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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning and ending		D Employer identification number	
B Check if applicable: <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.		20-3214327
Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
500 CUMMINGS CENTER		4550	978-927-8330
City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ▶	
BEVERLY, MA 01915			
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website ▶ N/A			
J Tax-exempt status (check only one) <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 61,475.	

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	61,475.
	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 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)	8		
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,475.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	49,040.
	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	7,000.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	11,062.
	17 Total expenses Add lines 10 through 16	17	67,102.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<5,627.>
	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	29,098.
	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	23,471.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2013)

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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	29,448.	22	23,646.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	29,448.	25	23,646.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	350.	26	175.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,098.	27	23,471.

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 \$ 49,040.) If this amount includes foreign grants, check here

28a 49,040.

29 SEE SCHEDULE O

(Grants \$) If this amount includes foreign grants, check here

29a 7,491.

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 56,531.

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 (Form 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
E. ANN GORMLEY, M.D.				
PRESIDENT/PRESIDENT-ELECT (9/13)	2.00	0.	0.	0.
PETER N. TIFFANY, M.D.				
PRESIDENT-ELECT/HISTORIAN (9/13)	2.00	0.	0.	0.
STEPHEN F. SCHIFF, M.D.				
SECRETARY	2.00	0.	0.	0.
ARTHUR E. TARANTINO, M.D.				
TREASURER	2.00	0.	0.	0.
MARK K. PLANTE, M.D.				
PAST PRESIDENT/PRESIDENT (9/13)	2.00	0.	0.	0.
JEFFREY A. RANTA, M.D.				
HISTORIAN/PAST PRESIDENT (9/13)	2.00	0.	0.	0.
GREGORY S. ADEY, M.D.				
REPRESENTATIVE - MAINE	2.00	0.	0.	0.
GEORGE E. HALEBLIAN, M.D.				
REPRESENTATIVE - WESTERN MASS	2.00	0.	0.	0.
BRIAN H. IRWIN, M.D.				
REPRESENTATIVE - VERMONT	2.00	0.	0.	0.
LORI B. LERNER, M.D.				
REPRESENTATIVE - EASTERN MASS	2.00	0.	0.	0.
VERNON M. PAIS, JR, M.D.				
REPRESENTATIVE - NEW HAMPSHIRE	2.00	0.	0.	0.
JOSEPH F. RENZULLI, II, M.D.				
REPRESENTATIVE - RHODE ISLAND	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		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)		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)?		X
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	N/A	
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	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	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	N/A	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	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		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	
Located at	500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA	
Telephone no	978-927-8330	
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)?		X
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.?		X
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Yes No

46

X

If "Yes," complete Schedule C, Part I

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

Yes No

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 title of each employee	(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
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."

(a) Name and business address of each independent contractor	(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

Declaration of preparer (other than officer) 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

Preparer's signature

Date

Check ☐ if self-employed

PTIN

RAYMOND L. ANTISS, JR.

RAYMOND L. ANTISS, JR.

04/02/14

P00142883

Firm's name ▶ ANTISS & 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 (2013)

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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: 49,040.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES	1,184.
MEETINGS	7,491.
TAX PREPARATION FEES	500.
INSURANCE	249.
COMMITTEES	1,638.
TOTAL TO FORM 990-EZ, LINE 16	11,062.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID DUES	350.	175.

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

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

Schedule O (Form 990 or 990-EZ) (2013)

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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

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.

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

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

Employer identification number
20-3214327

[illegible]

Ind Id	Ind Last Name	Ind First Name	Email	Ind Middle Initial	Ind Suffix	Category	Comment	Phone Number	response
147	Thomas	Arthur	ant@athomas.org	N	M D	SPCE	ST Members Only Add	ant@athomas.org	
198	Pomerantz	Marvin	marv.pomerantz@comcast.net		M D				
343	Melzdorff	Mark	mmelzdorff@aomc.org	T	M D	SPCE	ST Members Only Add	mmelzdorff1@comcast.net	
477	Cohn	Lawrence	lcohn@partners.org	H	M D				
27899	Fann	James	jfann@stanford.edu	I	M D	SPCE	Andrea	heartfann@sbcglobal.net	Either
48124	Cleveland	Joseph	joseph.cleveland@ucdenver.edu	C	Jr M D	SPCE	ST Members Only Add	kimcleveland1@gmail.com	Yoga (beginner)
48881	Mitchell	John	john.mitchell@ucdenver.edu	D	M D	SPCE	ST Members Only Add	breana.mitchell@ucdenver.edu	No activity
50074	Burdon	Thomas	burdon@stanford.edu	A	M D	SPCE		evaew@stanford.edu	Galleries
57525	Thistlethwaite	Patricia	pthistlethwaite@ucsd.edu	A	M D				
59942	Chen	John	jchen@alum.mit.edu	C	M D	SPCE	Lillian	LillianLChen@gmail.com	Galleries
97950	Mulligan	Michael	mismmd@u.washington.edu	S	M D		Lisa	Lisamulligan1@mac.com	
129788	Grondin	Sean	sean.grondin@albertahealthservices.ca	C	M D	SPCE	ST Members Only Add	cathymac64@shaw.ca	