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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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. 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.

OMB No 1545-1150

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C Name of organization****NES-AUA, INC.**

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

**500 CUMMINGS CENTER**Room/suite  
**4550**

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** ►**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 ☐ 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 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**► \$ **66,875.****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	<b>66,725.</b>
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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	
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		
c	Less: direct expenses from gaming and fundraising events	6c		
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		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) <b>SEE SCHEDULE O</b>	8	<b>150.</b>	
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>66,875.</b>	
Expenses	10	Grants and similar amounts paid (list in Schedule O) <b>SEE SCHEDULE O</b>	10	<b>47,080.</b>
	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	<b>6,750.</b>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	16	<b>6,064.</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>59,894.</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>6,981.</b>
	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	<b>12,948.</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>19,929.</b>

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

Form **990-EZ** (2011)

SCANNED JUN 15 2012

132171  
02-06-12

**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	12,948.	22	20,979.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	12,948.	25	20,979.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	26	1,050.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,948.	27	19,929.

**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 and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 SCHEDULE O		
(Grants \$ 47,080.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 47,080.
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 11,068.
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 58,148.

**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) 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
JEFFREY A. RANTA, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	PRESIDENT/PRESIDENT-ELECT	(11/11)		
MARK K. PLANTE, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	PRESIDENT-ELECT/TREASURER	(11/11)		
E. ANN GORMLEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	SECRETARY			
STEPHEN F. SCHIFF, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	SECRETARY-ELECT			
ARTHUR E. TARANTINO, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	TREASURER/TREASURER-ELECT	(11/11)		
TIMOTHY B. HOPKINS, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	PAST PRESIDENT/PRESIDENT	(11/11)		
PETER N. TIFFANY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	HISTORIAN			
GREGORY S. ADEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - MAINE			
JOHN A. TAYLOR, III, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - CONNECTICUT			
PAULA B. BELLIN, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - WESTERN MASS			
ANDREW C. MAHONEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - VERMONT			
JOHN J. MUNOZ, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - NEW HAMPSHIRE			

**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 Sch. O to respond to any question in this Part V ☒ **X**

	Yes	No
<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>X</b>
<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>X</b>
<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>X</b>
<b>b</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	<b>N/A</b>	
<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>X</b>
<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>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.	<b>0.</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>N/A</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>N/A</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>N/A</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
<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>N/A</b>	
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	<b>N/A</b>	
<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>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>PRRI</b> Telephone no. <b>978-927-8330</b> Located at <b>500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA</b> ZIP + 4 <b>01915</b>		
<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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		<b>X</b>
<b>c</b> 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: _____		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <b>N/A</b>		
<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>X</b>
<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>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<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>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<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)		

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

	Yes	No
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 ☐

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

	Yes	No
47		
48		
49a		
49b		

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 address of each employee paid more than \$100,000	(b) Title and 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
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

ARTHUR E. TARANTINO, M.D., TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

RAYMOND L. ANTISS, JR.

Preparer's signature

RAYMOND L. ANTISS, JR.

Date

04/26/12

Check ☐ if self-employed

PTIN

P00142883

Firm's name ANTISS &amp; CO., P.C.

Firm's EIN 04-2917204

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

Form 990-EZ (2011)

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

MEMBERSHIP LISTS

150.

**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:** 500 CUMMINGS CENTER, SUITE 4550 BEVERLY, MA 01915

**GRANTEE RELATIONSHIP:** RELATED ORGANIZATION

**AMOUNT GIVEN:**

47,080.

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

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

BANK FEES

1,008.

MEETINGS

2,847.

FILING FEES

450.

INSURANCE

289.

COMMITTEES

1,470.

**TOTAL TO FORM 990-EZ, LINE 16**

6,064.

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

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

PREPAID DUES

0.

1,050.

**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.

OMB No 1545-0047

**2011**

Open to Public  
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Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

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  
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 LATEST  
LEGISLATIVE ISSUES IMPACTING HEALTHCARE. THE DOCTORS PARTICIPATING IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

NES-AUA, INC.

Employer identification number  
20-3214327

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.

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.



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)

[illegible]