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**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)

OMB No. 1545-1150

2009Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning**and ending**

| | |
|--|--|
| <input type="checkbox"/> Check if applicable | Please use IRS label or print or type See Specific Instructions |
| <input type="checkbox"/> Address change | |
| <input type="checkbox"/> Name change | |
| <input type="checkbox"/> Initial return | |
| <input type="checkbox"/> Terminated | |
| <input type="checkbox"/> Amended return | |
| <input type="checkbox"/> Application pending | |

C Name of organization

NES-AUA, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

900 CUMMINGS CENTER

City or town, state or country, and ZIP + 4

BEVERLY, MA 01915

D Employer identification number

20-3214327

E Telephone number

978-927-8330

F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (6) ► (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)

K Check ► 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.

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 ► **\$ 62,475.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| | |
|--|----------------------------|
| 1 Contributions, gifts, grants, and similar amounts received | 1 |
| 2 Program service revenue including government fees and contracts | 2 |
| 3 Membership dues and assessments | 3 62,475. |
| 4 Investment income | 4 |
| 5a Gross amount from sale of assets other than inventory | 5a |
| b Less: cost or other basis and sales expenses | 5b |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> | |
| a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a |
| b Less: direct expenses other than fundraising expenses | 6b |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c |
| 7a Gross sales of inventory, less returns and allowances | 7a |
| b Less: cost of goods sold | 7b |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c |
| 8 Other revenue (describe ►) | 8 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 62,475. |
| 10 Grants and similar amounts paid (attach schedule) | 10 40,320. |
| 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 20,208. |
| 14 Occupancy, rent, utilities, and maintenance | 14 |
| 15 Printing, publications, postage, and shipping | 15 26. |
| 16 Other expenses (describe ►) | 16 20,676. |
| 17 Total expenses. Add lines 10 through 16 | 17 81,230. |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 <18,755. > |
| 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 31,239. |
| 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 12,484. |

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 | 31,239. | 22 13,984. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ►) | | 24 |
| 25 Total assets | 31,239. | 25 13,984. |
| 26 Total liabilities (describe ►) | 0. | 26 1,500. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 31,239. | 27 12,484. |

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

| 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? SEE STATEMENT 6 | | | | |
| 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 | SEE STATEMENT 4 | | | |
| | (Grants \$ 40,320.) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | 28a | 40,320. |
| 29 | SEE STATEMENT 5 | | | |
| | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | 29a | 35,176. |
| 30 | | | | |
| | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | 30a | |
| 31 | Other program services (attach schedule) | | | |
| | (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | ► <input type="checkbox"/> | 32 75,496. |
| 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 |
| MARK SIGMAN, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | PRESIDENT 2.00 | 0. | 0. | 0. |
| TIMOTHY B. HOPKINS, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, | PRESIDENT - ELECT 2.00 | 0. | 0. | 0. |
| KEVIN R. LOUGHLIN, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, | PAST PRESIDENT 2.00 | 0. | 0. | 0. |
| MARK K. PLANTE, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | TREASURER 2.00 | 0. | 0. | 0. |
| E. ANN GORMLEY, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | SECRETARY 2.00 | 0. | 0. | 0. |
| PETER N. TIFFANY, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | HISTORIAN 2.00 | 0. | 0. | 0. |
| JOHN J. MUÑOZ, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | REP - NEW HAMPSHIRE 2.00 | 0. | 0. | 0. |
| LISA TRAN BEAULE, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | REP - MAINE 2.00 | 0. | 0. | 0. |
| DIANNE E. SACCO, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | REP - EASTERN MASS 2.00 | 0. | 0. | 0. |
| PAULA B. BELLIN, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | REP - WESTERN MASS 2.00 | 0. | 0. | 0. |
| ANTHONY J. DISTEFANO, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, | REP - CONNECTICUT 2.00 | 0. | 0. | 0. |
| STEPHEN F. SCHIFF, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, | REP - RHODE ISLAND 2.00 | 0. | 0. | 0. |
| ANDREW C. MAHONEY, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, | REP - VERMONT 2.00 | 0. | 0. | 0. |
| DAVID F. GREEN, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY, | DIRECTOR 2.00 | 0. | 0. | 0. |
| | | | | |
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| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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. 35a

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? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37a

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

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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

41 List the states with which a copy of this return is filed. ► NONE42a The organization's books are in care of ► PRRITelephone no. ► 978-927-8330Located at ► 900 CUMMINGS CENTER SUITE 221-U, BEVERLY, MAZIP + 4 ► 01915

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)? 42b

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c

If "Yes," enter the name of the foreign country: ►

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 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44

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

Form 990-EZ (2009)

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
46 46
47 Did the organization engage in lobbying activities? 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?
b If "Yes," was the related organization a section 527 organization? 49a
49b 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." 49b

| (a) Name and address of each employee paid more than \$100,000 N/A | (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 |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 N/A | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

| | | | |
|--|--|-------------|---|
| 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 | | |
| | 5/3/2010 Date | | |
| <p>► Signature of officer</p> <p>► MARK K. PLANTE, M.D., TREASURER Type or print name and title</p> | | | |
| Paid Preparer's Use Only | Preparer's signature ► | Date | Check if self-employed <input type="checkbox"/> |
| | RAYMOND L. ANSTISSL, J | 04/15/10 | Preparer's identifying number (See instr.) |
| Firm's name (or yours if self-employed), address and ZIP + 4 ► | | EIN ► | |
| ANSTISSL & CO., P.C. 21 GEORGE STREET LOWELL, MA 01852 | | Phone no. ► | (978) 452-2500 |

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

NES-AUA, INC.

20-3214327

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| BANK FEES | 3,634. |
| MEETINGS | 9,389. |
| FILING FEES | 425. |
| INSURANCE | 1,649. |
| COMMITTEES | 5,579. |
| TOTAL TO FORM 990-EZ, LINE 16 | 20,676. |

| | | | |
|-------------|-----------------------------|-----------|---|
| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 2 |
|-------------|-----------------------------|-----------|---|

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
|--|---------------------------|---------|
| UROLOGICAL EDUCATION AND RESEARCH | RELATED ORGANIZATION | 40,320. |
| NEW ENGLAND SECTION OF THE AMERICAN UROLOGICA 900 CUMMINGS CENTER, SUITE 221-U BEVERLY, MA 01915 | | |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 40,320. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

GRANT TO THE NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL ASSOCIATION TO
ENCOURAGE THE STUDY OF AND TO MAINTAIN THE HIGHEST POSSIBLE STANDARDS FOR
UROLOGICAL EDUCATION, PRACTICE, AND RESEARCH.

JOINT ADVOCACY MEETING IS FOR AUA (AMERICAN UROLOGICAL ASSOCIATION) AND AACU (AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS) MEMBERS WHO TRAVEL TO HEAR THE LASTEST LEGISLATIVE ISSUES IMPACTING HEALTHCARE. THE DOCTORS PARTICIPATING IN THE CONFERENCE MEET WITH THEIR INDIVIDUAL SENATORS AND REPRESENTATIVES, AND DISCUSS ISSUES SUCH AS ACCESS TO HEALTHCARE, REIMBURSEMENT, AND SPECIFIC MATTERS RELATING TO UROLOGY AND THE UROLOGIC TREATMENT OF DISEASE.

(A) TO SERVE AS THE ARM AND INSTRUMENT OF THE NEW ENGLAND SECTION IN SOCIO-ECONOMIC AND LEGISLATIVE MATTERS AFFECTING THE MEDICAL PRACTICES OF ITS MEMBERS, INCLUDING REPRESENTATION BEFORE LEGISLATIVE BODIES, AND CONTACT WITH MEDICAL REGULATORY AND REIMBURSEMENT AGENCIES IN THE NEW ENGLAND STATES.

(B) TO INITIATE AND SUPPORT UROLOGIC PRACTICE MANAGEMENT EFFORTS AND TECHNIQUES IN THE NEW ENGLAND STATES, INCLUDING INFORMATION TECHNOLOGY, JOINT VENTURES, AND OTHER BUSINESS MEASURES.

(C) TO ADVOCATE ON BEHALF OF THE PHYSICIAN MEMBERS OF THE NEW ENGLAND SECTION IN ALL MATTERS AFFECTING THEIR PRACTICE AND LIVELIHOOD.

(D) TO SERVE AS LIAISON WITH THE GOVERNMENT AFFAIRS AND PRACTICE MANAGEMENT PERSONNEL AND ACTIVITIES OF THE AMERICAN UROLOGICAL ASSOCIATION.