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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 black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 01-01-2009

, and ending 12-31-2009

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
The Antibody Society IncNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
126 Cornell StreetCity or town, state or country, and ZIP + 4  
Newton Lower Falls, MA 02462D Employer identification number  
20-8516818E Telephone number  
(617) 244-0292

F Group Exemption Number

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► www.antibodysociety.org

J Tax-Exempt status (check only one)  501(c) (6) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 18,071

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

1	Contributions, gifts, grants, and similar amounts received	1	10,000
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	7,901
4	Investment income	4	170
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	0
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	0
b	Less direct expenses other than fundraising expenses	6c	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	0
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	18,071
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,244
16	Other expenses (describe ►)	16	5,505
17	<b>Total expenses.</b> Add lines 10 through 16	17	7,749
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,322
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24,304
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	34,626

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24,304	22 26,888
23 Land and buildings		23
24 Other assets (describe ►)	24	8,630
25 <b>Total assets</b>	24,304	25 35,518
26 <b>Total liabilities</b> (describe ►)		26 892
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	24,304	27 34,626



Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No	
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► James S Huston 126 Cornell Street Located at ► Newton Lower Falls, MA	Telephone no ► (978) 294-1105 ZIP + 4 ► 024621323		
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)?		42b	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		45	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				

**50(f)** Total number of other employees paid over \$100,000 . . . . . ➤ \_\_\_\_\_

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

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ➤ \_\_\_\_\_

<b>Please 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		
	***** Signature of officer James S Huston PhD President Type or print name and title	Date 2010-11-10	

<b>Paid Preparer's Use Only</b>	Preparer's signature Nicholas P DiNatale	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Nicholas P DiNatale CPA 67 Montvale Avenue Suite 302 Stoneham, MA 02180			EIN Phone no (781) 279-5103

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-8516818  
**Name:** The Antibody Society Inc

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Sachdev S Sidhu PhD 135 Brunswick Avenue Toronto, Ontario M5S 2M3 CA	Director 2 00	0		
Janice M Reichert PhD 247 Prospect Street Framingham, MA 01701	Director 2 00	0		
Michael K Barron 33 Arch Street 26th Floor Boston, MA 02110	Secretary 2 00	0		
Louis M Weiner MD 2925 38th Street NW Washington, DC 20016	Director 2 00	0		
Jamie Kathleen Scott MD PhD 5 Eagle Drive Port Moody, BC V3H 5E7 CA	Director 2 00	0		
Andreas Plueckthun PhD Mohrlistrasse 97 Zurich CH-8006 SZ	Director 2 00	0		
James DMarks MD PhD 107 Ardmore Road Kensington, CA 94707	Director 2 00	0		
James S Huston PhD 126 Cornell Street Newton Lower Falls, MA 02462	Treasurer 4 00	0		
Dennis R Burton PhD 6044 Beaumont Avenue La Jolla, CA 92037	Director 2 00	0		
Andrew Bradbury MB BS PhD 12 Tano Road Santa Fe, NM 87506	President 4 00	0		
Richard HJ Begent MD FRCP 6 St Albans Road London NW5 1RD UK	Director 2 00	0		

## TY 2009 Other Assets Schedule

**Name:** The Antibody Society Inc**EIN:** 20-8516818**Software ID:** 09000047**Software Version:** 2009v1.3

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Prepaid Expenses and Deferred Charges		1,445
Intangible Assets		5,684
Asset Not Yet In Service		1,501

## TY 2009 Other Expenses Schedule

**Name:** The Antibody Society Inc**EIN:** 20-8516818**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Travel	138
Postage	856
Office Expenses	91
Meals and Entertainment	664
Domain Name License Cost	50
Credit Card Service Fees	554
Conferences, Conventions, and Meetings	162
Bookkeeping Service	1,000
Bank Service Charges	117
Amortization	917

## TY 2009 Other Liabilities Schedule

**Name:** The Antibody Society Inc

**EIN:** 20-8516818

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Credit Card Payable		892