

Short Form Return of Organization Exempt From Income Tax

2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN SOCIETY OF PERFUMERS, INC.		D Employer identification number 22-2392465
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (201) 500-6101
	P.O. BOX 1256		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code PISCATAWAY, NJ 08855		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	
I Website: ▶ WWW.ASPERFUMERS.ORG			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 46,472.			

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	23,222.
	4 Investment income	4	125.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	23,125.
c Less: direct expenses from gaming and fundraising events	6c	23,939.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-814.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,533.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	400.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	35,100.
	13 Professional fees and other payments to independent contractors	13	1,784.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	32,156.
	17 Total expenses. Add lines 10 through 16	17	69,440.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-46,907.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	409,200.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	362,293.

LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2021)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	409,200.	362,293.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	409,200.	362,293.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	409,200.	362,293.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VINCENT KUCZINSKI PRESIDENT	10.00	2,500.	0.	0.
CHRISTOPER DIENNO CHAIRPERSON	5.00	1,000.	0.	0.
SHERI SEBATIAN VICE PRESIDENT	5.00	1,000.	0.	0.
JAMES KRIVDA SECRETARY	5.00	1,000.	0.	0.
JOHN GAMBA TREASURER	5.00	1,000.	0.	0.
ASHLEY WILBERDING DIRECTOR	3.00	0.	0.	0.
SUSAN ARSLANER DIRECTOR	3.00	1,000.	0.	0.
GAIL FOWLER KRELL DIRECTOR	3.00	1,000.	0.	0.
LIONEL NESBITT DIRECTOR	3.00	1,000.	0.	0.
PAULA KUNDU ALTERNATE DIRECTOR	2.00	1,000.	0.	0.
ALEX NUNEZ ALTERNATE DIRECTOR	2.00	0.	0.	0.
JAMES FASSOLD FINANCIAL DIRECTOR	5.00	12,500.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		
47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
48		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49a		
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 N/A

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 N/A

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here

Signature of officer: VINCENT KUCZINSKI, PRESIDENT Date: _____

Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	08/01/22	P00543209
	Firm's name PKF O'CONNOR DAVIES, LLP	Firm's EIN 27-1728945	Firm's address 245 PARK AVENUE, 12TH FLOOR	
Firm's address NEW YORK, NY 10167		Phone no. 212-286-2600		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GOLF CLASSIC		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	23,125.		23,125.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	23,125.		23,125.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	13,149.		13,149.
	7	Food and beverages	8,640.		8,640.
	8	Entertainment			
	9	Other direct expenses	2,150.		2,150.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-814.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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Name of the organization

AMERICAN SOCIETY OF PERFUMERS, INC.

Employer identification number

22-2392465

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	125.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CONFERENCE AND MEETING EXPENSES	4,097.
OFFICE SUPPLIES AND EXPENSES	6,393.
INFORMATIONAL TECHNOLOGY	14,816.
INSURANCE EXPENSE	2,015.
EVENT EXPENSES	4,835.
TOTAL TO FORM 990-EZ, LINE 16	32,156.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MAIN GOAL OF THE ASP

IS TO FOSTER AND ENCOURAGE THE ART AND SCIENCE OF PERFUMERY IN THE

UNITED STATES AND TO REPRESENT OUR COMMUNITY INTERNATIONALLY. THIS IS

ACCOMPLISHED BY PROMOTING PROFESSIONAL EXCHANGE WITH A HIGH STANDARD OF

CONDUCT WITHIN THE FRAGRANCE INDUSTRY. ACHIEVING THESE GOALS HAPPENS

THROUGH MULTIPLE CHANNELS, NETWORKING AND SELECT EVENTS AS WELL AS

CO-SPONSORING AND DEVELOPING CO-RELATIONSHIPS WITH OTHER ORGANIZATIONS.

THROUGH THESE AVENUES WE PROVIDE A FORUM WHERE LEADING MEMBERS OF THE

FRAGRANCE COMMUNITY HAVE THE OPPORTUNITY TO SPEAK AND PRESENT

INFORMATION ON ALL ASPECTS OF THE INDUSTRY.

OUR MISSION IS TO EDUCATE, SUPPORT AND PROMOTE THE PERFUMER WHILE

EXPANDING UPON THE RESOURCES MADE AVAILABLE TO OUR MEMBER PERFUMERS.

THESE PILLARS DO NOT JUST LOOK TO ADDRESS PERFUMERY EXPERTISE, BUT REAL

Name of the organization AMERICAN SOCIETY OF PERFUMERS, INC.	Employer identification number 22-2392465
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LIFE ISSUES EXPERIENCED BY OUR MEMBERSHIP PROVIDING DIFFERENT AVENUES OF NETWORKING, KNOWLEDGE GETTING AND ASSISTANCE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE WORLD PERFUMERY CONGRESS (WPC) IS A UNIQUE THREE-DAY EDUCATIONAL AND NETWORKING FORUM UNITING FRAGRANCE INDUSTRY PROFESSIONALS, THEIR SUPPLIERS AND BRAND MARKETERS TO DISCUSS CURRENT AND FUTURE OPPORTUNITIES. THE EVENT IS HELD BI-ANNUALLY AND WAS CANCELLED IN 2020 DUE TO THE COVID-19 PANDEMIC. THE EVENT WILL BE HELD NEXT IN 2022.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

