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Form **990-EZ**

**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)

OMB No 1545-1150

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** 10/10/13 , and ending 12/31/13

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NESI-SES ASSOCIATION	<b>D</b> Employer identification number 46-3845407
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 3304 SOUTH BOOMER ROAD	<b>E</b> Telephone number 405-533-4179
	City or town, state or province, country, and ZIP or foreign postal code STILLWATER OK 74074	<b>F</b> Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

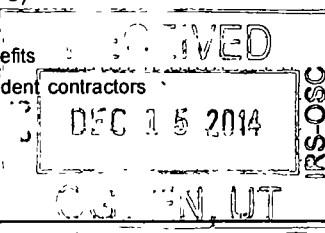
**K Form of organization**  Corporation  Trust  Association  Other \_\_\_\_\_

**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 ▶ \$ 100,000

**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	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																							
	2 Program service revenue including government fees and contracts																							
	3 Membership dues and assessments			SEE STATEMENT		100,000																		
	4 Investment income																							
	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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9									100,000														
10 Grants and similar amounts paid (list in Schedule O)	10																							
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																							
14 Occupancy, rent, utilities, and maintenance	14																							
15 Printing, publications, postage, and shipping	15																							
16 Other expenses (describe in Schedule O)	16																650,000							
17 <b>Total expenses.</b> Add lines 10 through 16	17																650,000							
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18																							
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																							
20 Other changes in net assets or fund balances (explain in Schedule O)	20																							
21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21																							



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

SCANNED JAN 05 2015

**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	0	22	200,000
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	200,000
26 Total liabilities (describe in Schedule O)	0	26	750,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	-550,000

**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

29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	(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	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32

**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
DAVID SWANK MANAGING MEMBER	1.00	0	0	0
GARY CLARK BOARD PRESIDENT	1.00	0	0	0
DAVID HEDRICK BOARD SECRETARY	1.00	0	0	0
STEPHEN MCKEEVER BOARD MEMBER	1.00	0	0	0
KENT HANEBAUM BOARD MEMBER	1.00	0	0	0
GARY MCCUNE BOARD MEMBER	1.00	0	0	0
LEN TONTZ BOARD MEMBER	1.00	0	0	0
CHRIS MEYERS BOARD MEMBER	1.00	0	0	0
KENNY SPARKS BOARD MEMBER	1.00	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 Schedule 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
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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 <input type="text" value="37a"/>		
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	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		
40c	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 <input type="text"/>		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
40e	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 <input type="text" value="OK"/>		
42a	The organization's books are in care of <input type="text" value="NESI-SES ASSOCIATION"/> Telephone no <input type="text" value="405-533-4179"/> 3304 SOUTH BOOMER ROAD Located at <input type="text" value="STILLWATER"/> OK ZIP + 4 <input type="text" value="74076"/>		
42b	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 <input type="text"/>		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
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 <input type="text" value="43"/>		
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
44b	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
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	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)		X

	Yes	No
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	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

	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 Schedule 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	(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"

(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

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

<b>Sign Here</b>	Signature of officer  DAVID SWANK Type or print name and title	Date MANAGING MEMBER
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name SEAN B. DUNAHAY, CPA	Preparer's signature SEAN B. DUNAHAY, CPA	Date 11/10/14	Check <input type="checkbox"/> if self-employed	PTIN E00086460
	Firm's name ▶ BRISCOE, BURKE & GRIGSBY LLP			Firm's EIN ▶ 73-1293012	
	Firm's address ▶ 4120 EAST 51ST STREET, SUITE 100 TULSA, OK 74135-3633			Phone no 918-749-8337	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Name of the organization

NESI-SES ASSOCIATION

Employer identification number

46-3845407

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

DESCRIPTION	AMOUNT
EXPENSES	
GATEWAY ADMINISTRATION	\$ 150,000
ENERGY RESEARCH	\$ 500,000
TOTAL	\$ 650,000

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MORTGAGE AND OTHER NOTES PAYABLE	\$ 0	\$ 750,000

## FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE ORGANIZATION'S MISSION IS TO:

- DEVELOP PRACTICAL ENERGY SOLUTIONS THROUGH EXTENSIVE PARTNERSHIPS THAT LEVERAGE RESEARCH AND KNOWLEDGE
- PROMOTE THE NATIONAL SOLUTIONS INSTITUTE AND SMART ENERGY SOURCE L.L.C.
- DEVELOP STANDARDS, MEASUREMENT METHODS, PROCESSES AND NEW TECHNOLOGIES THAT OPTIMIZE CURRENT AND FUTURE ASSETS, LEVERAGE COLLECTIVE RESOURCES, ENABLE CONSUMER AND STAKEHOLDER PARTICIPATION AND ENABLE NEW PRODUCTS AND SERVICES
- PROMOTE NEW POLICIES AND BEST PRACTICES BY CREATING GREATER UNDERSTANDING AND AWARENESS OF EFFECTIVE ENERGY SOLUTIONS AND DESIGN AND DEPLOYMENT METHODS
- DEVELOP METHODS AND PRACTICES FOR BREAKING DOWN BARRIERS AND SILOS THAT HINDER INTEGRATION OF NEW TECHNOLOGY SOLUTIONS

Name of the organization

NESI-SES ASSOCIATION

Employer identification number

46-3845407

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT  
TO DEVELOP NEW TECHNOLOGIES THAT OPTIMIZE CURRENT AND FUTURE ASSETS,  
LEVERAGE COLLECTIVE RESOURCES, ENABLE CONSUMER AND STAKEHOLDER  
PARTICIPATION AND ENABLE NEW PRODUCTS AND SERVICES; PROMOTE THE NATIONAL  
ENERGY SOLUTIONS INSTITUTE AND SMART ENERGY SOURCE L.L.C.; AND TO DEVELOP  
PRACTICAL ENERGY SOLUTIONS THROUGH EXTENSIVE PARTNERSHIPS THAT LEVERAGE  
RESEARCH AND KNOWLEDGE