS: REGULAR MEMBERS: ELECT MEMBERS OF THE BOARD, HOLD NATIONAL ELECTIVE OFFICE AND VOTE IN NATIONAL AND CHAPTER ELECTIONS ASSOCIATE MEMBERS: ALL RIGHTS AND PRIVILEGES OF REGULAR MEMBERS EXCEPT THOSE OF HOLDING ELECTIVE OFFICE AND, UNTIL 5 YEARS OF CONTINUOUS MEMBERSHIP, VOTING IN NATIONAL AND CHAPTER 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE DELEGATE ASSEMBLY IS COMPOSED OF 220 DELEGATES ELECTED FROM AMONG THE MEMBERSHIP, INCLUDING 20 ELECTED MEMBERS OF THE NASW BOARD. 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	THE FORM 990 IS PREPARED BY NASW'S INDEPENDENT TAX CONSULTANT. THE DRAFT IS THEN REVIEWED BY NASW'S FINANCIAL MANAGEMENT OFFICERS AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. A FINAL DRAFT IS SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW BEFORE THE FORM IS FILED.

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 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 IX, LINE 11G	OTHER CONSULTING 2,484,846. MODERNIZATION 1,005,741. CE PRESENTER FEES 851,925. TEMPORARY STAFF 291,626. STAFF TRAINING 69,370. HONORARIUM 12,535.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY IN EARNINGS OF ASSURANCE SERVICES, INC. 3,111,867.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ASSOCIATION OF SOCIAL
WORKERS

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 DRIVE WEST ORANGE, NJ 07052 46-4395824	TO EDUCATE THE PUBLIC ABOUT SOCIAL WORK AND SOCIAL PROGRAMS	NJ	501(C)(3)	LINE 11	NASW		No
(2) NASW FOUNDATION 750 FIRST STREET NE SUITE 800 WASHINGTON, DC 20002 13-6128093	TO ENHANCE WELL BEING BY STRENGTHENING THE SOCIAL WORK PROFESSION	DC	501(C)(3)	LINE 7	NASW	Yes	
(3) NASW POLITICAL ACTION FOR CANDIDATE ELECTION 750 FIRST STREET NE SUITE 800 WASHINGTON, DC 20002 52-1066364	TO STRENGTHEN THE SOCIAL WORK PROFESSION	DC	527		NASW	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
(5) INTERNATIONAL SOCIAL DEVELOPEMENT CENTER LIMITED PO BOX 80496 DAR ES SALAAM TZ 000000000	TO STRENGTHEN THE SOCIAL WORK PROFESSION	TZ			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	MD	NASW	C	1,661,961	58,091,992	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	MD	NASW	C			100.000 %		No
(3) NASW INSURANCE COMPANY 50 CITIZENS WAY SUITE 304 FREDERICK, MD 21701 26-1689940	AN ASSOCIATION CAPTIVE INSURANCE COMPANY	MD	NASW	C	1,227,802	22,095,551	100.000 %		No
(4) NASW LEGAL DEFENSE FUND 750 FIRST STREET NE SUITE 800 WASHINGTON, DC 20002 23-7370193	DEFRAY THE COSTS OF LEGAL EXPENSE OF MEMBERS	DC	NASW	T	206,384	475,041	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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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
(1)	NASW ASSURANCE SERVICES INC	A	444,388	CASH
(1)	NASW ASSURANCE SERVICES INC	E	941,932	CASH
(2)	NASW ASSURANCE SERVICES INC	F	2,865,228	CASH
(3)	NASW FOUNDATION INC	C	54,420	CASH
(4)	NASW FOUNDATION INC	J	117,971	COST
(5)	NASW FOUNDATION INC	L	445,909	COST
(6)	NASW FOUNDATION INC	O	539,109	COST
(7)	NASW FOUNDATION INC	Q	730,936	CASH
(8)	NASW POLITICAL ACTION FOR CANDIDATE ELECTION	J	20,000	CASH