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Short Form
Return of Organization Exempt From Income TaxUnder 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

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 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 66,725.
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	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)	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)	8 150.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 66,875.
	10 Grants and similar amounts paid (list in Schedule O)	10 47,080.
Net Assets	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 6,750.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 6,064.
	17 Total expenses. Add lines 10 through 16	17 59,894.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6,981.
	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 12,948.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 19,929.

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

Form 990-EZ (2011)

132171
02-06-12

16360426 803373 NES4327

2011.03030 NES-AUA, INC.

NES43271

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 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

Expenses

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

28 SEE SCHEDULE O(Grants \$ 47,080.) If this amount includes foreign grants, check here 28a 47,080.**29 SEE SCHEDULE O**(Grants \$) If this amount includes foreign grants, check here 29a 11,068.

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 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) 2.00 0. 0. 0.			
MARK K. PLANTE, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	PRESIDENT-ELECT/TREASURER (11/11) 2.00 0. 0. 0.			
E. ANN GORMLEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	SECRETARY (11/11) 2.00 0. 0. 0.			
STEPHEN F. SCHIFF, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	SECRETARY-ELECT (11/11) 2.00 0. 0. 0.			
ARTHUR E. TARANTINO, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	TREASURER/TREASURER-ELECT (11/11) 2.00 0. 0. 0.			
TIMOTHY B. HOPKINS, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	PAST PRESIDENT/PRESIDENT (11/11) 2.00 0. 0. 0.			
PETER N. TIFFANY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	HISTORIAN (11/11) 2.00 0. 0. 0.			
GREGORY S. ADEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - MAINE (11/11) 2.00 0. 0. 0.			
JOHN A. TAYLOR, III, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - CONNECTICUT (11/11) 2.00 0. 0. 0.			
PAULA B. BELLIN, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - WESTERN MASS (11/11) 2.00 0. 0. 0.			
ANDREW C. MAHONEY, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - VERMONT (11/11) 2.00 0. 0. 0.			
JOHN J. MUÑOZ, M.D., 500 CUMMINGS CENTER SUITE 4550, BEVERLY, MA 01915	REP - NEW HAMPSHIRE (11/11) 2.00 0. 0. 0.			

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.

	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	
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)	
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)?	
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	
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	
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	Enter amount of political expenditures, direct or indirect, as described in the instructions.	► 37a 0 .
b	Did the organization file Form 1120-POL for this year?	
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?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	Section 501(c)(7) organizations. Enter:	
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	► N/A	; section 4912 ► N/A ; section 4955 ► 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	
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 8868-T	
33	33	X
34	34	X
35a	35a	X
35b	35b	N/A
35c	35c	X
36	36	X
37b	37b	X
38a	38a	X
38b	38b	N/A
39a	39a	N/A
39b	39b	N/A
40b	40b	N/A
40c	40c	N/A
40e	40e	X

41 List the states with which a copy of this return is filed. ► **NONE**

42a The organization's books are in care of ► PRRI

Telephone no. ► 978-927-8330

Located at ► 500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA

ZIP + 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)?

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.?

If "Yes" enter the name of the foreign country: [Redacted]

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here if applicable, enter the name of the foreign country.

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.

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.

6. Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Q.

45a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)?

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		

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

	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 Sch. 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 N/A	(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

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

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	Signature of Arthur E. Tarantino			
Paid Preparer	Print/Type preparer's name RAYMOND L. ANSTISS, JR.	Preparer's signature RAYMOND L. ANSTISS, JR.	Date 04/26/12	Check <input type="checkbox"/> if self-employed	PTIN P00142883
Use Only	Firm's name ► ANSTISS & CO., P.C. Firm's address ► 1115 WESTFORD STREET LOWELL, MA 01851		Firm's EIN ► 04-2917204 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
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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.**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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► Attach to Form 990 or 990-EZ.

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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

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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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.

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)