Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

For the 2021 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address change 22-2392465 AMERICAN SOCIETY OF PERFUMERS, INC. Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return (201)500-6101P.O. BOX 1256 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return PISCATAWAY, NJ 08855 Application pending Number > X Cash Accrual **H** Check ► **X** if the organization is **G** Accounting Method: Other (specify) Website: ► WWW.ASPERFUMERS.ORG not required to attach Schedule B Tax-exempt status (check only one) - $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) (6) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$ (Form 990). Form of organization: X Corporation Trust Association Other 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, 46,472. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 2 2 23,222. Membership dues and assessments 3 3 Investment income SEE SCHEDULE O 125. 4 4 **5a** Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than **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 23,125. gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events 6c -814.d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с 8 Other revenue (describe in Schedule O) 8 22.533. **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 400. 10 10 Benefits paid to or for members 11 11 35,100. Salaries, other compensation, and employee benefits 12 12 1,784. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 32,156. 16 16 69,440. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) -46,907. 18 18 Net Assets 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) 409,200. 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 362,293. Net assets or fund balances at end of year. Combine lines 18 through 20

Pa	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res				<u></u>	
				(A) Beginning of year			nd of year
22	Cash,	, savings, and investments		409,200	- 22		362,293.
23		and buildings			23		
24	Other	assets (describe in Schedule 0)			24		
25		assets		409,200	_		362,293.
26	Total	liabilities (describe in Schedule 0)		0.		<u> </u>	0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)	409,200	27		362,293.
Pa	art III	<u> </u>	,	,	77		kpenses for section
		Check if the organization used Schedule O to res		in this Part III	X	501(c)(3)	and 501(c)(4)
		organization's primary exempt purpose? SEE SCHEDULE				organizati others.)	ons; optional for
		rganization's program service accomplishments for each of its three largest program ibe the services provided, the number of persons benefited, and other relevant inform		. In a clear and concise		0111013.)	
28	SEE	SCHEDULE O	· -				
20							
	(Grants	$0 \cdot)$ If this amount includes foreign	grants, check here	>		28a	0.
29	<u></u>	,	· g				
	(Grants	s \$) If this amount includes foreign	grants, check here	>		29a	
30							
	(Grants	s \$) If this amount includes foreign	grants, check here	>		30a	
31	Other p						
	(Grants	,				31a	
32	Total p	program service expenses (add lines 28a through 31a)			<u> </u>	32	
Pa	art IV	List of Officers, Directors, Trustees, and Key I			ee the i	nstructions fo	
		Check if the organization used Schedule O to res	<u> </u>		/ ₄ \		<u>X</u>
			(b) Average hours per week devoted to	(C) Reportable compensation (Forms	contr	alth benefits, ibutions to	(e) Estimated amount of other
		(a) Name and title	position	W-2/1099-MISC/ 1099-NEC)	plans,	oyee benefit and deferred	compensation
77 T	NICEN	NT KUCZINSKI	1	(if not paid, enter -0-)	com	pensation	
	ESII		10.00	2,500.		0.	0.
		TOPER DIIENNO	10.00	2,300.		<u> </u>	
		PERSON	5.00	1,000.		0.	0.
		SEBATIAN	3.00	1,000.			· ·
		PRESIDENT	5.00	1,000.		0.	0.
		KRIVDA	7.00	1,000.			· · ·
		PARY	5.00	1,000.		0.	0.
		GAMBA					
	EASU		5.00	1,000.		0.	0.
		Y WILBERDING		,			
	RECT		3.00	0.		0.	0.
		ARSLANER					
	RECT		3.00	1,000.		0.	0.
GA	IL F	FOWLER KRELL					
$\overline{\mathtt{DI}}$	RECI	ror	3.00	1,000.		0.	0.
LΙ	ONEI	NESBITT					
	RECT		3.00	1,000.		0.	0.
		KUNDU					
\overline{AL}	TERN	NATE DIRECTOR	2.00	1,000.		0.	0.
		NUNEZ					
		NATE DIRECTOR	2.00	0.		0.	0.
		FASSOLD					
FΤ	NANC	CTAL DIRECTOR	5.00	12 500.		0.	0.

_	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part '	V	X			
			Yes	No			
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 0	33		X			
34							
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions						
35 a	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)?						
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	<u>N/</u>	<u> </u>			
C	c 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	36		X			
	Enter amount of political expenditures, direct or indirect, as described in the instructions	_					
	Did the organization file Form 1120-POL for this year?	37b		X			
38 a	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?	38a		X			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	4					
39	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on line 9 39a N/A	-					
	Gross receipts, included on line 9, for public use of club facilities N/A	-					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A						
b	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	40.	NT /	_			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A			
C	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 N/A						
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization						
	by the organization N/A All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
6	transaction O If IIVan II annual to Form 2000 T	40e		x			
41	List the states with which a copy of this return is filed NONE	406					
	The organization's books are in care of ► JAMES FASSOLD Telephone no. ► 732-98	1 – 3	476				
72 a	Located at P.O. BOX 1256, PISCATAWAY, NJ						
h	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		Yes	No			
	account)?	42b		х			
	If "Yes," enter the name of the foreign country	122					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х			
_	If "Yes," enter the name of the foreign country						
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	N/A					
			Yes	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44a		X			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead						
	of Form 990-EZ	44b		X			
C	c Did the organization receive any payments for indoor tanning services during the year?						
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation						
	in Schedule 0	44d		<u> </u>			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X			
b	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	45b					
		Form 9	90-EZ	(2021)			

Form **990-EZ** (2021)

If Yes, Complete Schedule C, Part I 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 Ves No. 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 Is the urganization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 40 10 If the organization achool as described in section 170(b) (1/A)(ii)? If Yes, complete Schedule E 41 42 12 If Yes, Complete Schedule E 43 14 If Yes, Complete Schedule C 44 15 If Yes, Swall achool acho									Yes	No
All 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 Oto respond to any question in this Part VI 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 a 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 a 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 a Did the organization engage in lobbying activities or have a section 501(h) (l)(l)(l)(l) if Yes, complete Schedule C 48 a Did the organization engage in lobbying activities or have a section 501(h) (l) (l)(l) if Yes, complete Schedule C 49 but If Yes, Sweet Complete Schedule C (a) Name and title of each employee and schedule organizations schedule C (b) Avestage hours per veel devoted to present this state for the organizations from the properties this table for the organizations from the properties this table for the organizations from the properties the schedule organization organizations from the properties the schedule organization organizations from the properties the schedule organization organization organizations from the properties of perior, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and conflict the properties or the properties of perior, I declare		1.01.11.05.11				•		46		x
All section 5.01 (G)S organizations must an asser questions 4.7-40b and 5.2, and complete the tables for lines 50 and 51. Check if 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 If yes, Organization a school as described in section 170(h)(1)/(i/iii) if Yes, Complete Schedule E II yes, Yes the related organization aseaton 527 organization? 48								1 40		
Check if the organization used Schedule O to respond to any question in this Part VI Tyes No. The provided Sch. 6, Part II If "Nes," complete Sch. 6, Part II If "Nes," was the related organization as exclore 32 organization? If "Nes," so the related organization as exclore 32 organization? If "Nes," so the related organization is five highest componested employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization if the expertation. If there is none, enter "Nes." If Nes. If "Nes." N				b and 52, and	complete	the tables for lines	50 and 51.			
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Nes, complete Sch.edule E 48 Bit the organization asked any transfers to an exempt non-tharitable related organization? Complete this table for the organization from the organization f					=					
If Yes, complete Sch. Q. Part II is the organization as school as described in section 170(b)(1)(A)(iii)? If Yes, complete Schedule E a Did the organization make any transfers to an exempt non-charitable related organization? b If Yes, was the related organization as section 127 organization? complete this table for the organizations if the 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) Hame and title of each employee N/A (b) Average hours per week devoted to position (c) Paccertation Formation Formation Formation from the organization from from from from from from from from									Yes	No
Is the organization as school as described in section 170(b) (1)A(I)(I)P IT Yes, complete Schedule E abil the organization make any transfers to an exempt non-charable related organization? Complete this table for the organization a section 527 organization? (a) Name and title of each employee (b) Average hours (c) Average hours (d) Name and title of each employee (h) Average hours	7 Did the org	ganization engage in lobbying activities or have a sect	tion 501(h) electio	n in effect during	the tax ye	ar?				
Is the organization as school as described in section 170(b) (1)A(I)(I)P IT Yes, complete Schedule E abil the organization make any transfers to an exempt non-charable related organization? Complete this table for the organization a section 527 organization? (a) Name and title of each employee (b) Average hours (c) Average hours (d) Name and title of each employee (h) Average hours	If "Yes," co	mplete Sch. C, Part II						47		
b if Yes, "was the related organization a section 527 organization? Complete this table for the organization from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours (c) Neverage hours (d) Neverage hours (e) Estimated the provision of th	B Is the orga	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
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." N/A One-set										
than \$100,000 of compensation from the organization. If there is none, enter None.* (a) Name and title of each employee N/A N/A N/A										
(a) Name and title of each employee per veek devoted to position N/A Commentation of compensation of compe	-				s, directors	s, trustees, and key en	iployees) who e	ach red	eived r	nore
maint of other compensation	than \$100	-	is none, enter "Nor			T	/ D	1.		
Total number of other employees paid over \$100,000 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." A NA (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations must attach a completed Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(3) organizations or must attach a complete Schedule A? Note: All section \$01(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)		(a) Name and title of each employee					` contributions to	l am	,	
f Total number of other employees paid over \$100,000 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Type of service (d) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h		NT / 2		•		W-2/1099-MISC/	plans, and deferre	٠.١		
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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lader 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 see, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VINCENT KUCZINSKI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Print Self-employed Print/Type preparer's name Preparer's signature Date Check Frim's EIN ▶ 27-1728945 Phone no. 212-286-2600		N/A	-			1000 1420)	compensation	+		
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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lader 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 see, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VINCENT KUCZINSKI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Print Self-employed Print/Type preparer's name Preparer's signature Date Check Frim's EIN ▶ 27-1728945 Phone no. 212-286-2600										
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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lader 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 see, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VINCENT KUCZINSKI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Print Self-employed Print/Type preparer's name Preparer's signature Date Check Frim's EIN ▶ 27-1728945 Phone no. 212-286-2600								+		
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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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lader 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 see, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VINCENT KUCZINSKI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Print Self-employed Print/Type preparer's name Preparer's signature Date Check Frim's EIN ▶ 27-1728945 Phone no. 212-286-2600										
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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 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lader 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 see, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. VINCENT KUCZINSKI, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Print Self-employed Print/Type preparer's name Preparer's signature Date Check Frim's EIN ▶ 27-1728945 Phone no. 212-286-2600										
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer			actor		(b)	Type of service	(c)	Comp	ensatio	n
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Indeer 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 ne, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer										
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Firm's address ► 245 PARK AVENUE, 12TH FLOOR Phone no. 212-286-2600	reparer				20,01					
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SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

AMERICAN SOCIETY OF PERFUMERS, INC.

Employer identification number 22-2392465

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser)								
		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	it is exempt from re	gistration		

22-2392465 Page 2

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 ANNUAL GOLF NONE (add col. (a) through CLASSIC col. (c)) (event type) (event type) (total number) 23,125. 23,125. Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 23,125. 23,125. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 13,149. 13,149. 8,640. 8,640. 7 Food and beverages 8 Entertainment 2,150. 2,150. 9 Other direct expenses 23,939. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -814Part 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Part II

Sch	edule G (Form 990) 2021 AMERICAN SOCIETY OF PERFUMERS, INC. 22-2	<u> 392465</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	No
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility	13b	
	An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,,
	105, 100, 10, and 115, as applicable. Also provide any additional information.		

Schedule G	(Form 990)	AMERICAN	SOCIETY	OF	PERFUMERS,	INC.	22-2392465	Page 4
Part IV	(Form 990) Supplemental Inform	mation _{(continue}	ed)					-

SCHEDULE 0 (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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:	
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 I	N THE
UNITED STATES AND TO REPRESENT OUR COMMUNITY INTERNATIONALLY.	THIS IS
ACCOMPLISHED BY PROMOTING PROFESSIONAL EXCHANGE WITH A HIGH ST	TANDARD OF
CONDUCT WITHIN THE FRAGRANCE INDUSTRY. ACHIEVING THESE GOALS	HAPPENS
THROUGH MULTIPLE CHANNELS, NETWORKING AND SELECT EVENTS AS WE	LL AS
CO-SPONSORING AND DEVELOPING CO-RELATIONSHIPS WITH OTHER ORGAN	NIZATIONS.
THROUGH THESE AVENUES WE PROVIDE A FORUM WHERE LEADING MEMBERS	S 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 W	HILE
EXPANDING UPON THE RESOURCES MADE AVAILABLE TO OUR MEMBER PER	FUMERS.
THESE PILLARS DO NOT JUST LOOK TO ADDRESS PERFUMERY EXPERTISE	, BUT REAL

Schedule O (Form 990) 2021 Page **2**

Name of the organization AMERICAN SOCIETY OF PERFUMERS, INC.	Employer identification number 22-2392465
LIFE ISSUES EXPERIENCED BY OUR MEMBERSHIP PROVIDING DIFFER	ENT AVENUES
OF NETWORKING, KNOWLEDGE GETTING AND ASSISTANCE.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:
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 COVI	D-19
PANDEMIC. THE EVENT WILL BE HELD NEXT IN 2022.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Page 2

Name of the organization

AMERICAN SOCIETY OF PERFUMERS, INC.

Employer identification number 22-2392465

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, contributions to employee benefit plans, and deferred (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) SHARI BRENNAN 5.00 10,100. 0. ADMINISTRATOR 0. NEHA OKHADE 0. ALTERNATE DIRECTOR 2.00 0. 1,000. DELPHINE PERDON RUPNOW APPRENTICE DIRECTOR 2.00 1,000. 0. 0.