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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 ☒

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2012)

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
25 Total assets	49,996	25	59,648
26 Total liabilities (describe in Schedule O)		26	263
27 Net assets or fund balances (line 27 of column (B) must 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

29
(Grants \$) If this amount includes foreign grants, check here

30
(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

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

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a

29a

30a

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

		Yes	No
33	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	33	No
34	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)	34	No
35a	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)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	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	35c	No
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 tax year 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 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	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 Located at 126 Cornell Street 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 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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	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		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 ☐

		Yes	No
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		
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?		
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 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 ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Sign Here	***** Signature of officer			2013-11-08 Date	
	James S Huston PhD Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature Nicholas P DiNatale		Date
	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 ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 D Marks 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		

2012

Open to Public Inspection

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.

Name of the organization The Antibody Society Inc	Employer identification number 20-8516818
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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