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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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal		ning 07-01-2014 $$, and ending 06	5-30-2015					
		applicable	C Name of organization COUNCIL ON SOCIAL WORK EDU	JCATION			D Employ	yer ider	ntification number	
☐ Ad	dress c	hange					54-18	56529)	
∏ Na	me cha	ange	Doing business as							
Ini	tıal retu	um	Number and street (as D.O. hay	ıf maıl ıs not delivered to street address)	Doom /outo		E Telepho	ne num	ber	
⊢ Fir		rmınated	1701 DUKE STREET NO 200	ii iiidii is iiot delivered to street address)	Room/suite		(703)	683-8	080	
┌ An	nended	return	City or town, state or province,	country, and ZIP or foreign postal code						
Гар	plicatio	n pending	ALEXANDRIA, VA 22314				G Gross re	eceipts \$	6,623,374	
			F Name and address of	principal officer		H(a) Is this	a group	return	for	
			DARLA SPENCE COFFEY			subord			┌ Yes 🗸 No	
			ALEXANDRIA, VA 2231			H(b) Are all	subordu	nates	┌ Yes ┌ No	
			<u> </u>			ınclude	d۶			
I Ta	ıx-exer	mpt status	✓ 501(c)(3)	◀ (insert no)	527	If "No,'	' attach	a lıst	(see instructions)	
J W	ebsit	e:► WV	VW CSWE ORG		1	H(c) Group	exempti	on nun	nber ►	
K For	m of o	rganızatıon	Corporation Trust Associ	ation Other 🕨	•	L Year of form	ation 19	52 M	State of legal domicile VA	
Pa	rt I	Sum	nmary							
		,		ssion or most significant activities	5					
a)		SEE PA	RT III, LINE 1							
Governance										
Ě		<u> </u>					0/ - 6 - 1-			
<u> </u>	2	Cneck ti	nis box 🞮 if the organization	n discontinued its operations or di	sposea or n	nore than 25	% OF ITS	net as	sets	
	3	Number	of voting members of the gov	erning body (Part VI, line 1a) .				3	14	
Activities &	4	Number	of independent voting membe	rs of the governing body (Part VI	, lıne 1b) .			4	13	
星	5	Total nu	ımber of ındıvıduals employed	ın calendar year 2014 (Part V, lı	ne 2a) .			5	41	
्र र	6	Total nu	imber of volunteers (estimate	ıf necessary)				6	248	
	1			m Part VIII, column (C), line 12				7a	6,690	
	Ь	Net unre	elated business taxable incom	ne from Form 990-T, line 34 .	· · ·			7b	0	
		Contr	ubutions and grants (Part VIII	· lino 1h)	}	Prior \		76	Current Year 1,181,463	
ē	9	8 Contributions and grants (Part VIII, line 1h)			: : : :		1,331,976 4,774,235		5,029,095	
Revenue	10			e (Part VIII, column (A), lines 3, 4, and 7d)				59	121,180	
æ	11			A), lines 5, 6d, 8c, 9c, 10c, and 1	F		220,0		231,680	
	12			11 (must equal Part VIII, column			6,519,7	771	6,563,418	
	13			art IX, column (A), lines 1–3)			615,4		861,540	
	14			rt IX, column (A), line 4)	- F		013,	0	001,310	
	15			oyee benefits (Part IX, column (A			2,947,0	72	3,106,029	
8		5-10	•		-		2,947,0			
Expenses	16a			IX, column (A), line 11e)				0	0	
ă	b	Total fu	undraising expenses (Part IX, columr	n (D), line 25) ► <u>U</u>	— <u> </u>					
	17			A), lines 11a-11d, 11f-24e) .	F		3,195,0		3,174,562	
	18		•	must equal Part IX, column (A), li	· •		6,757,5		7,142,131	
	19	Reven	nue less expenses Subtract li	• • •	Beginning o	-237,8	-+	-578,713		
Not Assets or Fund Balances						Yea			End of Year	
Bake	20	Total	assets (Part X, line 16) .		[7,217,1	.92	6,697,390	
A PE	21						3,526,3		3,645,253	
	22	_		act line 21 from line 20	[3,690,8	39	3,052,137	
	rt II		nature Block							
my k	nowle	dge and		examined this return, including a complete Declaration of preparer						
		h ****	***			12016	5-04-11			
Sigi	1	I B	ature of officer			Date				
Her			LA SPENCE COFFEY PRESIDENT							
		<u> </u>	e or print name and title							
		F	Print/Type preparer's name TERRI MCKNIGHT CPA	Preparer's signature TERRI MCKNIGHT CPA	Date	CHECK	lf nployed	PTIN P00543	022	
Pai			Firm's name FGELMAN ROSENBE	RG & FREEDMAN	I		EIN 🕨 52	-139200	08	
rre	pare		Funds address b 4550 MONTCOMED							
	On	Mv ''	Firm's address 🟲 4550 MONTGOMER	Y AVE SUITE 650N		Phone	no (301)	951-90	190	

✓ Yes ☐ No

Form	90 (2014) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
ENH. AND AND EDU THE IN T ACC FACU	IS A NATIONAL ASSOCIATION OF SOCIAL WORK EDUCATION PROGRAMS AND INDIVIDUALS THAT ENSURE AND NOTE THE QUALITY OF SOCIAL WORK EDUCATION FOR A PROFESSIONAL PRACTICE THAT PROMOTES INDIVIDUAL FAMILY OMMUNITY WELL-BEING, AND ECONOMIC JUSTICE MORE THAN 2,500 INDIVIDUAL MEMBERS, AS WELL AS GRADUATE NDERGRADUATE PROGRAMS OF PROFESSIONAL SOCIAL WORK EDUCATION FOUNDED IN 1952, THIS PARTNERSHIP OF ATIONAL AND PROFESSIONAL INSTITUTIONS, SOCIAL WELFARE AGENCIES, AND PRIVATE CITIZENS IS RECOGNIZED BY OUNCIL FOR HIGHER EDUCATION ACCREDITATION AS THE SOLE ACCREDITING AGENCY FOR SOCIAL WORK EDUCATION ECOUNTRY CSWE PURSUES THIS MISSION IN HIGHER EDUCATION BY SETTING AND MAINTAINING NATIONAL EDITATION STANDARDS FOR BACCALAUREATE AND MASTER'S DEGREE PROGRAMS IN SOCIAL WORK, BY PROMOTING TY DEVELOPMENT, BY ENGAGING IN INTERNATIONAL COLLABORATIONS, AND BY ADVOCATING FOR SOCIAL WORK
2	Did the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O
3	Old the organization cease conducting, or make significant changes in how it conducts, any program services?
	f "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, he total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,175,934 including grants of \$) (Revenue \$ 909,983)
	ACCREDITATION CSWE DEVELOPS ACCREDITATION STANDARDS THAT DEFINE COMPETENT PREPARATION FOR SOCIAL WORK EDUCATION PROGRAMS AT THE UNDERGRADUATE AND GRADUATE LEVELS IN ACCORDANCE WITH THE REQUIREMENTS OF CSWE'S RECOGNITION BODY, THE COUNCIL FOR HIGHER EDUCATION ACCREDITATION, CSWE ADMINISTERS A MULTISTEP ACCREDITATION PROCESS THAT INVLOVES PROGRAM SELF-STUDIES, SITE VISITS, AND REVIEWS AS OF OCTOBER 2014, THERE ARE - 506 ACCREDITED BACCALAUREATE SOCIAL WORK PROGRAMS- 238 ACCREDITED MASTER'S SOCIAL WORK PROGRAMS- 15 BACCALAUREATE SOCIAL WORK PROGRAMS IN CANDIDACY- 17 MASTER'S SOCIAL WORK PROGRAMS IN CANDIDACY
	(Code) (Expenses \$ 1,353,079 including grants of \$) (Revenue \$ 958,285)
70	CONFERENCE FACILITY DEVELOPMENT CSWE CONFERENCES HELP TO PROMOTE AND TEACH BEST PRACTICES IN RESEARCH AND CURRICULUM DEVELOPMENT THROUGH DYNAMIC EDUCATIONAL SESSIONS, PEER NETWORKING FORUMS, AND JOBSEARCH OPPORTUNITIES THE ANNUAL PROGRAM MEETING (APM) IS THE PRE-EMINENT ANNUAL MEETING FOR SOCIAL WORK EDUCATORS, STUDENTS, DEANS, AND DIRECTORS WORLDWIDE EACH YEAR THE APM BRINGS TOGETHER MORE THAN 3,000 INDIVIDUAL MEMBERS AS WELL AS MORE THAN 600 GRADUATE AND UNDERGRADUATE PROGRAMS OF PROFESSIONAL SOCIAL WORK EDUCATION THE 2014 APM WAS HELD NOVEMBER 2014, IN TAMPA, FL
	/Code
4c	(Code) (Expenses \$ 1,066,500 including grants of \$ 671,540) (Revenue \$) THE MINORITY FELLOWSHIP PROGRAMS (MFP) PROVIDE MENTORSHIP AND TRAINING TO ETHNIC MINORITY SOCIAL WORK PROFESSIONALS, PREPARING THEM FOR LEADERSHIP ROLES IN MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS THAT PROVIDE CULTURALLY COMPETENT SERVICES TO RACIAL AND ETHNIC MINORITIES MFP ACCOMPLISHES THIS BY SUPPORTING ETHNIC MINORITY STUDENTS IN COMPLETING THEIR DOCTORAL DEGREES IN SOCIAL WORK EDUCATION
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 2,792,185 including grants of \$ 190,000) (Revenue \$ 3,056,714)
4e	Total program service expenses ► 6,387,698

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,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	Yes	
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>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

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		<u> </u>	<u> </u>
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		_
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states		_	
r	The which the organization is need to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		INU

Section A. Governing Body and Management

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

Check if Schedule O	O contains a response or note to any line in this Part VI	. ~
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	<u> </u>				Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	atıon's assets? .	5		Νo
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	evenu		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of it the form?			11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .	•		12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	rests that could give	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?	orsım • •	ılar arrangement wıth a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ection C. Disclosure			100		
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	e), 990	0. and 990-T (501(c)			
	(a) applicable	,, '	,			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 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 ►EDWARD G BLAIR

1701 DUKE STREET NO 200 ALEXANDRIA, VA 22314 (703) 519-2061

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h an or/tr	c is confident compensated confident (and the compensated compensated) are compensated compensated confident compensated confident compensated compens	ess er	(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
(1) DARLA SPENCE COFFEY	35 00	х		х				227,909	0	28,448
PRESIDENT (2) BARBARA W SHANK	2.00				<u> </u>					
(2) BARBARA W SHANK CHAIR	2 00	×		x				0	0	0
(3) ALEJANDRO GARCIA VICE CHAIR/SECRETARY	2 00	х		х				0	0	0
(4) ANDREA STEWART TREASURER	2 00	х		х				0	0	0
(5) SHERRY BRISSETT BOARD MEMBER	2 00	х						0	0	0
(6) JAMES LUBBEN BOARD MEMBER	2 00	х						0	0	0
(7) UMA SEGAL BOARD MEMBER	2 00	х						0	0	0
(8) SYLVAI ROMERO BOARD MEMBER	2 00	х						0	0	0
(9) TRICIA B BENT-GOODLEY BOARD MEMBER	2 00	х						0	0	0
(10) ANTHONY P NATALE BOARD MEMBER	2 00	х						0	0	0
(11) GISELA NEGRON-VELASQUEZ BOARD MEMBER	2 00	х						0	0	0
(12) ANGELA D PHARRIS BOARD MEMBER	2 00	×						0	0	0
(13) CHERYL E WAITES BOARD MEMBER	2 00	х						0	0	0
(14) ANISSA ROGERS BOARD MEMBER	2 00	х						0	0	0
					_					Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	(C) (do not check son officer than one box, officer employee on director/trustee Highest compensated Officer Institutional 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		
(15) JO ANN R REGAN DIRECTOR - ACCREDITATION	35 00				х		123,081	0	9,731
(16) ARMINN H LEOPOLD DIRECTOR - FINANCE/ADMINISTRATION	35 00				х		110,097	0	19,001

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	461,087	0	57,180

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LEWIS-BURKE ASSOCIATES LLC	GOVERNMENT RELATIONS	175,000
1341 G STREET NW		
WASHINGTON, DC 20005		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Part VIII		Statement o	f Revenue ule O contains a respor	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 E	1a	Federated cam	paigns 1a					
ant	b	Membership du	es 1b					
, Gr	С	Fundraising eve	ents 1c					
iffts ar /	d	Related organiz	rations 1d					
ons, Gifts, Grants Similar Amounts	е	Government grants	s (contributions) 1e	1,078,044				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	103,419				
tributio Other		similar amounts no						
ntri 1 O	g	1a-1f \$	ons included in lines					
Coni and	h	Total. Add lines	s 1a-1f	🕨	1,181,463			
<u> </u>				Business Code				
Program Serwice Revenue	2a	MEMBERSHIP		900099	2,911,296	2,911,296		
	b	CONFERENCES		900099	1,103,844	958,285		145,559
ИСе	С	ACCREDITATION F	EES	900099	909,983	909,983		
Seri	d	CONTRACTS		900099	55,687	55,687		
an	e	CONSULTANT TRAI		900099	36,250	36,250		
rogr	f	All other progra	am service revenue		12,035	5,345	6,690	
<u>~</u>	g		s 2a – 2f		5,029,095			
	3		ome (including dividend ar amounts)		160,694			160,694
	4		stment of tax-exempt bond p					
	5	Royalties			185,336			185,336
	6 -	C	(ı) Real	(II) Personal				
	6a h	Gross rents Less rental						
	c	expenses Rental income						
	_	or (loss)	me or (loss)					
	d	Net rental inco	(i) Securities	► - (II) Other				
	7a	Gross amount	(i) Securicies	(ii) o circi				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses	39,514					
	c	Gain or (loss)	-39,514		20 544			20 544
	d		is)		-39,514			-39,514
<u>e</u>	oa	Gross income f events (not inc						
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18						
9 Te								
ζŧμ			penses b					
,			(loss) from fundraising (from gaming activities	events p-				
			e 19 a					
			penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		61,888				
		_	oods sold b	20,442				
	С		(loss) from sales of inve	-	41,446	41,446		
	11a	Miscellaneous MISCELLANEO		Business Code 900099	4,898			4,898
	b	MISCELLANEC	,,,,		.,,,,,,			.,
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	4,898			
	12	Total revenue.	See Instructions	🕨	6,563,418	4,918,292	6,690	456,973

Part IX Statement of Functional Expenses

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	100,000	100,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	761,540	761,540		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	254,792	242,052	12,740	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,279,452	2,132,783	146,669	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,728	119,532	8,196	
9	Other employee benefits	266,278	249,442	16,836	
10	Payroll taxes	177,779	166,649	11,130	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	11,868	7,988	3,880	
С	Accounting	32,083		32,083	
d	Lobbying	120,000		120,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	627,187	493,305	133,882	
12	Advertising and promotion	59,215	59,215		
13	Office expenses	308,049	238,363	69,686	
14	Information technology	16,986	15,180	1,806	
15	Royalties	3,181	3,181		
16	Occupancy	668,482		668,482	
17	Travel	370,855	321,928	48,927	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	468,500	400,099	68,401	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,646		69,646	
23	Insurance	32,262	2,586	29,676	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	ALLOCATION OF M&G	0	831,603	-831,603	
b	COMMISSION EXPENSES	170,973	123,762	47,211	
c	OTHER EXPENSES	96,484	76,742	19,742	
d	TRAINING/DEVELOPMENT	30,630	20,305	10,325	
e	All other expenses	88,161	21,443	66,718	
25	Total functional expenses. Add lines 1 through 24e	7,142,131	6,387,698	754,433	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)			, .	

Part X Balance Sheet

Feli	τχ	Check if Schedule O contains a response or note to any line in t	his Par	tx			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			778,501	1	937,801
	2	Savings and temporary cash investments			1,125,678	2	1,062,827
	3	Pledges and grants receivable, net			976,234	3	405,639
	4	Accounts receivable, net			374,881	4	260,154
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule I	ontribu nployee	ting employers		6	
88	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			65.416	H	54,368
	9	Prepaid expenses and deferred charges			199,408	9	149,493
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		1,600,012	,		
	ь	Less accumulated depreciation	10b	1,052,631	444,012	10c	547,381
	11	Investments—publicly traded securities			3,067,611	11	3,078,860
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			183,893	14	199,309
	15	Other assets See Part IV, line 11			1,558	15	1,558
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			7,217,192	\vdash	6,697,390
	17	Accounts payable and accrued expenses			334,365		314,030
	18	Grants payable				18	
	19	Deferred revenue			2,916,679		3,054,003
	20	Tax-exempt bond liabilities		20	3,00 ,,000		
	21	Escrow or custodial account liability Complete Part IV of Sche		21			
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ors, trus			21	
Liabiliti		persons Complete Part II of Schedule L		_		22	
ï	23	Secured mortgages and notes payable to unrelated third partie		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa					
		D		275,309	25	277,220	
	26	Total liabilities. Add lines 17 through 25			3,526,353	26	3,645,253
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and c	complete			
<u>0</u>	27	Unrestricted net assets			1,412,299	27	1,337,500
<u>ස</u>	28	Temporarily restricted net assets			1,776,543	28	1,212,640
둳	29	Permanently restricted net assets			501,997	29	501,997
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► 「	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
AS	32	Retained earnings, endowment, accumulated income, or other f				32	
Šet	33	Total net assets or fund balances			3,690,839	33	3,052,137
Z	34	Total liabilities and net assets/fund balances			7,217,192	34	6,697,390
					1,2,.02	•	-,,

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Ī			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,5	563,418
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,1	.42,131
3	Revenue less expenses Subtract line 2 from line 1	3			578,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			590,839
5	Net unrealized gains (losses) on investments	5		-	-59,989
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,0	52,137
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	3a	Yes	
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		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 54-1856529

Name: COUNCIL ON SOCIAL WORK EDUCATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 822,532 including grants of \$ 1,000) (Revenue \$ 97,133) OTHER PROGRAMS CSWE HOUSES TWO INSTITUTES, TWO CENTERS, AND OTHER INITIATIVES THAT STRIVE TO STRENGTHEN AND IMPROVE SPECIFIC AREAS OF SOCIAL WORK EDUCATION THROUGH FACULTY AND STUDENT TRAINING, POLICY, AND DATA COLLECTION SOME EXAMPLES INCLUDE - THE KATHERINE A KENDALL INSTITUTE FOR INTERNATIONAL SOCIAL WORK EDUCATION WORKS TO PREPARE EDUCATORS, RESEARCHERS, STUDENTS, AND PRACTITIONERS FOR AN INCREASINGLY GLOBAL COMMUNITY - THE CSWE LEADERSHIP INSTITUTE IS DESIGNED TO PROMOTE FUTURE LEADERS IN SOCIAL WORK EDUCATION, HIGHER EDUCATION, AND THE SOCIAL WORK PROFESSION - THE CSWE CENTER FOR DIVERSITY AND SOCIAL & ECONOMIC JUSTICE ADVANCES INDIVIDUAL GROWTH, COMMUNITY WELL-BEING, AND SOCIAL JUSTICE - THE RECOVERY TO PRACTICE INITIATIVE DEVELOPS, IMPLEMENTS, AND EVALUATES MENTAL HEALTH RECOVERY-ORIENTED TRAINING MATERIALS FOR SOCIAL WORK EDUCATORS AND PRACTITIONERS - THE NEW VIRTUAL FILM FESTIVAL FEATURES STUDENT FILMS ON SOCIAL WORK ISSUES THAT CAN ENHANCE SOCIAL WORK TEACHING AND LEARNING

(Code) (Expenses \$ 715,238 including grants of \$) (Revenue \$ 36,250)

SOCIAL WORK EDUCATION RESEARCH THE CSWE ORGANIZATIONAL MISSION INCLUDES THE CHARGE TO ADVOCATE FOR SOCIAL WORK EDUCATION AND RESEARCH CSWE WORKS TOWARD THAT MISSION THROUGH THE RESEARCH AGENDA, WHICH OUTLINES THE NEED FOR RESEARCH TO INFORM POLICY AND PRACTICE FOR CSWE STAFF, BOARD OF DIRECTORS, AND THE VOLUNTEER COMMISSIONS AND COUNCILS, AND TO SERVE THE NEEDS OF CSWE MEMBER PROGRAMS - THEIR DEANS, DIRECTORS, FACULTY MEMBERS, AND STUDENTS CSWE CONDUCTS RESEARCH THROUGH SURVEYS, THE ANNUAL CENSUS OF SOCIAL WORK PROGRAMS, AND QUALITY ASSURANCE MEASURES FOR THE COMMISSION ON ACCREDITATION THE RESEARCH CAPACITY IS FURTHER AUGMENTED THROUGH THE CSWE SCHOLARS PROGRAM, WHICH FUNDS RESEARCH PROJECTS IN AREAS OF NEED

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)								
(Code) (Expenses \$	677,511	including grants of \$	189,000) (Revenue \$)			
JOHN A HARTFORD PRO	OGRAM THE JOHN A	HARTFORD F	OUNDATION IS A PRIVATE	PHILANTHROPY WORKING TO	IMPROVE			
THE HEALTH OF OLDER	AMERICANS BASED	IN NEW YORK	CITY, IT WAS FOUNDED II	N 1929 BY THE FAMILY OWNER	SOFTHE			
A&P GROCERY CHAIN A	AFTER THREE DECAD	ES OF CHAMP	IONING RESEARCH AND E	DUCATION IN GERIATRIC MED	DICINE,			
NURSING, AND SOCIAL	WORK, TODAY THE F	OUNDATION	PURSUES OPPORTUNITIES	TO PUT GERIATRICS EXPERT	ISE TO WORK			
IN ALL HEALTH CARE S	ETTINGS BY - ADVAN	ICING PRACT	ICE CHANGE AND INNOVA	TION, - SUPPORTING TEAM-BA	SED CARE			
THROUGH INTERDISCI	PLINARY EDUCATION	OF ALL HEAL	TH CARE PROVIDERS,- SU	PPORTING POLICIES AND REC	GULATIONS			
THAT PROMOTE BETTE	R CARE, AND- DEVEL	OPING AND D	ISSEMINATING NEW EVID	ENCE-BASED MODELS THAT D	ELIVER			
BETTER, MORE COST-E	FFECTIVE HEALTH CA	ARE						
(Code) (Expenses \$	384,685	including grants of \$) (Revenue \$	2,911,296)			
MEMBERSHIP SERVICES	S CSWE CONDUCTS	VARIOUS ACT	IVITIES AND SERVICES T	O BENEFIT ITS MEMBERS AND	MEET THEIR			
NEEDS IT ALSO PROVI	DES CURRENT INFOR	MATION TO I	TS MEMBERS THROUGH IT	S NEWSLETTER AND VIA ITS W	ÆBSITE,			

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	192,219	including grants of \$) (Revenue \$	12,035)
PUBLICATIONS CS	WE'S PUBLICATIONS	PROGRAM DEV	ELOPS NEW TOOLS TO	HELP SOCIAL WORKERS AND SO	CIAL WORK
				PRESS IS A NICHE PUBLISHER T	
ADDRESSES THE NE	EDS OF SOCIAL WOR	KEDUCATORS	AREAS OF EXPERTISE	INCLUDE THE PHILOSOPHY, THE	ORY, AND
•	•		•	D THE ORGANIZATION AND STRU	
				OF SOCIAL WORK EDUCATION (J	
REVIEWED PROFESS	SIONAL JOURNAL CIR	CULATED TO M	10 RE THAN 3,900 MEME	BERS AND INSTITUTIONAL SUBS	CRIBERS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493102002036

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

2011

Open to Public Inspection

		ne organization					Employer identifica	ation number			
COUN	CIL ON	SOCIAL WORK EDUCATION					E4 1056530				
Do	rt I	Poscon for Dubli	o Charity S	status (All organiza	tions must so	malata this n	54-1856529				
		zation is not a private f						лі з.			
1	rigain.	A church, convention		•	= :	· ·	•				
	<u>'</u>	·	•			H Section 170(D)(1)(A)(I).				
2	<u> </u>	A school described in					/ A > / ···>				
3	<u> </u>	A hospital or a cooper		-							
4	ı	A medical research or		erated in conjunction v	vith a hospital d	lescribed in sec i	tion 170(b)(1)(A)(iii). Enter the			
5	\vdash	hospital's name, city, An organization opera	ted for the her	nefit of a college or uni	versity owned o	or operated by a	governmental unit d	escribed in			
•	'	section 170(b)(1)(A)			versity owned t	or operated by a	governmentar ante a	esembed iii			
-	_	A federal, state, or loc			doceribod in c e	action 170(b)(1	\(A \(\(\)				
6	 	·	_	_							
7	<u>~</u>	An organization that need to describe display the section 1	•	<u>.</u>	• •	om a governmei	ntal unit or from the g	general public			
8	Г	A community trust de				tII)					
9	_	An organization that n					utions, membership	fees, and gross			
_	,	receipts from activitie									
		its support from gross		·	-	•					
		acquired by the organ						r businesses			
10	_	An organization organ		•		•	•				
	<u>'</u>	=	•	·		· ·		ut the nurnesses of			
11	ļ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section $509(a)(1)$ or section $509(a)(2)$. See section $509(a)(3)$. Check									
		the box in lines 11a th			•						
а	\sqcap	Type I. A supporting of									
		supported organizatio				ty of the directo	rs or trustees of the	supporting			
	_	organization You mus					k. d				
b	ļ	Type II. A supporting management of the su	_	•							
		must complete Part I			same persons t	nat control of in	anage the supported	organization(s) Tou			
c	Г	Type III functionally	•		n operated in c	onnection with,	and functionally inte	grated with, its			
	_	supported organizatio									
d		Type III non-function									
		not functionally integr					ment and an attentiv	eness requirement			
e	\vdash	(see instructions) Yo Check this box if the o					a Type I Type II T	vne III functionally			
_	'	integrated, or Type II					a . , po . , . , po , .	, po 111 (a			
f		Enter the number of s									
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of			
		organızatıon		organization	listed in your		monetary support	other support (see			
				(described on lines	docume	ent?	(see instructions)	ınstructions)			
	1- 9 above or IRC section (see										
				instructions))							
					Yes	No l					
	1										
Tota			I	I	I	j l		I			

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 **(c)** 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 3,897,733 948,872 2,912,424 1,331,976 1,181,463 10,272,468 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 1 1 1 1

	organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities						\rightarrow	
	furnished by a governmental unit to							
4	Total. Add lines 1 through 3	3,897,733	948,872	2,912,424	1,331,976	1	.,181,463	10,272,468
	The portion of total contributions			_,,	_,,			
	by each person (other than a							
	governmental unit or publicly supported organization) included							1,080,988
	on line 1 that exceeds 2% of the							_, ,
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from	,						
_	line 4							9,191,480
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total
7	Amounts from line 4	3,897,733	948,872	2,912,424	1,331,976	1	,181,463	10,272,468
8	Gross income from interest,				, ,			<u> </u>
	dividends, payments received on	138,188	147,989	171,252	312,188		246 020	1,115,647
	securities loans, rents, royalties and income from similar	136,166	147,909	171,232	312,100	346,030		1,113,047
	sources							
9	Net income from unrelated business activities, whether or							
	not the business is regularly							
	carried on						\longrightarrow	
10	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part	29,952	760	37,433	16,814		4,898	89,857
	VI)						\longrightarrow	
11	Total support Add lines 7 through 10							11,477,972
12	Gross receipts from related activit	ies, etc (see insti	ructions)	•	<u>'</u>	12		22,632,167
13	First five years. If the Form 990 is							
_	organization, check this box and st						<u></u>	<u></u> ►
14	ection C. Computation of Pul Public support percentage for 2014			11 column (f))		14		80 080 %
15	Public support percentage for 2013			11, column (1))		15		
	33 1/3% support test—2014. If the	•	·	v on line 12 and	lino 14 io 22 1/20/		- chock t	82 400 %
10a	and stop here. The organization qui				iiile 14 is 33 1/37	0 01 111016	, check t	► ✓
b	33 1/3% support test—2013. If the				, and line 15 is 33	3 1/3% or	more, ch	
17a	box and stop here . The organizatio 10%-facts-and-circumstances test				ne 13 16a or 16	b and lin	e 14	▶-
	is 10% or more, and if the organiza	-			, ,	•		
	in Part VI how the organization me	ets the "facts-and	l-cırcumstances"	test The organi	zatıon qualıfıes as	s a public	ly suppo	
ь	organization 10%-facts-and-circumstances test	—2013. If the oraș	anization did not d	check a box on lir	ne 13, 16a. 16b. (or 17a. a	nd line	► □
	15 is 10% or more, and if the orga	nızatıon meets the	e "facts-and-circi	umstances" test,	check this box a	nd stop h	ere.	
	Explain in Part VI how the organiza	ition meets the "fa	acts-and-circums	stances" test Th	e organization qua	alıfıes as	a publicl	ly ▶□
18	supported organization Private foundation. If the organiza	tion did not check	a box on line 13	, 16a, 16b. 17a. (or 17b, check this	s box and	Isee	F 1
	instructions			,,,,,,			. = =	▶ □
					C-1	ll. 4 /=		000 F7\ 201 <i>4</i>
					Sched	iule A (Fo	orm 990 c	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes							
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in						
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec	nured)							
6 Other distributions (describe in Part VI) See instru	JCTIONS							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions								
9 Distributable amount for 2014 from Section C, line								
10 Line 8 amount divided by Line 9 amount								
		(::)	(:::)					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1 Distributable amount for 2014 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2014								
a From 2009								
b From 2010								
c From 2011								
d From 2012								
e From 2013								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2014 from Section D, line 7 \$								
A pplied to underdistributions of prior years								
b Applied to 2014 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2015. Add lines 3j and 4c								
8 Breakdown of line 7								
a From 2010								
b From 2011								
c From 2012								
d From 2013								

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493102002036

OMB No 1545-0047

Inspection

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.

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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 **Employer identification number** COUNCIL ON SOCIAL WORK EDUCATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶ □	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	120,000	
c	Total lobbying expenditures (add lines 1a and 1b	120,000		
d	O ther exempt purpose expenditures		7,021,996	_
e	Total exempt purpose expenditures (add lines 1	c and 1d)	7,141,996	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	507,100	
	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		
		46	426 775	
g	Grassroots nontaxable amount (enter 25% of lin	•	126,775	
h	Subtract line 1g from line 1a If zero or less, ente	0		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lin	ne 1h or line 1ı, did the organization file Form 4720	reporting	□ Ves □ 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 Expend	ditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	472,935	478,442	487,879	507,100	1,946,356
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,919,534
_c	Total lobbying expenditures	120,000	120,000	120,000	120,000	480,000
d	Grassroots nontaxable amount	118,234	119,611	121,970	126,775	486,590
е —	Grassroots ceiling amount (150% of line 2d, column (e))					729,885
f	Grassroots lobbying expenditures					

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493102002036

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** COUNCIL ON SOCIAL WORK EDUCATION 54-1856529 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art,</u>	His	tori	<u>cal Tr</u>	<u>easu</u>	res, or C	ther	Similar Ass	ets (c	continued)
	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	s, ch	neck a	•		-		significant use	of its	
а	Public exhibition		d	Γ	Loan	or excl	hange prog	rams			
Ь	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and explain	n hov	w the	y furthe	er the o	organızatıor	ı's ex	empt purpose ır		
	During the year, did the organization solicit o										–
Part	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang								<u>'</u>	Yes	│ No
Part	Part IV, line 9, or reported an an						i aliswere	uit	23 (0 101111 9)	,,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	diary	for c	ontrıbu	itions d	or other ass	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follow	ving t	able		_				
									Ame	ount	
С	Beginning balance							1c			
d	Additions during the year						-	1d			
_	Distributions during the year							1e			
	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for es	scrow o	rcusto	odial accou	nt lıa	bility? [Yes	□ No
_ ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Par	t V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year 842,894	(b)	Priory	ear 753,286	b (c) 1 v	wo years back 697,470	+ ` _	hree years back 713,814	(e)Four	years back 599,755
	Contributions	0.2,03.			. 00,200			1	. 13,51		
	Net investment earnings, gains, and losses										
		19,082			98,464		73,53	1	-7,329		120,251
	Grants or scholarships										
	Other expenditures for facilities and programs	8,544			8,856		17,71	3	9,015		6,192
f	Administrative expenses										
g	End of year balance	853,432			842,894		753,28	5	697,470		713,814
2	Provide the estimated percentage of the curi	rent year end balance	e (lın	e 1g,	, colum	n (a)) l	held as				
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment ► 58 820 %										
	Temporarily restricted endowment • 41 : The percentages in lines 2a, 2b, and 2c show	180 % uld equal 100%									
	Are there endowment funds not in the posses	·	tion t	that a	are held	d and a	dministere	d for t	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i		No
	(ii) related organizations								3a(ii	<u>) </u>	No
	Describe in Part XIII the intended uses of the	•						•	30		
Part						n ansv	vered 'Yes	' to	Form 990, Par	t IV, I	ine
	11a. See Form 990, Part X, line										
	Description of property				Cost or		(b) Cost or basis (oth		(c) Accumulated depreciation	(d) I	Book value
1 a L	and										
b B	uıldıngs										
c L	easehold improvements										
	quipment		•				l .	1,116	195,14	2	25,974
e 0	ther			1			1 4 5 7	8,896	857,48	٥Ι	E21 407
	Add lines 1a through 1e (Column (d) must e			Т.	D) (10(1)				"	521,407 547,381

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C		
See Form 990, Part X, line 13.	omplete if the organization	manamered res to form 550, rare 14, mile 11e
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		·
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED RENT	277,220	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	277 222	1
The highest formula contains the manufacture of the property o	277,220	<u> </u>

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		nts With Revenue p	er R	eturn Complete if
1		er support per audited financial statements			1	6,697,036
2		it not on Form 990, Part VIII, line 12				<u> </u>
а	Net unrealized gains (losses)	·	2a	-59,989		
b	• , ,	acılıtıes	2b	173,165		
С	Recoveries of prior year grant		2c	,		
d			2d			
e	Add lines 2a through 2d .		<u> </u>		2e	113,176
3	Subtract line 2e from line 1 .				3	6,583,860
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b	-20,442		
c	·		<u> </u>		4c	-20,442
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)		5	6,563,418
Par		xpenses per Audited Financial St			per	
		swered 'Yes' to Form 990, Part IV, line				·
1		r audited financial statements			1	7,335,738
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		1		
а	Donated services and use of f	acılıtıes	2a	173,165		
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d				2e	173,165
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	7,162,573
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b	-20,442		
C	Add lines 4a and 4b				4c	-20,442
5	•	nd 4c. (This must equal Form 990, Part I, lir	ne 18)		5	7,142,131
Par	Supplemental Int	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	V, LINE 4	CSWE HOLDS TWO PERMANENTLY RES FUND MUST BE HELD IN PERPETUITY, MAY BE USED TO SATISFY THE DONOR BOARD'S ENDOWMENT SPENDING POL FOSTER INTERACTION WITH THE GLO PROJECTS DESIGNED TO FURTHER OU WORK EDUCATION AND PRACTICE PR SUPPORT AN ANNUAL INTERNATIONA	WHILE R'S SPE .ICY P BAL SO IR GLO	THE INVESTMENT EAR ECIFIED PURPOSES IN ROCEEDS FROM ONE FOCIAL WORK COMMUN BAL AWARENESS AND DS FROM THE OTHER F	RNING ACCO FUND ITY A VISIO	GS FROM THE FUNDS ORDANCE WITH THE ARE USED TO IND TO FORMULATE ON FOR SOCIAL
PART	X, LINE 2	FOR THE YEAR ENDED JUNE 30, 2015, CONSIDERATION OF FASB ASC 740-10 REPORTING UNCERTAINTY IN INCOME UNCERTAIN TAX POSITIONS QUALIFY FINANCIAL STATEMENTS THE FEDERAFROM INCOME TAX, IS SUBJECT TO EX	THE CO O, INCO E TAXE OFOR E AL FOR	OUNCIL HAS DOCUME OME TAXES, THAT PRO ES AND HAS DETERMIN EITHER RECOGNITION IM 990, RETURN OF OR	VIDE IED TI OR D GANI	ES GUIDANCE FOR HAT NO MATERIAL ISCLOSURE IN THE ZATION EXEMPT

GENERALLY FOR THREE YEARS AFTER IT IS FILED

COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS AND

COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE FINANCIAL STATEMENTS AND

NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B -20,442

NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B -20,442

Jenedale 2 (1 31111 33 3) 23 13		r age 3							
Part XIII Supplemental Information (continued)									
Return Reference	Explanation								
l									
-									

Schedule D (Form 990) 2014

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2014

DLN: 93493102002036

OMB No 1545-0047

	Comple	te if the omanization	nswered "Ves " to Form	990 Part IV line 21 or	22	4	LVIT	
Department of the Treasury Internal Revenue Service								
Name of the organization						Employer identificati	on number	
COUNCIL ON SOCIAL WORK ED	DUCATION					54-1856529		
Part I General Informa	ation on Grants an	d Assistance				'		
 Does the organization main the selection criteria used t Describe in Part IV the organization 	to award the grants or as	ssistance?					✓ Yes	
				Governments. Com rt II can be duplicate			es" to	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	
See Additional Data Table								

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SAMHSA FELLOWS	64	758,040			
(2) SAMHSA FELLOWS TUITION	7	3,500			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
PART I, LINE 2	THE CSWE GERO-ED CENTER REQUIRES ALL GRANT APPLICANTS TO SUBMIT BUDGETS WITH THEIR GRANT APPLICATIONS ONCE FUNDED, THEY SUBMIT ANNUAL EXPENDITURE REPORTS IF BUDGET CHANGES BECOME NECESSARY THAT EXCEED 10% OF ANY LINE ITEM IN THE APPROVED BUDGET, A BUDGET REVISION REQUEST IS SUBMITTED TO CSWE CSWE'S MINORITY FELLOWSHIP PROGRAM (MFP) OVERSEES FUNDING OPPORTUNITIES FOR RACIAL/ETHNIC MASTERS AND DOCTORAL SOCIAL WORK STUDENTS THE FELLOWSHIP PROGRAM IS FUNDED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), PART OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES FELLOWSHIP RECIPIENTS RECEIVE MONETARY STIPENDS, MENTORING AND OTHER NON-MONETARY SUPPORTS PARTNERSHIP SUPPORT PARTNERSHIPS FOR PERSON-CENTERED AND PARTICIPANT-DIRECTED LONG-TERM SERVICES AND SUPPORT THIS PARTNERSHIP IN FUNDED BY THE NEW YORK COMMUNITY TRUST (GEO-ED)							

Additional Data

Software ID:

Software Version:

EIN: 54-1856529

Name: COUNCIL ON SOCIAL WORK EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN GREEN BAY 2420 NICOLET DRIVE GREEN BAY,WI 54311	39-1805963	GOVERNMENT	10,000				GENERAL ASSISTANCE
PLYMOUTH STATE UNIVERSITY17 HIGH STREET MSC 51 PLYMOUTH,NH 03264	02-6000937	501(C)(3)	10,000				GENERAL ASSISTANCE
UNIVERSITY OF MARYLAND-BALTIMOREPO BOX 41428 BALTMORE,MD 21203	15-2600203	GOVERNMENT	10,000				GENERAL ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUNTER COLLEGE230 W 41ST STREET NEW YORK, NY 10036	13-1988190	501(C)(3)	10,000				GENERAL ASSISTANCE		
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD PORTLAND,OR 97203	93-0401259	501(C)(3)	10,000				GENERAL ASSISTANCE		
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	501(C)(3)	10,000				GENERAL ASSISTANCE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF VERMONT 217 WATERMAN BUILDING BURLINGTON,VT 05405	03-0179440	501(C)(3)	10,000				GENERAL ASSISTANCE		
SOUTHERN CT STATE UNIVERSITY501 CRESCENT STREET NEW HAVEN,CT 06515	23-7208882	501(C)(3)	10,000				GENERAL ASSISTANCE		
NEW YORK CUMMUNITY TRUST909 THIRD AVENUE NEW YORK, NY 10022	13-3062214	501(C)(3)	9,000				GENERAL ASSISTANCE		

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DLN: 93493102002036

OMB No 1545-0047

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" to 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.

Open to Public Inspection

Name of the organization COUNCIL ON SOCIAL WORK EDUCATION **Employer identification number**

54-1856529

Pa	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	厂	Housing allowance or residence for personal use			1
	Travel for companions	Γ	Payments for business use of personal residence			1
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			1
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe		- · · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	that apply				
	Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	<u> - - - - - - - - - -</u>	Compensation survey or study			1
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described					1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in	
	(i) Base compensation (ii) Bonus & (iii) Other compensation compensation compensation compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990			
1 DARLA SPENCE COFFEY, PRESIDENT (i)	227,909	0	0	15,024	13,424	256,357	0	
	ı	l o	U	U	U	l o	υ	

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493102002036

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Name of the organization COUNCIL ON SOCIAL WORK EDUCATION	Employer identification number
COUNTER ON SOCIETY WORK EDGG/11011	54-1856529

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	BOARD OF DIRECTOR MEMBERS ARE ELECTED BY FULL MEMBERS OF THE COUNCIL IN ACCORDANCE WITH THE TERMS OF THE CSWE BY LAWS
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERSHIP HAS TO APPROVE BY-LAWS AND NOMINATING COMMITTEE
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE ORGANIZATION REVIEWED THE FORM 990 WITH THE ENTIRE BOARD PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR OF THE COUNCIL IS REQUIRED TO UPDATE IF A CONFLICT OF INTEREST ARISES, THE B OARD HOLDS A DISCUSSION ABOUT THE CONFLICT OF INTEREST WHILE THE INDIVIDUAL THAT HAS THE C ONFLICT IS NOT PRESENT IF THE CONFLICT OF INTEREST IS SIGNIFICANT, THE BOARD MAY ASK THE INDIVIDUAL TO RESIGN FROM HIS/HER BOARD DUTIES EMPLOYEES OF THE ORGANIZATION MUST READ AN DISIGN THE CONFLICT OF INTEREST POLICY AT THE TIME OF EMPLOYMENT THE SUPERVISOR ADDRESSES ANY CONFLICTS
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PER SONS, USE OF COMPARABILITY DATA AND DOCUMENTATION OF THE DECISION REACHED THE LAST COMPEN SATION REVIEW TOOK PLACE JUNE, 20TH 2015
FORM 990, PART VI, SECTION C, LINE 19	CSWE'S BY LAWS ARE AVAILABLE FROM ITS WEBSITE CSWE MAKES ITS OTHER GOVERNING DOCUMENTS, CO NFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST