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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
Inspection

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.

## A For the 2012 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.

## D Employer identification number

20-3214327

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

Room/suite

500 CUMMINGS CENTER

4550

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

BEVERLY, MA 01915

## 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  527H 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 ► \$ 69,525.

## 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	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	69,525.
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	
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	69,525.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	49,856.
10	Grants and similar amounts paid (list in Schedule O)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	7,000.
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	160.
15	Printing, publications, postage, and shipping	16	3,340.
16	Other expenses (describe in Schedule O)	17	60,356.
17	Total expenses. Add lines 10 through 16	SEE SCHEDULE O	►
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,169.
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	19,929.
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	29,098.

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

Form 990-EZ (2012)

232171  
01-11-13

15430501 803373 NES4327

2012.03030 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	20,979.	22 29,448.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	20,979.	25 29,448.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,050.	26 350.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,929.	27 29,098.

**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 \$ 49,856.) If this amount includes foreign grants, check here ►  28a 49,856.**29 SEE SCHEDULE O**(Grants \$ ) If this amount includes foreign grants, check here ►  29a 1,246.**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 51,102.

**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 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
JEFFREY A. RANTA, M.D.				
PAST PRESIDENT/PRESIDENT (11/12)	2.00	0.	0.	0.
MARK K. PLANTE, M.D.				
PRESIDENT/PRESIDENT-ELECT (11/12)	2.00	0.	0.	0.
E. ANN GORMLEY, M.D.				
PRESIDENT ELECT/SECRETARY (11/12)	2.00	0.	0.	0.
STEPHEN F. SCHIFF, M.D.				
SECRETARY/SECRETARY-ELECT (11/12)	2.00	0.	0.	0.
ARTHUR E. TARANTINO, M.D.				
TREASURER	2.00	0.	0.	0.
TIMOTHY B. HOPKINS, M.D.				
PAST PRESIDENT (11/12)	2.00	0.	0.	0.
PETER N. TIFFANY, M.D.				
HISTORIAN	2.00	0.	0.	0.
GREGORY S. ADEY, M.D.				
REP - MAINE	2.00	0.	0.	0.
JOHN A. TAYLOR, III, M.D.				
REP - CONNECTICUT	2.00	0.	0.	0.
PAULA B. BELLIN, M.D.				
REP - WESTERN MASS	2.00	0.	0.	0.
ANDREW C. MAHONEY, M.D.				
REP - VERMONT	2.00	0.	0.	0.
JOHN J. MUÑOZ, M.D.				
REP - NEW HAMPSHIRE (11/12)	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 

- 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 Yes  No   
 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) Yes  No   
 34  X
- 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)? Yes  No   
 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 Yes  No   
 36  X
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Yes  No   
 b Did the organization file Form 1120-POL for this year? Yes  No   
 37a  0.  
 37b  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? Yes  No   
 b If "Yes," complete Schedule L, Part II and enter the total amount involved  
 38b  N/A
- 39 Section 501(c)(7) organizations. Enter: Yes  No   
 a Initiation fees and capital contributions included on line 9  
 b Gross receipts, included on line 9, for public use of club facilities  
 39a  N/A  
 39b  N/A
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Yes  No   
 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  
 40b  N/A
- 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 Yes  No   
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes  No   
 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  **NONE**Telephone no. **978-927-8330**42a The organization's books are in care of  **PRRI**ZIP + 4 **01915**Located at  **500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA**

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)?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

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.

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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: 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 Yes  No   
 and enter the amount of tax-exempt interest received or accrued during the tax year Yes  No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
 44a  X

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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 Yes  No   
 44b  X

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
 44c  X

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

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 Yes  No   
 44d 

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No   
 45a 

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

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) Yes  No   
 45b

48 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
48	X

**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

- 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?  
b If "Yes," was the related organization a section 527 organization?  49a
- 49b  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 paid more than \$100,000 N/A	(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

- 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

► ARTHUR E. TARANTINO, 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, JR.	Date 05/01/13	Check <input type="checkbox"/> if self-employed	PTIN P00142883
	Firm's name ► ANSTISSL & 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 (2012)

**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

**2012**  
Open to Public  
Inspection

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

**GRANTEE RELATIONSHIP: RELATED ORGANIZATION**

**AMOUNT GIVEN: 49,856.**

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

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
<b>BANK FEES</b>	<b>1,019.</b>
<b>MEETINGS</b>	<b>1,246.</b>
<b>TAX PREPARATION FEES</b>	<b>475.</b>
<b>INSURANCE</b>	<b>500.</b>
<b>FILING FEES</b>	<b>100.</b>
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>3,340.</b>

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

<b>DESCRIPTION</b>	<b>BEG. OF YEAR</b>	<b>END OF YEAR</b>
<b>PREPAID DUES</b>	<b>1,050.</b>	<b>350.</b>

**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**

## 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

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**NES-AUA, INC.**

Employer identification number  
**20-3214327**

### 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  
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.

**Department of the Treasury  
Internal Revenue Service**

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.

**• Schedule O (Form 990 or 990-EZ)**

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**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.)