_	r / 41% p		27499343	၈၀ မှ နှ
	000	Return of Organization Exempt From Ir	ncome Tay	ОМВ7Ко 1545-0047
V/Fo	" 990 (Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		s /2017/
•	artment of the Trèa	Do not enter social security numbers on this form as it may be	W / /-	Open to Public
	nal Revenue Service	· · · · · · · · · · · · · · · · · · ·	information. FUV	Inspection
A	For the 2017	calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	AR 31, 2018	
В			D Employer identific	ation number
		merican Society of Safety Professionals		
		oundation		
		oing business as	36-61	L45045
F	Final D	umber and street (or P 0. box if mail is not delivered to street address) Room/suite On Northwest Hwy	E Telephone number	699-2929
_	termin-	ity or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,678,827.
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	H(a) Is this a group re	
	Applica- F N	ame and address of principal officer Bruce E. Sufranski	for subordinates?	
		me as C above	H(b) Are all subordinates in	cluded? Yes No
		atus X 501(c)(3) 501(c)() ((insert no) 4947(a)(1) or √527	If "No," attach a l	ist (see instructions)
			H(c) Group exemption	number 🕨
K	Form of organiz	ation: X Corporation Trust Association Other ► \ L Year o	f formation: 1966 M	State of legal domicile: IL
ĮP.	artil Sum			
Q)	1 Briefly	describe the organization's mission or most significant activities $\begin{tabular}{c} { t The America} \end{tabular}$	an Society o	of Safety
anc	Prof	essionals Foundation, established by and in	n partnershi	p with the
ern	2 Check	this box 🕨 📖 if the organization discontinued its operations or disposed of more	than 25% of its net as:	
Š	3 Numbe	r of voting members of the governing body (Part VI, line 1a)	3	11
≪	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)	4	10
ഉ ഉ	5 Total n	umber of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total n	ımber of volunteers (estimate if necessary)	6	38
	IF.	nrelated business revenue from Part VIII, column (C), line 12	7a	.0.
	b Net un	elated business taxable income from Form 990-T, line 34	7b	0.
œ			Prior Year	Current Year
₹e	8 Contrib	utions and grants (Part VIII, line 1h)	770,602.	668,958.
en		n service revenue (Part VIII, line 2g)	24,790.	37,305.
	1	nent income (Part VIII, column (A), lines 3, 4, and Ad CEIVED	136,185.	424,050.
7		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,297.	-4,437.
Z ,		venue · add lines 8 through 11 (must equal Part VIII), column (A), line 12)	923,280.	1,125,876.
		and similar amounts paid (Part IX, column (A), lines 4.3)	460,166.	472,235.
SCANNED: MAR 1 1 2019 Sevenue Activities & Governance		s paid to or for members (Part IX, column (A) line-4)	0.	0.
4	15 Salarie	s, other compensation, employee benefits (Par (A), (Columbia) lines 5-10)		
ē	16a Profess	ional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expense	b Total fu	ndraising expenses (Part IX, column (D), line 25) 117,710.	323,446.	3/6 110
	11 Others	xpenses (Part IX, column (A), lines 11a-11d, 11f 24e)		346,110.
		spenses Add lines 13-17 (must equal Part IX, column (A), line 25)	783,612.	818,345. 307,531.
<u></u>		e less expenses Subtract line 18 from line 12	jinning of Current Year	
Net Assets or	00 Take		5,800,748.	End of Year 6,191,444.
Asse	20 Total a	ssets (Part X, line 16)	348,586.	396,848.
let /	21 Total lia	bilities (Part X, line 26)	5,452,162.	5,794,596.
		ets or fund balances Subtract line 21 from line 20	3,432,104.	3,134,330.
,		erjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the heet of my	knowledge and helief it is
		erjury, i declare that i have examined this return, including accompanying scriedies and statement implete—Bezaration of preparer (other Man officer) is based on all information of which preparer h		Milowicugo and Delici, It is
- 1100	, con cot, and th	improve operation of prepared (vines play officer) is based off all illior matter of which prepared is	11 -) 4	-18
<u>.</u> ز	7	ignerities of officer	Date	

Sign Bruce E. Sufranski, Director of Finance/Controller Here Type or print name and title Print/Type preparer's name P01624907 Paid Abby Lewis Firm's name RSM US LLP
Firm's address 1 S. Wacker Drive, Ste 800 42-0714325 Preparer Firm's EIN ▶ Use Only Chicago, IL 60606 Phone no 312 - 634 - 3400X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2017) Foundation	36-6145045	Page 2
Pa	rt III Statement of Program Service Accomplishments	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	The American Society of Safety Professionals Foundation,	, establishe	đ
	by and in partnership with the American Society of Safet		
	Professionals, generates funding and provides resources		
	scholarship, applied research, academic accreditation, a		_
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
J	If "Yes," describe these changes on Schedule O	163	140
4	Describe the organization's program service accomplishments for each of its three largest program services, as	modelized by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		rs, the total expenses,	ariu
	revenue, if any, for each program service reported (Code) (Expenses \$ 434,950 • including grants of \$ 335,522 •) (Revenue)	37	305.)
48	(Code) (Expenses \$434,950 \cdot \text{ including grants of \$335,522 \cdot \text{)}} (Revenue Education - The Foundation distributes scholarships to \$		303.)
	enrolled in a safety and health degree program. The purp		
	encourage interest in the occupational safety and health		
	(OSH). The Foundation helps universities and colleges se		
	accreditation of OSH programs.	seking Abbi	
	accreditation of OSH programs.		
4b	(Code) (Expenses \$ 110,189. including grants of \$ 85,000.) (Revenu)
	Research - The Foundation supports quality, ground break		h
	focusing on development of knowledge, innovative methods		
	other interventions for advancing safety and health in t	he workplac	e.
4c	(Code) (Expenses \$ 57,184 · including grants of \$ 51,713 ·) (Revenue	re S)
	Leadership Development & Future Safety Leaders Conference	ce - The	
	Foundation provides funding so students can attend the A		
	Leadership Conference. The purpose of this program is to		
	for the transition from a safety student to a safety pro	fessional.	In
	addition, we support safety professionals on their path	of improvem	ent
	through the Professional Education grant program and the	next	
	Generation Board.	. Here	
	denotation boata.		.
	-		
			
		 .	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 602,323.)	
40	Total program service expenses > 502.343.		

Form 990 (2017)
Part IV Che

American Society of Safety Professi Foundation cklist of Required Schedules

rai	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)?		v	
_	If "Yes," complete Schedule A	1 2	X	
	Is the organization required to complete Schedule B, Schedule of Contributors	2		
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		х
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		х
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 98 197 If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		X
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 V	10	Х	
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	, diği		
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	25.00	57.00	24547-244
u	Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	Į	_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		_ <u>X</u> _
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "You " and if the propagation provided "Alo" to less 12s then completing School ID. Parts VI and VII is not to all	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
Ü	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		Х
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		X
	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		X
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ŀ	. <u>.</u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	_18	Х	
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		X

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Form 990 (2017) Foundation
||PartilV|| Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	e serv		4.10
	instructions for applicable filing thresholds, conditions, and exceptions)			البيد
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ_
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		100	OOO A	~~~

11/1 0:	 	TOO EII:		T	1.	
n 990 (2017)	 Foundation	on				
	MICLICAN	DOCTECA	OI	Darce	TIOTOD	JIOHAI

Paı	t 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						
	, mental consists of the control of		<u>.</u>		Yes	No	-
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		163	110	Ī
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b	0				ł
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ble gaming				l
Ŭ	(gambling) winnings to prize winners?		g g	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			<u> </u>		į
	filed for the calendar year ending with or within the year covered by this return	2a	0				l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b			,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				· · · · ·		Î
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b			•
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over, a				-
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х	
b	If "Yes," enter the name of the foreign country		•				i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR)				١
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	•
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	ction?	•	5b		Х	•
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit				•
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts				•
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	Х		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred	i			
	to file Form 8282?			7c		Х	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					ł
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		X	_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		Х	-
9	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization file Formation) and the organization file Formation (in the organization) and the organization (i			7g			-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e	<u> </u>			į
_	sponsoring organization have excess business holdings at any time during the year?			8			ĩ
9	Sponsoring organizations maintaining donor advised funds.						J
	Did the sponsoring organization make any taxable distributions under section 4966?			9a			-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			ì
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a					ĺ
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1			١
11	Section 501(c)(12) organizations. Enter	100		1			İ
	Gross income from members or shareholders	11a					l
	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·		1			ĺ
	amounts due or received from them)	11b					ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a			J
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						,
	Is the organization licensed to issue qualified health plans in more than one state?			13a			•
	Note. See the instructions for additional information the organization must report on Schedule O			[•
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_					
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					_
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b			

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Form 990 (2017)

Foundation

36-6145045

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a										
	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 10										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	6 Did the organization have members or stockholders?										
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			اا							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1							
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		_	'							
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal								
	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										
	Mary Goranson - 847-699-2929										
	520 N Northwest Hwy, Park Ridge, IL 60068										

Form 990 (2017) Foundation

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

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

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

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

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

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

(A)	(B)	l	111126))	пре	IISai	(D)	(E)	(F)
Name and Title	Average	١	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	├.	cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director				L		the	organizations	compensation
	hours for related	e or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		ag.	ad m		(172, 1000 11,100)		and related
	below	ndual	Institutional trustee	 a	Key employee	esto	ğ			organizations
	line)	Į,	Instr	Officer	Key	Highest compensated employee	Богтег			
(1) Darryl C. Hill, PhD., CSP	1.00	_	į							_
Past Chair		Х		Х	L.		_	0.	0.	0.
(2) Bradley C. Barber, CSP	1.00									•
Trustee	1 00	Х			<u> </u>		<u> </u>	0.	0.	0.
(3) Brian E. Breider, CSP, ARM	1.00	,,			-					0
Trustee	1 00	X			ļ	<u> </u>	ļ	0.	0.	0.
(4) Tracey Cekada	1.00	v						0.	0.	0.
Trustee (as of 1/19/18)	1.00	Х					H	0.	0.	<u> </u>
(5) Jan Simon Clark, CSP, CIH Trustee	1.00	х						0.	0.	0.
(6) David T. Crowley, CSP, CHMM	4.00	^			-	-	-	0.	0.	<u></u>
Chair	4.00	х		х				0.	0.	0.
(7) Joel M. Haight	1.00	<u> </u>						0.	•	
Trustee (thru 6/30/17)	1.00	x						0.	0.	0.
(8) James Kendrick	1.00					_	-		-	
Trustee (thru 6/30/17)		$ \mathbf{x} $						0.	49,500.	0.
(9) James A. Merendino, CSP	1.00				_				·	
Trustee (thru 1/19/18)		x						0.	0.	0.
(10) Linda M. Tapp, CSP	1.00									
Vice-Chair		Х		Х			ļ	0.	0.	0.
(11) Eric Sachleben	1.00									
Trustee (as of 1/19/18)		Х						0.	0.	0.
(12) Richard Sesek, PhD., MPH, CSP,	1.00								·	
CPE - Trustee (thru 1/19/18)		Х						0.	0.	0.
(13) Cece Weldon, CSP, ARM, CHST, ST	1.00								_	
SC - Trustee (as of 7/1/17)		Х						0.	0.	0.
(14) Donny Burke, PhD.	1.00							_	_	_
Trustee (as of 7/1/17)		Х					_	0.	0.	0.
(15) Trish Ennis, CSP, ARM, CRIS	1.00									
Trustee (as of 7/1/17)	1 00	X						0.	3,600.	0.
(16) Michael F. Murray	1.00	,		,				,	_	^
Past Chair (thru 6/30/17)	0 50	Х		Х	-			0.	0.	0.
(17) Dennis L. Hudson	0.50			., l				_	220 000	150 024
Executive Director	37.50			Х				0.	348,900.	150,924.

Form	990 (2017) Foundati	on	,	-			٠٠.	, -		36-63	145	045	F	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	tee or director	e, unle cer ar	Pos check ess pe	erson Irrecto	Highest compensaled that poor transfer employee	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on J S	com fr org	(F) stimate nount other pension the aniza d rela	of ation ne tion ted
		line)	Individ	Institutional t	Officer	Key employee	Highes employ	Former				orga	anızat	10/15
	Mary Goranson	37.50					х		0.	117,2	03.	2	6,9	23
	Sub-total							<u> </u>	0.	499,20	03.	17	7,8	47
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						>	0.	499,20		17	7,8	-
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100				-	(
	compensation from the enganization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey er	nplo	yee	, or l	highest compensated e	employee on				<u>x</u>
4	For any individual listed on line 1a, is the se									the organization	Ī		- 17	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									udual for sequees	-	4	Х	ļ
	rendered to the organization? If "Yes," con	•				•		ciali	ed organization or indiv	iduai ioi services	,	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization Report compensation for										pensa	ation f	rom	
	(A) Name and business			INC					(B) Description of s		Co	(C ompe		n
								\top						
				_				-+						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

American Society of Safety Professionals
Form 990 (2017) Foundation

Part VIII | Statement of Revenue

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<u>. u</u>		Check if Schedule O cont		a or note to any li	ne in this Part VIII			
		Check if Schedule O com	tains a responsi	e or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats str	1 a	Federated campaigns	1a					
اوغ		Membership dues	1b]			
S, M	С	Fundraising events	1c	25,890.]		•	
ar,	d	Related organizations	1d					
S,E		Government grants (contribut	tions) 1e		1			
E S	f	All other contributions, gifts, gran	nts, and		1			
를		similar amounts not included abo	ove 1f	643,068.				
	g	Noncash contributions included in lines	s 1a-1f \$	5,470.			, · (, , , , , ,
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			668,958.		7. 10	, ' ' '
				Business Code				
9	2 a	Scholarship Fee Income		900099	37,305.	37,305.		
er e	þ							
n S	С							
Re	d							
Program Service Revenue	e	A.B						
_	f	1 3	enue		37,305.	, , 1 1, 5, 5 H	.,,,,,,,,	e etterm m, c
\dashv	<u></u> 9	Total Add lines 2a-2t Investment income (including	dividende inte	rest and	37,303.	50 11 S M	DUMBER OF MEN.	1 10014411411
		other similar amounts)	arriachas, inte	LOST, and	96,544.		1	96,544.
	4	Income from investment of ta	x-exempt bond	proceeds	, , , ,			,
	5	Royalties		•				
		,	(i) Real	(II) Personal	, ,,	1 100 110	A Constraint	Mark Salary , west
	6 a	Gross rents	,,	1				
	b	Less rental expenses]	,	. it is not in in the White	Bucker in 180 4
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,865,087	•				
Ì	b	Less cost or other basis						
		and sales expenses	1,537,581					
		Gain or (loss)	327,506		207.506			307 506
		Net gain or (loss)		<u> </u>	327,506.			327,506.
venue	8 a	Gross income from fundraisin						
		including \$ 25 contributions reported on line						
Other Re		Part IV, line 18		10,933.				
je	h	Less direct expenses		15,370.	1	i		
δ		Net income or (loss) from fund		,	-4,437.			-4,437.
		Gross income from gaming ad	-					· · · · · · · · · · · · · · · · · · ·
		Part IV, line 19		3				
	b	Less direct expenses	ı	,				
		Net income or (loss) from gam	ning activities	•	-V-MAR-COLOR CARROL SANCE A CONT.	a fra Colore per to Jacobs to	Section in the section of the sectio	The second secon
	10 a	Gross sales of inventory, less	returns			·		
İ		and allowances	á	ı				
	b	Less cost of goods sold	t	·				-
]	С	Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu	ie	Business Code			-	-
	11 a							
	b			-	_		<u> </u>	
	C	All other verses						
		All other revenue						
	12	Total. Add lines 11a 11d Total revenue See instructions			1,125,876.	37,305.	0.	419,613.
	12	75121 10701120 000 111511 0010115			=,===,=,0,	= 1,230.		

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Form 990 (2017) Foundation
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX. Total responses Programment and the process of	Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
Total expenses		Check if Schedule O contains a respo									
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15 George and the organization of current officers, directors, trustees, and two organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 15 Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Contempose and value and contributions (include section of 3) and 40(1) and 40(1) employer contributions) Contempose and contributions (include section of 3) and 40(1) and 40(1) employer contributions) Contempose and contributions (include section of 3) and 40(1) and 40(1) employer contributions) Contempose and contributions (include section of 3) and 40(1) and 40(1) employer contributions) Contempose and contributions (include section of 3) and 40(1) and 4		•	(A) Total expenses	Program service	Management and	Fundraising					
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign povernments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Presson glas defined under section 4958(f)(17) and persons diserted a section 4958(f)(17) and persons diserted as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and file as section 4958(f)(17) and	1	-		93.583.							
and-outcals. See Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 8 Benefits pad to or for members. 5 Compensation of current officers, decided, state, or local public officials of Coupraint of Italians. See Part IV, Ines 15 and 16 9 Perison and the employee of the state of the sta	2	,		30,000	THE PARTY OF THE PARTY.	CHARLES CONTRACTOR CONTRACTOR					
3 Grants and other assistance to foreign originations, foreign overments, and foreign originations, foreign overments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to of for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Persons (as defined under section 4958(ff(1)) and persons disorded assection 4958(ff(1)) and 4958(ff(1)) and persons disorded assection 4958(ff(1)) and persons disorded a	_		378.652.	378.652.							
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Individuals See Part Mines 15 and 16	•	5				A STATE OF THE STATE OF					
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not incided above, to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1)) and persons described in section 495											
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(1/1)) and persons decrebed in section 4958(1/1) and persons described in section 4958(1/1) and 4959 employer contributions) 7 Other employee benefits 9 Payori laxes 10 Payori laxes 11 Fices for services (non-employees) 12 Advantagement 13 Legal 14 Lobbying 15 Professional fundrasing services See Part IV, line 17 Investment management fees 16 Occupancy 17 Travel 18 Royalties 19 Other (If the 11g amount exceeds 10% of line 25, column (/8) amount, list line 11g persons on Sch 0) 17 Advertising and promotion 18 Royalties 19 Conferences, conventions, and meetings 10 Information technology 19 Royalties 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 11 Payments of strike expenses not covered above (List miscellaricus expenses in large 2 to 11 t	4	· ·			The Season of th						
Trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(I(N)) and persons described in section 4958(I(N)) and persons described in section 4958(I(N)) and 9858(I(N)) an		•									
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persons discorbed in section 4958(c)(3)(B) 7 Other salanes and wages Penson plan accruals and contributions (include section 401(k) and 402(t) employer contributions) Other employee benefits Payroll taxes 1 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) 12 Advertising and promotion 13 Office expenses 13 , 988 9, 993 1, 821 2, 174 4. 14 Information technology 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 19 Payments of affiliates 20 Depreciation, depletion, and amortization 1 Insurance 1 Insurance 1 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 2 Other expenses line 24e expenses in line 24e II line 2 Advanced above (Is line 24e expenses in Schedule 0) 3 Shared Corporate Svcs . Scholarship Fees 7 No 9. Next Gen Board All other expenses 3 Jan 1 1, 525 . All other expenses 3 Jan 1 1, 525 . All other expenses 3 Jan 1 1, 525 . All other expenses 4 Other expenses 5 Jan 1 20 . All other expenses 4 Other expenses 5 Jan 1 20 . All other expenses 4 Other expenses 5 Jan 2 . All other expenses 4 Other expenses 5 Jan 2 . All other expenses 5 Jan 2 . All other expenses 5 Jan 2 . All other expenses 5 Jan 2 . All other expenses 5 Jan 2 . All other expenses 6 Jan 2 . All other expenses 7 Jan 2 . 8 Jan 2 . 8 Jan 2 . 9 Jan 2 . 1 Jan 2 . 2 Jan 2 . 2 Jan 2 . 2 Jan 2 . 2 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 3 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 3 . 4 Jan 4 Jan 3 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4 . 4 Jan 4 Jan 4	6										
7 Other salaries and wages 8 Penson plan accruals and contributions (include section 40 (kl) and 40 (persons (as defined under section 4958(f)(1)) and									
Reside the management Resident Resid		persons described in section 4958(c)(3)(B)									
section 40 1(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting I Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0) Advertising and promotion Office expenses 13, 250. 17, 726. 17, 726. 17, 726. 17, 726. 17, 726. 17, 726. 19, 383. 399. 18, 692. 292. 18, 692. 292. 19, 383. 399. 18, 692. 292. 19, 383. 399. 18, 692. 292. 19, 383. 399. 18, 692. 292. 15, 074. 10 Insurance Other expenses in line 24 liling above (List imscellarous) expenses in line 24 liling above (List imscellarous) expenses in line 24 liling amount, list line 24 expenses on Schedule 0) Shared Corporate Svcs. Scholarship Fees All other expenses 709. 719. 1704. 818, 345. 602, 323. 98, 312. 117, 710.	7	Other salaries and wages									
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting dL Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Sch O) 12 Advertising and promotion 13 Office expenses 13 2,550 14 1 Information technology 15 Royalties 16 Occupancy 17 Travel 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments of travel or entertainment expenses for any federal, state, or local public officials 22 Open-caution, depletion, and amortization lasurance 24 Other expenses i line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount exceeds 10% of line 25,	8	Pension plan accruals and contributions (include									
10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrasing 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 Sch 0) 12 Advertising and promotion 13 Office expenses 13,250, 2,335, 915. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments of affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Office expenses in line 24e If line 24e amount, list line 24e expenses on Schedule 0) 24 Shared Comportate Svics. 25 Scholarship Fees 26 Next Gen Board 26 Joint costs Complete this line only if the organization reported in column (8) point costs from a combined educational campagin and fundrasing solicitation Cheschere) Interest Interest Interest Interest Stock Sea 7:20 10 Interest Scholarship Fees 10 Scholarship Fees 10 Jistipulary (8) point costs from a combined educational campagin and fundrasing solicitation Cheschere) Interest Interest Interest Interest Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 10 Interest Scholarship Fees 11 Interest Scholarship Fees 12 Interest Scholarship Fees 13 Interest Scholarship Fees 13 Interest Scholarship Fees 13 Interest Scholarship Fees 13 Interest Scholarship Fees 14 Interest Scholar		section 401(k) and 403(b) employer contributions)									
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b Legal c Accounting d Lobbying 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 Sch O) 12 Advertising and promotion 13 Agree 17, 726	11	Fees for services (non-employees)		•							
d Lobbyrng e Professonal 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 Sch 0) 12 Advertising and promotion 13 Office expenses Grid file expenses 13 , 988	а	Management									
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Intercompany of the following SOP 98-2 (ASC 958-720)			818,345.	602,323.	98,312.	117,710.					
educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	26	,									
Check here if following SOP 98-2 (ASC 958-720)											
		 _									
			l	<u> </u>		F. 000 (22 =					

36-6145045 Page 11 Form 990 (2017) Foundation Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 366,347. 315,056. 1 Cash - non-interest-bearing 307,189. 264,152. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 11,891 4 4 Accounts receivable, net **阿尔斯**斯克克 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under acction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net Inventories for sale or use 4,305. 3,828. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 5,154,053 5,560,580. 11 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 5,800,748 6,191,444. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 304,275. 324,086. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 7,750. 16,750. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 36,561 56,012. Schedule D 348,586. 396,848. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,800,425. 1,952,313. 27 27 Unrestricted net assets 3,832,283. 3,641,737. 28 Temporarily restricted net assets 28 10,000. 10,000. Permanently restricted net assets 29 A STATE OF THE STA Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds

> 6,191,444. Form 990 (2017)

5,794,596.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,452,162.

5,800,748.

33

34

American Society of Safety Professionals Foundation

Form	990 (2017) Foundation	36	-6145045	Pag	_{je} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		I			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,125		
2	Total expenses (must equal Part IX, column (A), line 25)	2	818		
3	Revenue less expenses Subtract line 2 from line 1	3	307		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,452		
5	Net unrealized gains (losses) on investments	5	34	, 9	03.
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	5,794	1,5	96.
<u> P</u> aı	TIXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			m 10 s
	separate basis, consolidated basis, or both			}	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s, 188		
	consolidated basis, or both				• •
	Separate basis			`	٠,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt	t, 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		1255317	N	*
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Aı	udit 🔼		Kors.
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	udit I	l	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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.

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

American Society of Safety Professionals

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Foundation 36-6145045 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ıv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 l An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (1) Name of supported (ii) EIN n your gove rning docume (described on lines 1.10) support (see instructions) support (see instructions) organization Yes above (see instructions))

organization, check this box and stop here

36-6145045 Page 2 Schedule A (Form 990 or 990-EZ) 2017 Foundation Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 in) (f) Total (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, grants, contributions, and membership fees received (Do not 873,068. 769,701. 877,698. 770,602. 668,958 3,960,027. include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 701 877,698. 602 3,960,027. 873,068 769. 668,958 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,960,027. 6 Public support. Subtract line 5 from line 4 Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	873,068.	769,701.	877,698.	770,602.	668,958.	3,960,027.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	76,659.	70,833.	76,163.	82,066.	96,544.	402,265.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10	第一人の発行を行る	in the same of the	Man parties of the same	market in the second		4,362,292.

182,680 12 12 Gross receipts from related activities, etc. (see instructions) 13 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)

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	90.78 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.22 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33	1/3% or more, check	this box and
stop here. The organization qualifies as a publicly supported organization		ightharpoons X
h 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15	s 33 1/3% or more ch	seck this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and circumstances" test. The organization qualifies as a publicly supported organization

		-	•	•		-			
b 10%	-facts-and-circumstances test - 2016	. If the orga	anızatıon dı	d not check	a box on I	ine 13, 16a,	16b, or 17a, an	d line 15 is 10%	or
mo	e, and if the organization meets the "facts	-and-circui	mstances"	test, check t	his box ar	nd stop here	e. Explain in Par	t VI how the	
org	anization meets the "facts-and circumstan	ces" test 1	The organiz	ation qualifi	es as a pu	blicly suppo	orted organizatio	n	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2017

Part

إالنا	Support	Schedule for	Organizations	Described in	n Section	509(a)(2)	
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(Complete only if you checked the box on line 10 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)∮Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						/
2	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						
3	Gross receipts from activities that				l		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities				/		
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	•					
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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			/			_
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	ι(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		/	/			
t	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses		/				
	acquired after June 30, 1975						
	Add lines 10a and 10b		/				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)		<i>y</i>				
14	First five years. If the Form 990 is for	the organization	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here	<u> </u>					<u>▶</u> ∟_
	ction C. Computation of Publ					 	
	Public support percentage for 2017 (I	, , ,	•	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					rr	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2	ii ii				18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	- <i>1</i>					7 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2016. If the	- <i>y</i>					and
	line 18 is not more than 33 1/3%, che	,					>
20	Private foundation If the organization	n did ^ø not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions	▶∟

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. D. and F. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

206	tion A. All Supporting Organizations	-		
ec	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1	-
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>	<u> </u>	
	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		<u> </u>	
	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		<u> </u>	
	(b) and (c) below	3a		
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	<u></u> :	<u> </u>	
	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		<u> </u>	
	"Yes," and if you checked 12a or 12b 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		
С	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)? 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		l.	
_	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already	- Sa		
D	designated in the organization's organizing document?			
_	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 (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	ļ 		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	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			
	ın 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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9с		L
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		

10b

b Uid 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)

100		14704	: J P	age 5
Pa	rt IV Supporting Organizations (continued)		Ι	T
44	Use the experience approach a getting contribution from any of the following payment?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		-
h	A family member of a person described in (a) above?	11b	 	\vdash
	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1 119	<u>. </u>	1
			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	,	1	.
	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		.	<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported		ľ ·	ŀ
	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		
Sec	tion C. Type II Supporting Organizations		Τ	Τ
			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	1 .	, ,	
	or management of the supporting organization was vested in the same persons that controlled or managed		·	
500	the supported organization(s) tion D. All Type III Supporting Organizations	1		
360	tion b. 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		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	' '	1	·
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	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	1		
	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		İ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u> </u>
	supported organizations played in this regard	3		
Sec	tion 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 yeatsee instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ì		١
	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			
1.	that these activities constituted substantially all of its activities	2a	 	\vdash
þ	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	-	\vdash
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI	3a	-	
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	Щ.	<u> </u>

Sche	edule A (Form 990 or 990-EZ) 2017 Foundation			36-6145045 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion 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	1 1		
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		4	1
	instructions for short tax year or assets held for part of year)	,	•	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	٠,	es = 489 - 4	اشادی د د پر پر
	factors (explain in detail in Part VI)	°	1 . A. b.	•
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		<u> </u>
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non functional	ly integrat	ted Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Foundation 36-6145045 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (ı) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a | **b** From 2013 c From 2014 d From 2015 e From 2016 Total of lines 3a through e But the market of g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) i Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines 3j 8 Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 Foundation	36-6145045 Page 8
Part VI,	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, Pastion D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions)	a or 17b, Part III, line 12, es 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V,
	(eee instructions)	
	······································	
•		
		
		-
		
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

American Society of Safety Professionals

Open to Public

Inspection

OMB No 1545-0047

Name of the organization

Foundation

Employer identification number 36-6145045

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa			Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	·	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic str	• •	2c
a	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	
•	listed in the National Register Number of conservation easements modified, transferred, re	logged evenes uphed or terminated by the	2d
3	year	neased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$	-	- ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amount:
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		S S S S S S S S S S
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	> •
a	Revenue included on Form 990, Part VIII, line 1		S
n	Assets included in Form 990, Part X		> 3

	dule D (Form 990) 2017 FOUNDAT			•		<u> </u>		45045	Pag	<u>e 2</u>
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following tha	t are a s	ignificant	use of its	collection	items	
	(check all that apply)									
а	Public exhibition	d	I 💹 Loan or ex	change progra	ams					
b	Scholarly research	е	e Other							
С	Preservation for future generations		-	•						_
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o			=						
_	to be sold to raise funds rather than to be ma		-					Yes		No
Par					"Yes" or	Form 99	0. Part IV.			
	reported an amount on Form 990, Pa		0.0 ii ii.2 0.gaa.				-, ,			
12	Is the organization an agent, trustee, custod		tiany for contribution	ons or other as	sets not	tincluded				—
Ia		ian or other intermet	diary for contribute	ons or other as	3613 1101	included	' <u> </u>	Yes		No
	on Form 990, Part X?		llaa tabla				_	7 162		140
D	If "Yes," explain the arrangement in Part XIII	and complete the to	niowing table			Г	I	A A		—
						-	-	Amount		—
	Beginning balance					1c	-			—
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	L			
	Did the organization include an amount on F					-	ـــا	_ Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII								Ш	
Par	t V. Endowment Funds. Complete	f the organization an	swered "Yes" on I	Form 990, Part	IV, line	10				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three	years back	(e) Four y		
1a	Beginning of year balance	10,000.	10,000	. 10	0,000.		10,000.		10,0	00.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									_
	and programs							1		
f	Administrative expenses					_				
g g	End of year balance	10,000.	10,000	. 10	0,000.		10,000.		10,0	00.
2	Provide the estimated percentage of the curr	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Board designated or quasi-endowment	• 00	% (iiiie 19, colaiiiii	(a)) Held as						
	100 00	%								
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	rea for t	ne organ	ization	Г	. т.	
	by									<u>v</u>
	(i) unrelated organizations							3a(ı)		<u>x</u> X
	(II) related organizations							3a(II)	_ -	<u>~</u>
þ	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R	?				3b		
4	Describe in Part XIII the intended uses of the		owment funds							
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a	See Form 990	, Part X	line 10				
	Description of property	(a) Cost or o	ther (b) Cos	st or other	(c) A	ccumulat	ed	(d) Book	value	
		basis (investr	ment) basi:	s (other)	de	preciation	١			
1a	Land									_
	Buildings									_
	Leasehold improvements									_
	Equipment								-	_
	Other		•	-						
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, column (B). line	10c)						0.
	1-7,11001	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,							_

hedule D (Form 990)) 2017	Found	dat	i	or

36-6145045 Page 3

Schedule D (Form 990) 2017 Foundation			36-61	145045 Page 3
Part VII Investments - Other Securities.				-
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11b See Form 990,	Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end-of-y	ear market value
(1) Financial derivatives				
(2) Closely held equity interests				· · · · · · · · · · · · · · · · · · ·
(3) Other				
		·		
(A)				
(B)				
(C)	_			
(D)	ļ <u>.</u>			
(E)				
<u>(F)</u>				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.		·		
Complete if the organization answered "Yes"	on Form 990. Part IV. I	ne 11c See Form 990.	Part X. line 13	
(a) Description of investment	(b) Book value		aluation Cost or end-of-y	ear market value
	<u> </u>		·	
(1)				
(2)				
(3)				
(5)				
(6)			··	
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets.			· .	
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ne 11d See Form 990,	Part X, line 15	
	Description			(b) Book value
(1)	,			
(2)				
(3)				
(4)				
(5)			·	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	<u>e 15)</u>			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11e or 11f See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Due to Related Party		56,012.		
		,		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 990, Part X, col (B) line	e 25)	56,012.		

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

American Society of Safety Professionals 36-6145045 Page 4 Foundation Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,176,149. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12 34,903 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 15,370 d Other (Describe in Part XIII) 2d 50,273. e Add lines 2a through 2d 1,125,876. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 1,125,876. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII, Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 833,715. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 15,370. d Other (Describe in Part XIII) 2d 15,370.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

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

Part X, Line 2:

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

The Foundation has adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Foundation and various positions related to the potential sources of unrelated business taxable income (UBTI). There were no unrecognized tax benefits identified or recorded as liabilities for the reporting periods

2e

3

4c

818,345.

818.345.

0.

•	American Soci	iety of S	afety Pro		
Schedule D (Form 990) 2017 Part XIII Supplemental Infor	Foundation mation (continued)	···	 	36	5-6145045 Page 5
presented in these		tements.			
The Foundation file	s Form 990 in	the U.S.	federal	juridiction	and the
State of Illinois.					
Part XI, Line 2d -	Other Adjustme	ents:			
Direct Fundraising	Expenses				15,370.
Part XII, Line 2d -	Other Adjustr	ments:			
Direct Fundraising	Expenses				15,370.
		 -			
					· · · · · · · · · · · · · · · · · · ·
				· · · ·	

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

Internal Revenue Service Name of the organization

American Society of Safety Professionals Foundation

36-6145045

OMB No 1545-0047

Part I Fundraising Activities required to complete this par	Complete if the organization answer	red "Y	'es" oi	n Form 990, Part IV,	line 17 Form 990-E2	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual fart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclui	non-g gover using d ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						•
Total 3 List all states in which the organization or licensing	n is registered or licensed to solicit o	contrib	utions	or has been notified	d it is exempt from re	egistration
						.
						
					<u>. </u>	
				_ .		

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

American Society of Safety Professionals
Schedule G (Form 990 or 990 EZ) 2017 Foundation
Part II Fundraising Events Completed

36-6145045 Page 2

		of fundraising event contributions and gr				ots greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			Golf Outing	((4.4.4)	col (c))
ane			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,823.			36,823.
	2	Less Contributions	25,890.			25,890.
	3	Gross income (line 1 minus line 2)	10,933.			10,933.
	4	Cash prizes	725.			725.
Ş	5	Noncash prizes	1,650.			1,650.
xpense	6	Rent/facility costs	8,637.			8,637.
Direct Expenses	7	Food and beverages	4,288.			4,288.
۵	8	Entertainment	70.			70.
	9	Other direct expenses Direct expense summary Add lines 4 through			>	15,370.
	10		• •			-4,437.
Pa	rt		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Вè	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
_	F-4					
а	ls t	ter the state(s) in which the organization condi he organization licensed to conduct gaming a No," explain	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain		•	•	Yes No
	_			<u></u>		
		9- 13- 17				m 990 or 990-EZ) 201

32

Sch	nedule G (Form 990 or 990 EZ) 2017 Foundation	<u>36-6145045</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
	to administer charitable gaming?	└── Yes L	No
	Indicate the percentage of gaming activity conducted in	1 1	
	a The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	JS	
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
Ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt	
	of gaming revenue retained by the third party ▶\$		
c	of "Yes," enter name and address of the third party		
	Name ►		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes L	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and P 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, lines 9, 9b, 10b	, 15b,
_	15C, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			· -

Schedule Gifpom 990 or 990 E2) FOUNDation [Partiv] Supplemental Information (continued) A 56-5145045 Page 4	Schedule G	/Earm 990 or 990 EZ)	American Foundatio	Society	of	Safety	Professionals	36-6145045	Page 4
	Part IV-	Supplemental Infor	mation (continue	ed)					1 age 4
	6. 30. a.s.v.								
						•			
								<u> </u>	
				,					
									
	·-								
			<u>.</u>						
			·						

SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Safety Professionals Jo American Society

Name of the organization American Society of Safety Professionals	Society o	of Safety Pro	ofessiona	ls			Employer identification number
Foundation	'n						36-6145045
Part General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	v for the grants or ass	istance, and the selec	lion
crreria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organization	Domestic Organi	zations and Domestic	: Governments. C	omplete if the orga	inization answered "Y	is and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additiv	onal space is need	Jed			
1 (a) Name and address of organization or government	NE (a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Research Foundation for State University of NY - P.O. Box 9 - Albany NY 12201	14-1368361 501(c)(3)	501(c)(3)	85,000.	0			Fatigue management research study.

Foundation

Schedule I (Form 990) (2017)

Part III

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

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Page 2

36-6145045

(f) Description of noncash assistance lodging & catering for conference attendees (e) Method of valuation (book, FMV, appraisal, other) an independent committee consisting of elected members The Foundation trustees annually monitor fundraising efforts and determine reviews scholarship application and selects recipients based on a ranking Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information allocated grants based on total dollars raised. The scholarship review 33,250.FMV (d) Amount of non-cash assistance 0 0 are retained indefinitely 。 330,272 15,130 (c) Amount of cash grant 125 18 (b) Number of recipients 150 the process Future Safety Leaders Student Conference (a) Type of grant or assistance ა ე of which Records 2 Line committee, Scholarships Part I, system. PE Grants Part IV

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Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Department of the Treasury

Part I

Compensation Information

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

Compensated Employees

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

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

Internal Revenue Service Name of the organization

Questions Regarding Compensation

American Society of Safety Professionals Foundation

Inspection Employer identification number 36-6145045

OMB No 1545-0047

Open to Public

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	•		, 1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1
	First-class or charter travel Housing allowance or residence for personal use		٠	
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		,	1
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	, "		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III	•	·	
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			
				-
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			- 3.5
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			- 1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		-
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Page 2

Foundation

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't 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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denemis	(a)-(i)(a)	in column (b) . reported as deferred on prior Form 990
(1) Dennis L. Hudson Executive Director	33	255,744.	65,000.	8,156.	118,794.	32,130.	479,824.	0.0
	ΞΞ							
	Ξ3							
	33							
	33							
	33							
	ΞΞ							
	33							
	33							
	33							
	ΞΞ							
	ΞΞ							
	ΞΞ							
	ΞΞ					:		
	ΞΞ							
	ΞΞ							
732112 16-17-17	1			38			Schedu	Schedule J (Form 990) 2017

Part III Supplemental Information

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 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 surveys and develop a composite matrix for the Executive Director position. The Executive Committee engaged an independent consultant to review salary the Executive Committee has determined a salary for the With this data, Part I, Line 3: position.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

Name of the organization

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

American Society of Safety Professionals

Foundation

Employer identification number 36-6145045

Form 990, Part I, Line 1, Description of Organization Mission:

American Society of Safety Professionals, generates funding and

provides resources for scholarship, applied research, academic

accreditation, and related academic initiatives in order to advance the

Occupational Safety & Health (OSH) profession.

Form 990, Part III, Line 1, Description of Organization Mission:

academic initiatives in order to advance the Occupational Safety &

Health (OSH) profession.

Form 990, Part VI, Section A, line 4:

American Society of Safety Professionals Foundation updated its bylaws to change its name from American Society of Safety Engineers Foundation to American Society of Safety Professionals Foundation.

Form 990, Part VI, Section A, line 7b:

Newly elected trustees must be approved by ASSP's Board of Directors.

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by ASSP's Assistant Controller and Finance Director prior to filing with the IRS. The return is reviewed for clerical accuracy and also reconciled to the audited financial statements. Form 990 is then reviewed by the Foundation Director and ASSP's Executive Director. A copy of the Form 990 is then provided to the Foundation Trustees before submission to the IRS.

Employer identification number 36-6145045

Form 990, Part VI, Section B, Line 12c:

Annually, each officer, director and employee of the ASSP Foundation completes and returns a record of disclosure. The Foundation Trustees reviews these records of disclosure to determine whether a conflict exists and, if so, to determine what action should be taken. If a conflict exists, the board member having the conflict of interest would remove him/herself from any discussion of voting on the conflict of interest. The acceptance of such disclosures are made a part of the minutes of the meeting or documented by an email ballot. The records of disclosure are maintained in the Foundation's permanent records.

Form 990, Part VI, Section B, Line 15:

Independent persons, in the form of the Executive Committee, meet to review compensation data provided by outside parties. They compare the proposed salary to survey data and make the decision. They provide documentation of the decision and attach the survey data.

Form 990, Part VI, Section C, Line 19:

The results of American Society of Safety Professionals Foundation audit including the consolidated statement of activites and the consolidated statement of financial position are posted in the Professional Safety Journal each fall. Other documents, such as governing documents, conflict of interest policy, the complete fiscal year audit report, and Form 990 are available upon request for the same period of disclosure as set forth in IRC section 6104(d).

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2017

OMB No 1545-0047

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

American Society of Safety Professionals

Foundation

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 36-6145045

Open to Public

Schedule R (Form 990) 2017 ş (g) Section 512(b)(13) × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End of year assets Y/A status (if section e Public charity 501(c)(3)) Total income Exempt Code ਉ section 501(c)(6) Ð Legal domicile (state or Part I] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ত Illinois Professional Association Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36-2413556, 520 N Northwest Hwy, Park Ridge, American Society of Safety Professionals Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity œ 60068 Part II

Schedule R (Form 990) 2017 Foundation

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

Page 2

36-6145045

(a)	(q)	(0)	(p)	(e)	ε	(b)	(£)	Ξ	3	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		633663	Yes No		Yes No	
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Part IV Identification of Related Organizations Taxable as a Corporation or trust during the tax year	rganizations Taxable orporation or trust duri	as a Corport	oration or Trust. Co year	ration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related ear	ation answered "Ye	s" on Form 990, F	Part IV, line 3	4, because it had	one or m	ore related
(*)			1-10				_			

(a)	(q)	(c)	(p)	(e)	()	(6)	(h)	Ξ	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	age hip	Section 512(b)(13) controlled entity?	در 13) م
		country)		or trust)		assets		Yes	Š
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Part V] Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

2	×	×	×	×	×	 ×	×	×	×	X	×	×	×	×		×	×	7	×) 2017
Yes															×					×									π 990
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n Dade II.IV.																					relationships and transaction thresholds	(d) Method of determining amount involved	Cash		and the second s				Schedule R (Form 990) 2017
pated acceptance letect	בימיכט סיטמווובמויסווט ויטופט																				this line, including covered	(c) Amount involved	220,000.						
and this se												anization(s)	anization(s)	(s)uoi							who must complete	(b) Transaction type (a-s)	0						7 7
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. During the tax year did the creamization engage in any of the following transactions with one or more related organizations listed in Barts II.IV.3.	a Receipt of (I) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)	h Purchase of assets from related organization(s)	 Exchange of assets with related organization(s) 	J Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)	l Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 Sharing of paid employees with related organization(s) 	p Re mbursement paid to related organization(s) for expenses	q Re mbursement paid by related organization(s) for expenses		 Other transfer of cash or property to related organization(s) 	s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of related organization	(1) American Society of Safety Professionals	(2)	(3)	(4)	(5)	(9)	732163 09-11-17

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Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2017

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

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(a)	(a)	<u></u>	(g	(e)	£		Ē	3 3 3 4	3	<u>\$</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incom (related, unrelated, excluded from tax incomes	e partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor tionate attocations?	amount in box 20 managing ownership	General o managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	ıncome		Yes No	(Form 1065)	Yes No	
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