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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization The Antibody Society Inc		D Employer identification number 20-8516818
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 126 Cornell Street		E Telephone number (617) 244-0292
Name change				
Initial return		City or town, state or country, and ZIP + 4 Newton Lower Falls, MA 02462		F Group Exemption Number
Terminated				
Amended return				
Application pending				

<p>* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>		<p>G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <input type="checkbox"/></p>	
<p>I Website: <input type="checkbox"/> www.antibodysociety.org</p>		<p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</p>	
<p>J Tax-Exempt status (check only one)—<input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>			
<p>K Check <input checked="" type="checkbox"/> 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.</p>			
<p>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 <input type="checkbox"/> \$ 18,071</p>			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)										
Revenue	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		5c	
	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)									
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							6c	0
	a	Gross revenue (not including \$ _ of contributions reported on line 1)					6a	0		
	b	Less direct expenses other than fundraising expenses					6b	0		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
	7a	Gross sales of inventory, less returns and allowances					7a		7c	
b	Less cost of goods sold					7b	0			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										
8	Other revenue (describe _____)							8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							9	18,071	
Expenses	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	Total expenses. Add lines 10 through 16							17	7,749
Net Assets	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 Total assets	24,304	25 35,518
26 Total liabilities (describe  )		26 892
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	24,304	27 34,626

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? The Organization was established to further the broad interests of antibody engineering and antibody therapeutics and to safeguard the public interest by increasing discussion and activities to create the safe, thorough testing of antibody therapeutics The society encompasses this increasingly diverse field by supporting the superstructure for the engineering of recombinant antibodies, single scaffold binders, etc through basic and applied research by those in academics and the private sector The Society also seeks to provide a forum and voice for the thousands of people now working on all facets of this global field			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 The Society participated in a major industry conference and sponsored various organized discussions in an attempt to further the Organizations goals and encourage the free exchange of ideas among industry notables (Grants \$ 3,047) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	3,047

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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

Part VOther 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 not 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 Form 990-T 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 Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. 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	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	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 Telephone no ▶ (978) 294-1105 126 Cornell Street Located at ▶ Newton Lower Falls, MA 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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) 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."

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

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

Please Sign Here	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		2010-11-10 Date	
Paid Preparer's Use Only	James S Huston PhD President Type or print name and title			
	Preparer's signature	Nicholas P DiNatale	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	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 <input type="checkbox"/> Yes <input type="checkbox"/> 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

Description	Beginning of Year Amount	End of Year Amount
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

Description	Beginning of Year Amount	End of Year Amount
Credit Card Payable		892