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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

2010

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Inspection

► 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. 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

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	NES-AUA, INC.		20-3214327
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	900 CUMMINGS CENTER		978-927-8330
<input type="checkbox"/> Terminated	Room/suite		F Group Exemption Number ►
<input type="checkbox"/> Amended return	221-U		
<input type="checkbox"/> Application pending	City or town, state or country, and ZIP + 4		G Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
	BEVERLY, MA 01915		

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

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 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 ► \$ 65,625.

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	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	65,625.
	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 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	of contributions
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c		
c Less: direct expenses from gaming and fundraising events	6d		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
8 Other revenue (describe in Schedule O)	9	65,625.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
Expenses	10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	
	11 Benefits paid to or for members	10	51,520.
	12 Salaries, other compensation, and employee benefits	11	
	13 Professional fees and other payments to independent contractors	12	
	14 Occupancy, rent, utilities, and maintenance	13	9,730.
	15 Printing, publications, postage, and shipping	14	
	16 Other expenses (describe in Schedule O)	15	
	17 Total expenses Add lines 10 through 16	16	3,911.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17	65,161.
	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)	18	464.
	20 Other changes in net assets or fund balances (explain in Schedule O)	19	12,484.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	0.
		21	12,948.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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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	13,984.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	13,984.	25
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,500.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,484.	27
			12,948.

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? **SEE SCHEDULE O**

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

SEE SCHEDULE O

(Grants \$ 51,520.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	51,520.
29 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	11,949.
30			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	63,469.

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 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,	IMMEDIATE PAST PRESIDENT	0.	0.	0.
TIMOTHY B. HOPKINS, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22,	2.00	0.	0.	0.
JEFFREY A. RANTA, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	PRESIDENT/REP	0.	0.	0.
MARK K. PLANTE, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	2.00	0.	0.	0.
E. ANN GORMLEY, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	SECRETARY	0.	0.	0.
PETER N. TIFFANY, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	HISTORIAN	0.	0.	0.
JOHN J. MUÑOZ, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	2.00	0.	0.	0.
LISA TRAN BEAULE, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	REPRESENTATIVE - NEW HAMPSHIRE	0.	0.	0.
DIANNE E. SACCO, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	2.00	0.	0.	0.
PAULA B. BELLIN, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22, BEVERLY,	REPRESENTATIVE - WESTERN MASS	0.	0.	0.
ANTHONY J. DISTEFANO, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22,	2.00	0.	0.	0.
JOSEPH F. RENZULLI, II, M.D., C/O PRRI 900 CUMMINGS CENTER SUITE 22,	REPRESENTATIVE - CONNECTICUT	0.	0.	0.
	2.00	0.	0.	0.
	REPRESENTATIVE - RHODE ISLAND	0.	0.	0.
	2.00	0.	0.	0.

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02-02-11

Form 990-EZ (2010)

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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	X
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, explain in Schedule O why the organization did not report the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	N/A
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
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	37a	0
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b	
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	N/A
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations. Enter:	39b	N/A
a Initiation fees and capital contributions included on line 9		
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 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40b	N/A
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		
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	40c	N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	N/A
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	X
41 List the states with which a copy of this return is filed. ► <u>NONE</u>		
42a The organization's books are in care of ► <u>PRRI</u> Located at ► <u>900 CUMMINGS CENTER SUITE 221-U, BEVERLY, MA</u>	Telephone no. ► <u>978-927-8330</u> ZIP + 4 ► <u>01915</u>	
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: ► <u>_____</u> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► <u>_____</u>	42c	X
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
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	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		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?	46a	X
	If "Yes," complete Schedule C, Part I		
		46	X

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 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? 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 address of each employee paid more than \$100,000	(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
N/A				

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." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here  Signature of officer  Date 4/4/2011
 MARK K. PLANTE, M.D., TREASURER
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name RAYMOND L. ANSTISSL JR.	Preparer's signature RAYMOND L. ANSTISSL	Date 03/23/11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ANSTISSL & CO., P.C.			Firm's EIN ►	
	Firm's address ► 1115 WESTFORD STREET LOWELL, MA 01851			Phone no.	(978) 452-2500

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

032174
03-04-11

Form 990-EZ (2010)

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.

OMB No 1545-0047

2010
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Name of the organization

NES-AUA, INC.

Employer identification number
20-3214327

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: UROLOGICAL EDUCATION AND RESEARCH

GRANTEE NAME: NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL
ASSOCIATION, INC.

GRANTEE ADDRESS: 900 CUMMINGS CENTER, SUITE 221-U BEVERLY, MA 01915

GRANTEE RELATIONSHIP: RELATED ORGANIZATION

AMOUNT GIVEN: 51,520.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	992.
MEETINGS	974.
FILING FEES	425.
INSURANCE	275.
COMMITTEES	1,245.
TOTAL TO FORM 990-EZ, LINE 16	3,911.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO NE-AUA	1,500.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - (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

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.

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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.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

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Name of the organization

NES-AUA, INC.

Employer identification number
20-3214327

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

NES-AUA, INC.

Employer identification number
20-3214327

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV).