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10-15-182949216716019 8  
OMB No 1545-1150

# Short Form

## Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public  
Inspection

## A For the 2017 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	500 CUMMINGS CENTER		978-927-8330
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►
<input type="checkbox"/> Amended return	BEVERLY, MA 01915		04
<input type="checkbox"/> Application pending			

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 Form of organization:  Corporation  Trust  Association  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 ► \$ 82,325.

## 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 82,325.
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 \$ 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 82,325.
10 Grants and similar amounts paid (list in Schedule O)	10 53,463.
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 7,600.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 2,132.
16 Other expenses (describe in Schedule O)	16 17,258.
17 Total expenses. Add lines 10 through 16	17 80,453.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,872.
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 12,508.
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 14,380.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2017)

20

**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	12,958.22	15,805.
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	24	
25	Total assets	12,958.25	15,805.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	450.26	1,425.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,508.27	14,380.

**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; optional for others.)

**28 SEE SCHEDULE O**

(Grants \$ 52,713. ) If this amount includes foreign grants, check here ►  28a 52,713.

**29 SEE SCHEDULE O**

(Grants \$ 15,570. ) If this amount includes foreign grants, check here ►  29a 15,570.

**30 GRANT TO SPONSOR A TOWN MEETING OF THE CT UROLOGY SOCIETY**

(Grants \$ 750. ) If this amount includes foreign grants, check here ►  30a 750.

**31 Other program services (describe in Schedule O)**

(Grants \$ 0. ) If this amount includes foreign grants, check here ►  31a 0.

**32 Total program service expenses (add lines 28a through 31a)**

► 32 69,033.

**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
ARTHUR E. TARANTINO, M.D.	2.00	0.	0.	0.
PRESIDENT/PRES ELECT				
STEPHEN F. SCHIFF, M.D.	2.00	0.	0.	0.
PRESIDENT-ELECT/SECRETARY				
VERNON M. PAIS, JR., M.D.	2.00	0.	0.	0.
SECRETARY/SECRETARY-ELECT				
GREGORY S. ADEY, M.D.	2.00	0.	0.	0.
TREASURER	2.00	0.	0.	0.
KARIM J. HAMAWY, M.D.	2.00	0.	0.	0.
HISTORIAN	2.00	0.	0.	0.
PAULA B. BELLIN, M.D.	2.00	0.	0.	0.
PAST PRESIDENT/PRESIDENT	2.00	0.	0.	0.
JENNIFER YATES				
REPRESENTATIVE - WESTERN M	2.00	0.	0.	0.
ANURAG K. DAS, M.D.	2.00	0.	0.	0.
REPRESENTATIVE - EASTERN M	2.00	0.	0.	0.
BORIS GERSHMAN, M.D.				
REPRESENTATIVE - RI	2.00	0.	0.	0.
MARTIN GROSS, M.D.	2.00	0.	0.	0.
REPRESENTATIVE - NH	2.00	0.	0.	0.
LINDSEY A. KERR, M.D.				
REPRESENTATIVE - ME	2.00	0.	0.	0.
LESLIE M. RICKY, M.D.				
REPRESENTATIVE - CT	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 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

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)? 35a  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 35b  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 35c  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 36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  1,735.

b Did the organization file Form 1120-POL for this year? 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? 38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  N/A

b Gross receipts, included on line 9, for public use of club facilities 39b  N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 40b  N/A; section 4912 40c  N/A; section 4955 40d  N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40e  X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40f  N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40g  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 40h  N/A

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

42a The organization's books are in care of 42a  PRRI Telephone no. 978-927-8330  
Located at 42b  500 CUMMINGS CENTER, SUITE 4400, 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)? 42c  X

If "Yes," enter the name of the foreign country: 42d  \_\_\_\_\_

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? 42e  X

If "Yes," enter the name of the foreign country: 42f  \_\_\_\_\_

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  \_\_\_\_\_

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

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) 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 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?

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  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 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 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

4/4/18

► GREGORY S. ADEY, M.D., TREASURER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name RAYMOND L. ANSTISS, JR.	Preparer's signature RAYMOND L. ANSTISS, JR.	Date 03/19/18	Check <input type="checkbox"/> if self-employed	PTIN P00142883
	Firm's name ► ANSTISS & 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 (2017)



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ►  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ►  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	82,325.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	6,135.
b Carryover from last year	2b	
c Total	2c	6,135.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	12,349.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	<6,214. >

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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 SIMILAR AMOUNTS PAID:**

**ACTIVITY CLASSIFICATION: UROLOGICAL EDUCATION AND RESEARCH**

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

**GRANTEE ADDRESS: 500 CUMMINGS CENTER, SUITE 4400 BEVERLY, MA 01915**

**GRANTEE RELATIONSHIP: RELATED ORGANIZATION**

**AMOUNT GIVEN: 50,978.**

**ACTIVITY CLASSIFICATION: UROLOGICAL EDUCATION AND RESEARCH**

**GRANTEE NAME: UROPAC**

**GRANTEE ADDRESS: PO BOX 15441 WASHINGTON, DC 20003**

**AMOUNT GIVEN: 1,735.**

**ACTIVITY CLASSIFICATION: TOWN MEETING**

**GRANTEE NAME: CT UROLOGY SOCIETY**

**GRANTEE ADDRESS: 26 SALLY BURR RD LITCHFIELD, CT 06759**

**AMOUNT GIVEN: 750.**

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,463.**

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

**DESCRIPTION OF OTHER EXPENSES: AMOUNT:**

**BANK FEES 1,457.**

**MEETINGS 15,570.**

**INSURANCE 231.**

**TOTAL TO FORM 990-EZ, LINE 16 17,258.**

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID DUES	450.	225.
DUE TO NE-AUA	0.	1,200.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>450.</b>	<b>1,425.</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 MEDICAL REGULATORY AND REIMBURSEMENT AGENCIES IN THE NEW ENGLAND STATES.

(B) TO INITIATE AND SUPPORT UROLOGIC PRACTICE MANAGEMENT EFFORTS IN THE NEW ENGLAND STATES.

(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:

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

**Employer identification number**

**NES-AUA, INC.**

20-3214327

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.

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)