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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012

, and ending 12-31-2012

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization The Antibody Society Inc		D Employer identification number 20-8516818
Number and street (or P O box, if mail is not delivered to street address) 126 Cornell Street		E Telephone number (617) 244-0292
City or town, state or country, and ZIP + 4 Newton Lower Falls, MA 02462		F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► [www.antibodysociety.org](http://www.antibodysociety.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 20,588

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	20,450
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	
	4 Investment income . . . . .	4	138
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
Expenses	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
	c Less direct expenses from gaming and fundraising events . . . . .	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less cost of goods sold . . . . .	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe in Schedule O) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	20,588
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	3,402
Net Assets	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	1,874
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	91
	16 Other expenses (describe in Schedule O) . . . . .	16	5,832
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	11,199
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	9,389
	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	49,996
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	59,385

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments . . . . .	46,697	22	58,933
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	3,299	24	715
<b>25 Total assets</b> . . . . .	49,996	25	59,648
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		26	263
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	49,996	27	59,385

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 assists with the organization of and participates in an annual membership meeting where besides Organization business, various organized discussions were held in an attempt to further the Organizations goals and encourage the free exchange of ideas among industry notables

(Grants \$ 659)

If this amount includes foreign grants, check here  

28a

29

(Grants \$ )

If this amount includes foreign grants, check here  

29a

30

(Grants \$ )

If this amount includes foreign grants, check here  

30a

31 Other program services (describe in Schedule O)

(Grants \$ )

If this amount includes foreign grants, check here  

31a

32 Total program service expenses (add lines 28a through 31a) . . . . .

32

659

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<b>33</b>	No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<b>34</b>	No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>	No
<b>b</b> If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	No
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<b>35c</b>	No
<b>36</b> 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	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37b</b>	No
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>38a</b>	No
<b>38a</b> 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 tax year covered by this return?	<b>38b</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>39a</b>	0
<b>39</b> Section 501(c)(7) organizations Enter	<b>39b</b>	0
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	<b>40b</b>	No
<b>b</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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> 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 ► _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
<b>e</b> 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	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ► _____		
<b>42a</b> The organization's books are in care of ► James S Huston Telephone no ► (978) 294-1105 Located at ► 126 Cornell Street Newton Lower Falls, MA ZIP + 4 ► 024621323		
<b>b</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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<b>42b</b>	No
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	<b>42c</b>	No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	No
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	No
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	No

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as 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?

**b** 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**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		

**d** Total number of other independent contractors each receiving over \$100,000. ► \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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.

<b>Sign Here</b>	***** Signature of officer James S Huston PhD Treasurer Type or print name and title	2013-11-08 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name Nicholas P DiNatale	Preparer's signature Nicholas P DiNatale CPA	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00043540
	Firm's name ► Nicholas P DiNatale CPA	Firm's EIN ►			
	Firm's address ► 67 Montvale Avenue Suite 302 Stoneham, MA 02180	Phone no (781) 279-5103			

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

## Additional Data

**Software ID:** 12000229  
**Software Version:** 2012v2.0  
**EIN:** 20-8516818  
**Name:** The Antibody Society Inc

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Andreas Plueckthun Director	2 00	0		
Kerry Chester Ph D Director	2 00	0		
Gregory P Adams Ph D Director	2 00	0		
Sachdev S Sidhu PhD Director	0 25	0		
Janice M Reichert PhD Vice President	2 00	0		
Michael K Barron Secretary	1 00	0		
Louis M Weiner MD Director	1 00	0		
Jamie K Scott MD PhD President	2 00	0		
Andreas Plueckthun PhD Director	5 00	0		
James DMarks MD PhD Director	1 00	0		
James S Huston PhD Treasurer	10 00	0		
Dennis R Burton PhD Director	2 00	0		
Andrew Bradbury MB BS PhD Director	2 00	0		
Richard HJ Begent MD FRCP Director	10 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2012****Open to Public  
Inspection**Name of the organization  
The Antibody Society Inc**Employer identification number**

20-8516818

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	Credit Cards Payable - Beginning \$0 Credit Cards Payable - Ending \$263
Form 990-EZ, Part II, Line 24 1012	Other Assets 1012	Intangible Assets - Beginning \$2451 Intangible Assets - Ending \$167
Form 990-EZ, Part II, Line 24 1011	Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$848 Prepaid Expenses and Deferred Charges - Ending \$548
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Bank Service Charges \$25
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Filing Fees \$56
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Hospitality \$153
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Annual Meeting Costs \$659
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1856
Form 990-EZ, Part I, Line 16 1010	Other Expenses 1010	Amortization \$2284
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$9
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$66
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$299
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$425