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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2009 calendar year, or tax year beginning

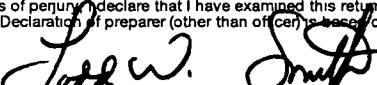
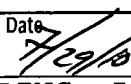
and ending

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.</b>		<b>D</b> Employer identification number  <b>22-1822067</b>	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address)			Room/suite
	<b>50 TICE BOULEVARD</b>			
	City or town, state or country, and ZIP + 4			
	<b>WOODCLIFF LAKE, NJ 07677</b>			
<b>F</b> Name and address of principal officer: <b>DR. LADD SMITH</b> <b>50 TICE BOULEVARD, WOODCLIFF LAKE, NJ 07677</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(6) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ► <a href="http://WWW.RIFM.ORG">WWW.RIFM.ORG</a>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation <b>1966</b> <b>M</b> State of legal domicile <b>NJ</b>		

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.'S ("RIFM") MISSION IS TO ENGAGE IN RESEARCH AND</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 1	7a	0.
	b Net unrelated business taxable income from Form 990, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10d, and 11e)			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ►			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses. Subtract line 18 from line 12			
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>	
20 Total assets (Part X, line 16)	5,744,071.	6,234,318.	
21 Total liabilities (Part X, line 26)	2,767,434.	2,550,982.	
22 Net assets or fund balances. Subtract line 21 from line 20	2,976,637.	3,683,336.	

## Part II Signature Block

<b>Sign Here</b>	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		
	 DR. LADD SMITH, PRESIDENT		
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
	O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET NEW YORK, NY 10165	EIN ►	Phone no ► (212) 286-2600

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

11 f

RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.

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### **Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.'S ("RIFM") MISSION IS**  
**TO ENGAGE IN RESEARCH AND EVALUATION OF FRAGRANCE MATERIALS THROUGH AN**  
**INDEPENDENT EXPERT PANEL, DETERMINE SAFETY IN USE, GATHER, ANALYZE AND**  
**PUBLISH SCIENTIFIC INFORMATION, DISTRIBUTE SCIENTIFIC DATA AND SAFE**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,705,027. including grants of \$ ) (Revenue \$ 8,898,698.)  
RIFM'S LARGEST SERVICE IS SCIENTIFIC PROGRAMS, WHICH CONSIST OF HUMAN  
HEALTH SCIENCES, ENVIRONMENTAL SCIENCES AND RESPIRATORY SCIENCES.  
THESE THREE PROGRAMS INVOLVE THE PLACEMENT OF STUDIES SO AS TO OBTAIN  
INFORMATION ON THE RAW MATERIALS USED BY THE FRAGRANCE INDUSTRY FOR USE  
IN DETERMINING SAFETY DATA. DATA IS EVALUATED BY AN INDEPENDENT EXPERT  
PANEL. INFORMATION AND RECOMMENDATIONS ARE PUBLISHED IN THE PEER  
REVIEWED SCIENTIFIC AND THEN PROVIDED TO THE INTERNATIONAL FRAGRANCE  
ASSOCIATION (IFRA) FOR THEIR USE IN DEVELOPING THE IFRA STANDARDS TO BE  
UTILIZED BY THE FRAGRANCE INDUSTRY SO AS TO GUARANTEE THE SAFE USE OF  
SUCH MATERIALS IN PRODUCTS TO BE DISTRIBUTED TO CONSUMERS.

4b (Code: ) (Expenses \$ 605,957. including grants of \$ ) (Revenue \$ 597,298.)  
RIFM'S SECOND LARGEST PROGRAM SERVICE IS THE MAINTENANCE OF THE RIFM  
DATABASE ESTABLISHED IN 1984. INFORMATION IN THIS DATABASE IS  
AVAILABLE TO ALL RIFM MEMBER ORGANIZATIONS AND IS ALSO DISTRIBUTED TO  
INDUSTRY ASSOCIATIONS AND OTHER INTERESTED PARTIES. THERE ARE OVER  
55,000 REFERENCES AND 5,000 MATERIALS IN THIS DATABASE WHICH IS  
CONTINUOUSLY EVOLVING AND EXPANDING WITH THE ADDITION OF NEW UPDATED  
INFORMATION. FURTHER DETAILS CONCERNING EACH OF RIFM'S 4 TOP PROGRAMS  
ARE CONTAINED IN RIFM'S 2008 ANNUAL REPORT WHICH IS DISTRIBUTED TO ALL  
RIFM MEMBERS AND ASSOCIATED INDUSTRY GROUPS AND ON REQUEST TO THE  
PUBLIC. MUCH OF THE INFORMATION CONTAINED IN THIS REPORT IS ALSO  
ACCESSIBLE ON THE RIFM WEBSITE.

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ **8,310,984**.) (Revenue \$ **)**)  
**4e** Total program service expenses ► \$ **8,310,984**.

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	N/A
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14a	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	14b	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	15	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? <i>If "Yes," complete Schedule G, Part I</i>	16	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	18	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	19	X
	20	X

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**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a	N/A	
25b	N/A	
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36	N/A	
37		X
38	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	26
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	24
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7f	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>	N/A	
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter:	N/A	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter:	N/A	
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**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.

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body **19**  
 b Enter the number of voting members that are independent **19**

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 X**

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 X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **4 X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **5 X**

6 Does the organization have members or stockholders? **6 X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8a X**  
 a The governing body? **8b X**  
 b Each committee with authority to act on behalf of the governing body?

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**

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? **10a X**  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? **10b**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11 X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b X**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c X**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **13 X**

13 Does the organization have a written whistleblower policy? **14 X**

14 Does the organization have a written document retention and destruction policy? **15 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? **15a X**  
 a The organization's CEO, Executive Director, or top management official **15b X**  
 b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16a X**

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? **16b X**  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JUNE MONCALIERI, OFFICE MANAGER - (201) 689-8089**  
**50 TICE BOULEVARD, WOODCLIFF LAKE, NJ 07677**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• 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. 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.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DR. ROBERT BEDOUKIAN DIRECTOR	0.50	X					0.	0.	0.
MR. ACHIM DAUB DIRECTOR	0.50	X					0.	0.	0.
MR. DAVID DUNCAN DIRECTOR	0.50	X					0.	0.	0.
MR. ROB EDELMAN DIRECTOR	0.50	X					0.	0.	0.
MR. STEPHEN J. HICKS DIRECTOR	0.50	X					0.	0.	0.
MR. PETER N. LOMBARDO DIRECTOR	0.50	X					0.	0.	0.
MR. STEPHEN R. MANHEIMER DIRECTOR	0.50	X					0.	0.	0.
DR. GEORGE DAHER DIRECTOR	0.50	X					0.	0.	0.
MR. CHRIS PICKTHALL DIRECTOR	0.50	X					0.	0.	0.
MR. RICHARD C. PISANO DIRECTOR	0.50	X					0.	0.	0.
MS. ISABELLE ESSER DIRECTOR	0.50	X					0.	0.	0.
MR. JAMES H. HEINZ DIRECTOR	0.50	X					0.	0.	0.
DR. VINY SRINIVASAN DIRECTOR	0.50	X					0.	0.	0.
MR. ANTOINE HOUSSET DIRECTOR	0.50	X					0.	0.	0.
MR. STEVE TANNER DIRECTOR	0.50	X					0.	0.	0.
MR. DAMAS C. THOMAN DIRECTOR	0.50	X					0.	0.	0.
DR. HERVE J. TOUTAIN DIRECTOR	0.50	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MR. SIMON MEDLEY CHAIRMAN	2.00		X				0.	0.	0.
DR. SEAN G. TRAYNOR VICE CHAIRMAN	2.00		X				0.	0.	0.
MR. MICHAEL B. WIMBERLY SECRETARY	2.00		X				0.	0.	0.
MR. DAVID C. SHIPMAN TREASURER	2.00		X				0.	0.	0.
DR. LADD SMITH PRESIDENT	40.00			X			334,086.	0.	22,000.
DR. ANNE MARIE API VP HUMAN HEALTH SCIENCES	40.00			X			165,507.	0.	21,000.
DR. DANIEL SALVITO DIR. ENVIRONMENTAL SCIEN	40.00				X		128,234.	0.	23,883.
<b>1b Total</b>							<b>627,827.</b>	<b>0.</b>	<b>66,883.</b>

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

**RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.**

Form 990 (2009)

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**Part VIII Statement of Revenue**

			<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512, 513, or 514</b>
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>					
<b>Program Service Revenue</b>	2 a MEMBERSHIP DUES	Business Code 900099	8794286.	8794286.		
	b DATABASE INCOME	900099	597,298.	597,298.		
	c TESTING CONTRIBUTIONS	900099	104,412.	104,412.		
	d					
	e					
	f All other program service revenue	900099	44,699.	44,699.		
	<b>g Total. Add lines 2a-2f</b>		9540695.			
	<b>3 Investment income (including dividends, interest, and other similar amounts)</b>		96,182.			<b>96,182.</b>
<b>4 Income from investment of tax-exempt bond proceeds</b>						
<b>5 Royalties</b>						
<b>Other Revenue</b>	6 a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	881406.				
	c Gain or (loss)	880738.				
	d Net gain or (loss)	668.		668.		<b>668.</b>
<b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18</b>	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
<b>9 a Gross income from gaming activities. See Part IV, line 19</b>	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
<b>10 a Gross sales of inventory, less returns and allowances</b>	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code					
<b>11 a</b>						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>		9637545.	9540695.	0.	<b>96,850.</b>	

**RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.**

Form 990 (2009)

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**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	733,176.	535,733.	197,443.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,022,962.	824,098.	198,864.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	464,666.	301,702.	162,964.	
10 Payroll taxes	131,185.	98,351.	32,834.	
11 Fees for services (non-employees):				
a Management				
b Legal	89,192.	10,832.	78,360.	
c Accounting	21,480.		21,480.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	17,493.		17,493.	
g Other	7,633.		7,633.	
12 Advertising and promotion				
13 Office expenses	63,669.	47,098.	16,571.	
14 Information technology				
15 Royalties				
16 Occupancy	203,893.	153,120.	50,773.	
17 Travel	392,980.	389,416.	3,564.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,080.	51,751.	22,329.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,516.		44,516.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a GROUP HEALTH TESTING	2,214,068.	2,214,068.		
b IFRA EXPENSE	640,330.	640,330.		
c FRAGRANCE ALLERGY	629,621.	629,621.		
d USE LEVEL TESTING	417,356.	417,356.		
e TECHNICAL WRITERS	358,218.	358,218.		
f All other expenses	1,680,877.	1,639,290.	41,587.	
25 Total functional expenses. Add lines 1 through 24f	9,207,395.	8,310,984.	896,411.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.**

Form 990 (2009)

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**Part X Balance Sheet**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1 Cash - non-interest-bearing	178,975.	1	138,617.
	2 Savings and temporary cash investments	3,076,278.	2	3,200,159.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	378,987.	4	412,033.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	101,418.	9	69,138.
<b>Assets</b>	<b>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</b>	<b>10a</b> 836,418.		
	<b>b Less: accumulated depreciation</b>	<b>10b</b> 752,993.	<b>10c</b>	<b>83,425.</b>
	11 Investments - publicly traded securities	1,856,964.	11	2,303,670.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	27,276.	15	27,276.
	<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>5,744,071.</b>	<b>16</b>	<b>6,234,318.</b>
	17 Accounts payable and accrued expenses	2,528,243.	17	2,277,622.
	18 Grants payable		18	
	19 Deferred revenue	239,191.	19	273,360.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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. Complete Part X of Schedule D		25	
<b>Liabilities</b>	<b>26 Total liabilities. Add lines 17 through 25</b>	<b>2,767,434.</b>	<b>26</b>	<b>2,550,982.</b>
	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,976,637.	27	3,683,336.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,976,637.	33	3,683,336.
<b>Net Assets or Fund Balances</b>	<b>34 Total liabilities and net assets/fund balances</b>	<b>5,744,071.</b>	<b>34</b>	<b>6,234,318.</b>

Form 990 (2009)

RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.** Employer identification number **22-1822067**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.**

Schedule D (Form 990) 2009

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance  
b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %  
b Permanent endowment ► \_\_\_\_\_ %  
c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations  
(ii) related organizations  
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	836,418.	752,993.	83,425.	
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>► 83,425.</b>

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ►**

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

**Part X Other Liabilities.** See Form 990, Part X, line 25.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)**

**2. FIN 48 Footnote.** In Part XIV, 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.

**RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.**

Schedule D (Form 990) 2009

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**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,637,545.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	9,207,395.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	430,150.
4 Net unrealized gains (losses) on investments	4	276,549.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	276,549.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	706,699.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	9,914,094.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains on investments	2a	276,549.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	276,549.
3 Subtract line 2e from line 1	3	9,637,545.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,637,545.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	9,207,395.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	9,207,395.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,207,395.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: MANAGEMENT HAS DETERMINED THAT THE INSTITUTE HAD NO**

**UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT**

**RECOGNITION. THE INSTITUTE IS NO LONGER SUBJECT TO AUDITS BY THE**

**APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2006.**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization	RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.	Employer identification number
		22-1822067

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1b	X	
2	X	
3		
4a	X	
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations

- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.**

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

**Note:** The sum of columns (B)-(E) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

RESEARCH INSTITUTE FOR FRAGRANCE  
MATERIALS, INC.

Schedule J (Form 990) 2009  
**Part II** **Supplemental Information**

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Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART I, LINE 1A: TRAVEL FOR COMPANIONS – THE PRESIDENT IS PERMITTED TO TAKE HIS SPOUSE ON TRAVEL WHEN APPROPRIATE FOR BUSINESS PURPOSES.**

DISCRETIONARY SPENDING ACCOUNT – ALL EMPLOYEES THAT TRAVEL RECEIVE A  
DISCRETIONARY SPENDING ACCOUNT.

HOUSING ALLOWANCE – IN ACCORDANCE WITH HIS CONTRACT, THE PRESIDENT RECEIVES  
AN ANNUAL HOUSING ALLOWANCE.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

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Name of the organization

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Employer identification number  
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

EVALUATION OF FRAGRANCE MATERIALS THROUGH AN INDEPENDENT EXPERT PANEL,  
DETERMINE SAFETY IN USE, GATHER, ANALYZE AND PUBLISH SCIENTIFIC  
INFORMATION, DISTRIBUTE SCIENTIFIC DATA AND SAFE ASSESSMENT JUDGMENTS  
TO RIFM MEMBERS, INDUSTRY ASSOCIATIONS AND OTHER INTERESTED PARTIES AND  
TO MAINTAIN AN ACTIVE DIALOGUE WITH OFFICIAL INTERNATIONAL AGENCIES.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

ASSESSMENT JUDGMENTS TO RIFM MEMBERS, INDUSTRY ASSOCIATIONS AND OTHER  
INTERESTED PARTIES AND TO MAINTAIN AN ACTIVE DIALOGUE WITH OFFICIAL  
INTERNATIONAL AGENCIES.

**FORM 990, PART VI, SECTION A, LINE 4: THE FOLLOWING LANGUAGE WAS INSERTED  
IN ARTICLE II, AS SECTION 4 RESULTING IN THE CURRENT SECTIONS 4 AND 5 BEING  
RENUMBERED AS SECTIONS 5 AND 6. THE NEW SECTION 4 REQUIRES ALL RIFM  
MEMBERS TO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE IFRA CODE  
OF PRACTICES AND STANDARDS.**

**ARTICLE II - MEMBERSHIP**

**SECTION 4 - COMPLIANCE WITH IFRA CODE OF PRACTICE AND STANDARDS  
MEMBERS ARE EXPECTED TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE  
INTERNATIONAL FRAGRANCE ASSOCIATION (IFRA) CODE OF PRACTICE AND STANDARDS.  
THE IFRA CODE PROVIDES RECOMMENDATIONS FOR GOOD OPERATING PRACTICE AND  
GUIDELINES ON FRAGRANCE INGREDIENT SAFETY ASSESSMENT, AND INCLUDES  
FRAGRANCE SAFETY STANDARDS WHICH LIMIT OR PROHIBIT THE USAGE OF CERTAIN  
FRAGRANCE MATERIALS.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**ARTICLE XI**

**SECTION 1 – FURNISHING BY MEMBERS OF SCIENTIFIC STUDIES, DATA AND OTHER  
INFORMATION**

IN ORDER TO ASSIST THE CORPORATION TO CARRY OUR ITS PURPOSES, EACH MEMBER  
OF THE CORPORATION SHALL FURNISH TO THE CORPORATION SCIENTIFIC STUDIES  
CONDUCTED BY OR ON BEHALF OF SUCH MEMBER OR ITS AFFILIATES, INCLUDING  
SCIENTIFIC DATA AND OTHER INFORMATION, RELATING TO THE SAFE USE OF  
INDIVIDUAL FRAGRANCE INGREDIENTS; PROVIDED, HOWEVER, THAT NO MEMBER SHALL  
BE REQUIRED TO FURNISH ANY SUCH STUDIES, DATA OR OTHER INFORMATION NOT IN  
ITS POSSESSION, AND NO MEMBER SHALL BE REQUIRED TO AFFECT ANY TESTS OR  
EVALUATIONS OF FRAGRANCE INGREDIENTS.

FORM 990, PART VI, SECTION A, LINE 6: RIFM RECEIVES FUNDING FOR ITS  
RESEARCH AND INFORMATIONAL PROJECTS FROM CORPORATE MEMBER COMPANIES  
INVOLVED IN THE MANUFACTURE AND/OR DISTRIBUTION OF FRAGRANCES AND FRAGRANCE  
MATERIALS. THERE ARE THREE (3) MEMBERSHIP CATEGORIES:

**ACTIVE**

FRAGRANCE INGREDIENT ACTIVE MEMBERS ARE THOSE PERSONS, FIRMS, CORPORATIONS  
AND DIVISIONS OF CORPORATIONS PRIMARILY ENGAGED IN THE MANUFACTURE AND/OR  
SALE OR DISTRIBUTION OF FRAGRANCES OR FRAGRANCE INGREDIENTS AT OTHER THAN  
THE RETAIL LEVEL;

CONSUMER PRODUCT ACTIVE MEMBERS ARE THOSE PERSONS, FIRMS, CORPORATIONS AND  
DIVISIONS OF CORPORATIONS PRIMARILY ENGAGED IN THE PURCHASE OF FRAGRANCES  
AND FRAGRANCE INGREDIENTS FOR FURTHER MANUFACTURE INCLUDING INCORPORATION  
INTO CONSUMER PRODUCTS AT THE RETAIL LEVEL.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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SUPPORTING MEMBERS ARE PERSONS, FIRMS, CORPORATIONS AND DIVISIONS OF  
CORPORATIONS ENGAGED IN THE MANUFACTURE OR SALE OR DISTRIBUTION AT THE  
RETAIL LEVEL OF CONSUMER PRODUCTS USING OR CONSISTING OF FRAGRANCE OR  
FRAGRANCE INGREDIENTS;  
ASSOCIATE MEMBERS ARE PERSONS, FIRMS AND CORPORATIONS ENGAGED AS BROKERS OR  
DEALERS IN THE FRAGRANCE INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 7A: A MEETING OF THE MEMBERS OF THE  
CORPORATION FOR THE ELECTION OF DIRECTORS, APPROVAL OF THE DUES SCHEDULE  
AND THE TRANSACTION OF ANY SUCH OTHER BUSINESS AS MAY PROPERLY COME BEFORE  
THE MEETING IS HELD ANNUALLY AT SUCH TIME AND PLACE AS DESIGNATED BY THE  
BOARD OF DIRECTORS. NOTICE OF SUCH MEETING IS PROVIDED TO EACH MEMBER NO  
LESS THAN 10 NOR MORE THAN 40 DAYS PRIOR TO THE DAY ON WHICH THE MEETING IS  
TO BE HELD. EACH ACTIVE AND SUPPORTING MEMBER CORPORATION IS ENTITLED TO  
ONE VOTE UPON EACH MATTER SUBMITTED TO A VOTE AT THE ANNUAL MEETING OF  
MEMBERS. AT ALL MEETINGS OF MEMBERS, A QUORUM FOR THE TRANSACTION OF  
BUSINESS REQUIRES THE PRESENCE, IN PERSON OR BY PROXY, OF ONE THIRD (1/3)  
OF ALL ACTIVE MEMBERS.

AS SOON AS PRACTICABLE FOLLOWING EACH ANNUAL MEETING OF MEMBERS AN  
ORGANIZATIONAL MEETING OF THE NEWLY ELECTED BOARD OF DIRECTORS IS HELD AT  
DURING WHICH THE BOARD OF DIRECTORS ELECTS A CHAIRMAN FROM ONE OF THE  
DIRECTORS AS WELL AS OTHER OFFICERS OF THE CORPORATION INCLUDING A VICE  
CHAIRMAN, TREASURER AND SECRETARY.

FORM 990, PART VI, SECTION A, LINE 7B: THE CORPORATE MEMBERS APPROVE THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

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CORPORATION'S DUES SCHEDULE AND ANY AMENDMENTS OR REVISIONS TO THE  
CORPORATION'S BY-LAWS AFTER THE GOVERNING BODY HAS PROPOSED ANY SUCH  
CHANGE.

FORM 990, PART VI, SECTION B, LINE 11: THE RIFM 990 IS PREPARED BY THE  
RIFM INDEPENDENT AUDITORS UTILIZING DATA COMPILED DURING THEIR ANNUAL  
CERTIFIED AUDIT AS WELL AS DISCUSSION WITH RIFM STAFF AND THE RIFM  
TREASURER. A DRAFT OF THE 990 IS SUBMITTED TO RIFM STAFF, RIFM TREASURER,  
MEMBERS OF THE RIFM EXECUTIVE COMMITTEE AND RIFM BOARD FOR THEIR REVIEW.  
LASTLY, THE RIFM AUDITORS MEET WITH THE RIFM BOARD TO REVIEW THE 990 AND  
RESPOND TO ANY QUESTIONS FROM THE BOARD. ONCE ACCEPTED BY THE RIFM BOARD,  
THE FINAL DOCUMENT IS THEN SUBMITTED TO THE RIFM PRESIDENT FOR SIGNATURE  
AND SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE ORGANIZATION MEETING OF THE  
NEWLY ELECTED BOARD OF DIRECTORS EACH YEAR, ALL BOARD MEMBERS ARE REQUESTED  
TO SIGN A CONFLICT OF INTEREST POLICY. AT THE SAME MEETING LEGAL COUNSEL  
REQUESTS THAT ANY BOARD MEMBER SPEAK TO HIM IN CONFIDENCE IF HE/SHE  
BELIEVES THEY MAY HAVE ANY CONFLICT OF INTEREST. ADDITIONALLY, ARTICLE IV,  
SECTION 12 ALSO ADDRESSES THIS MATTER. (SEE TEXT BELOW). ALL MEMBERS OF  
THE RIFM BOARD OF DIRECTORS RECEIVE COPIES OF THE RIFM BYLAWS UPON ELECTION  
TO THE RIFM BOARD.

ARTICLE IV, SECTION 12. TRANSACTIONS INVOLVING DIRECTORS. NO CONTRACT OR  
OTHER TRANSACTION BETWEEN THE CORPORATION AND ANY OTHER CORPORATION AND NO  
ACT OF THE CORPORATION SHALL IN ANY WAY BE AFFECTED OR INVALIDATED BY THE  
FACT THAT ANY OF THE DIRECTORS OF THE CORPORATION SHALL BE DIRECTLY OR

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INDIRECTLY INTERESTED IN, OR SHALL BE DIRECTORS OR OFFICERS OF, SUCH OTHER CORPORATION. ANY DIRECTOR OR ANY FIRM OF WHICH ANY DIRECTOR MAY BE A MEMBER, MAY BE A PARTY TO, OR MAY BE DIRECTLY OR INDIRECTLY INTERESTED IN, ANY CONTRACT OR TRANSACTION OF THE CORPORATION; PROVIDED, HOWEVER, THAT THE FACT THAT HE OR SUCH FIRM SHALL BE SO INTERESTED SHALL BE DISCLOSED OR SHALL HAVE BEEN KNOWN TO THE BOARD OF DIRECTORS OR SUCH MEMBERS THEREOF AS SHALL BE PRESENT AT ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH ACTION UPON ANY SUCH CONTRACT OR TRANSACTION SHALL BE TAKEN; AND ANY DIRECTOR OF THE CORPORATION WHO SHALL ALSO BE A DIRECTOR OR OFFICER OF SUCH OTHER CORPORATION OR WHO SHALL BE SO INTERESTED MAY BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT ANY MEETING OF THE BOARD OF DIRECTORS OF THE CORPORATION WHICH SHALL AUTHORIZE ANY SUCH CONTRACT OR TRANSACTION, AND MAY VOTE THEREAT TO AUTHORIZE ANY SUCH CONTRACT OR TRANSACTION, WITH LIKE FORCE AND EFFECT AS IF HE WERE NOT SUCH DIRECTOR OR OFFICER OF SUCH OTHER CORPORATION OR NOT SO INTERESTED.

FORM 990, PART VI, SECTION B, LINE 15: A) COMPENSATION FOR THE RIFM PRESIDENT IS DETERMINED IN CONJUNCTION WITH ANNUAL DISCUSSIONS AMONG THE RIFM PRESIDENT, CHAIRMAN OF THE BOARD AND RIFM TREASURER AND IS BASED ON A REVIEW OF ACCOMPLISHMENTS AND GOALS ACHIEVED DURING THE CALENDAR YEAR. COMPENSATION IS THEN AGREED UPON AND AUTHORIZED BY THE RIFM CHAIRMAN AND TREASURER. WHEN NECESSARY, THE FULL RIFM EXECUTIVE COMMITTEE MAY ALSO PARTICIPATE IN SUCH DISCUSSIONS.

B) PERFORMANCE REVIEWS FOR ALL RIFM STAFF ARE CONDUCTED ANNUALLY. EACH STAFF MEMBER MEETS WITH THEIR SUPERVISOR AND PREPARES THEIR FORMAL

## **Supplemental Information to Form 990**

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PERFORMANCE REVIEW INCLUDING THE FORMULATION OF GOALS CONSISTENT WITH BOARD GOVERNANCE AND INDUSTRY COMMITTEE REQUESTS. GOALS ARE MODIFIED DURING THE YEAR BASED ON PRIORITIES. OTHER ITEMS INCLUDED IN THE ANNUAL PERFORMANCE REVIEW INCLUDE KEY JOB RESPONSIBILITIES, PREVIOUS YEAR'S GOALS AND REVIEW, CURRENT YEAR'S GOALS, AREAS OF INTEREST AND DEVELOPMENT, SUPERVISOR'S COMMENTS. THE RIFM PRESIDENT THEN REVIEWS ALL STAFF FORMS AND ADDS HIS OWN COMMENTS. ALSO INCLUDED IN DISCUSSIONS ARE AREAS FOR POTENTIAL DEVELOPMENT FOR PERSONAL GROWTH. SPECIFIC STAFF/SUPERVISOR RECOMMENDATIONS ARE TAILORED TO THE INDIVIDUAL AND CAN REPRESENT FORMAL COURSE WORK, ADDITIONAL RESPONSIBILITIES, SPECIFIC SKILL STRENGTHENING AND ONE-ON-ONE COACHING. THE PERCENTAGE OF INCREASE GRANTED IS DETERMINED FROM THE FOLLOWING FACTORS:

AVERAGE PERCENTAGE OF INCREASE BEING GRANTED BY THE FRAGRANCE INDUSTRY TO THEIR EMPLOYEES;

COMPILED BY AN OUTSIDE CONSULTANT OF A COMPARISON OF COMPENSATION BEING PAID FOR "LIKE" POSITIONS IN OTHER SIMILAR ASSOCIATIONS AND COMMERCIAL COMPANIES IN THE NORTHEASTERN US.

EACH POSITION HAS A FORMAL JOB DESCRIPTION.

ALL POSITIONS ARE ASSIGNED A "SALARY RANGE" WITH STEPS MARKED AS BEGINNING, MID-POINT AND TOP BASED ON THE EXPERIENCE LEVEL OF THE INDIVIDUAL IN THAT POSITION. CONSIDERATION IS GIVEN TO ANY CHANGE IN AN EMPLOYEE'S "SKILL LEVEL" AT THE TIME OF THEIR PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION C, LINE 19: THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC ON REQUEST VIA EMAIL, US MAIL OR INSPECTION IN OFFICE WITH AN APPOINTMENT.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information to Form 990**

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

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**Name of the organization**

RESEARCH INSTITUTE FOR FRAGRANCE  
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FORM 990, PART XI, LINE 2C

RIFM HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS IN 2009 AND STILL ABIDES BY THE SAME PROCESSES AS IN THE PRIOR YEAR.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box  X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  □

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/file](http://www.irs.gov/file) and click on **e-file for Charities & Nonprofits**.

Type or print	Name of Exempt Organization <b>RESEARCH INSTITUTE FOR FRAGRANCE MATERIALS, INC.</b>	Employer identification number <b>22-1822067</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>50 TICE BOULEVARD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WOODCLIFF LAKE, NJ 07677</b>	

Check type of return to be filed(file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**JUNE MONCALIERI, OFFICE MANAGER**

- The books are in the care of ► **50 TICE BOULEVARD – WOODCLIFF LAKE, NJ 07677**  
Telephone No. ► **(201) 689-8089** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box  □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2009** or►  tax year beginning , and ending 

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ <input type="text"/>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ <input type="text"/>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <input type="text"/> <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.