

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 07/01/09, and ending 06/30/10

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

C Name of organization THE ROBERT A. GOOD IMMUNOLOGY SOCIETY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE BEACH DRIVE SE 2306

City or town, state or country, and ZIP + 4
ST. PETERSBURG FL 33701

D Employer identification number
20-3584574

E Telephone number
727-892-9929

G Gross receipts \$ 8,461

F Name and address of principal officer:
NOORBIBI DAY-GOOD
ONE BEACH DR SE #2306
ST PETERSBURG FL 33701

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.ROBERTAGOODARCHIVES.COM

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: 2005

M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE AND FOSTER THE FIELD OF IMMUNOLOGY AND RELATED AREAS AND ENCOURAGE THE GENERATION AND INTERCHANGE OF IDEAS AND INFORMATION AS WELL AS THE INVOLVEMENT OF STUDENTS, YOUNG SCIENTISTS AND PHYSICIANS IN THE FIELD.		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	41,391	8,461
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,391	8,461
Expenses	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)	7,382	5,864
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,382	5,864	
19 Revenue less expenses. Subtract line 18 from line 12	34,009	2,597	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	26,893	29,490
	22 Net assets or fund balances. Subtract line 21 from line 20	26,893	29,490

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's identifying number (see instructions) P01032372

Firm's name (or yours if self-employed), address, and ZIP + 4 MCCLANATHAN, BURG & ARNDT, LLC
150 2ND AVE N STE 600
SAINT PETERSBURG, FL 33701-3346

EIN ▶ 51-0597487
Phone no. ▶ 727-894-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.