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2015

Open to Public Inspection

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 private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015****B Check if applicable****C Name of organization**

The Antibody Society Inc

D Employer identification number

20-8516818

 Address change Name change Initial return Final return/terminated Amended return Application pending**Number and street (or P O box, if mail is not delivered to street address)**

247 Prospect Street

City or town, state or province, country, and ZIP or foreign postal code

Framingham, MA 01701

E Telephone number

(508) 808-8311

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**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 25,565****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

1	Contributions, gifts, grants, and similar amounts received	1	19,958
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	5,550
4	Investment income	4	57
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)		
6	Gaming and fundraising events	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)		
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)		
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	25,565
10	Grants and similar amounts paid (list in Schedule O)	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	1,444
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	797
16	Other expenses (describe in Schedule O)	16	11,364
17	Total expenses. Add lines 10 through 16 ►	17	13,605
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,960
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	96,440
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	108,400

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	94,780	22 101,300
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,074	24 8,031
25 Total assets	97,854	25 109,331
26 Total liabilities (describe in Schedule O)	1,414	26 931
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,440	27 108,400

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 .

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations, 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 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

See Additional Data Table

(Grants \$)

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**

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated)

(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 this 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	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
b Gross receipts, included on line 9, for public use of club facilities		
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Janice Reichert Telephone no ► (508) 808-8311 Located at ► 247 Prospect Street Framingham, MA ZIP + 4 ► 017014828		
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 ►	42b	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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	
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	46		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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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	(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 business address of each independent contractor	(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 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.

Sign Here	***** Signature of officer	2016-10-25 Date			
	Janice M Reichert PhD President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Nicholas P DiNatale	Preparer's signature	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: 15000324
Software Version: 2015v2.0
EIN: 20-8516818
Name: The Antibody Society Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>28 The Society's annual membership meeting is a scientific conference that attracts in excess of 800 attendees 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 \$ 3,013)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

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
Paul Carter PhD Director	2 00	0		
Andrew Bradbury MB BS PhD Director	2 00	0		
Dennis R Burton PhD Director	2 00	0		
James S Huston PhD Treasurer	10 00	0		
James DMarks MD PhD Director	1 00	0		
Paul Parren PhD Vice President	4 00	0		
Jamie K Scott MD PhD Director	2 00	0		
Louis M Weiner MD Director	1 00	0		
Michael K Barron Secretary	1 00	0		
Janice M Reichert PhD President	40 00	0		
Gregory P Adams Ph D Director	2 00	0		
Kerry Chester Ph D Director	2 00	0		
Andreas Plueckthun PhD Director	2 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 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**Name of the organization
The Antibody Society IncEmployer identification number
20-8516818**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2660
Other Expenses 1002	Office Expenses \$13

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1788
Other Expenses 1008	Interest \$3

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1010	Amortization \$699
Other Expenses 1012	Insurance \$1856

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Annual Meeting Costs \$2329
Other Expenses 2	Credit Card Processing \$785

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Computer Expenses \$725
Other Expenses 6	Hospitality \$318

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Parking and Tolls \$94
Other Expenses 8	Filing Fees \$74

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 9	Bank Service Charges \$20	
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$743 Prepaid Expenses and Deferred Charges - Ending \$521	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1012	Intangible Assets - Beginning \$2331 Intangible Assets - Ending \$7510
Total Liabilities 1	Credit Cards Payable - Beginning \$1414 Credit Cards Payable - Ending \$931