

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NESI-SES ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3304 SOUTH BOOMER ROAD

City or town, state or province, country, and ZIP or foreign postal code
STILLWATER, OK 74074

D Employer identification number
46-3845407

E Telephone number
(405) 533-4179

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.NESI-SES.ORG

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. ▶ \$ 0

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	5a	5b	5c	6a	6b	6c	6d	7a	7b	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																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	b	Less cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																										
	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)																										
c	Less direct expenses from gaming and fundraising events																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe in Schedule O)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe in Schedule O)																										
	17	Total expenses. Add lines 10 through 16																										
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										
	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)																										
	20	Other changes in net assets or fund balances (explain in Schedule O)																										
	21	Net assets or fund balances at end of year Combine lines 18 through 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	238,732	22 123,114
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	238,732	25 123,114
26 Total liabilities (describe in Schedule O).	0	26 119,614
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	238,732	27 3,500

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?
 TO DEVELOP PRACTICAL ENERGY SOLUTIONS THROUGH EXTENSIVE PARTNERSHIPS THAT LEVERAGE RESEARCH AND KNOWLEDGE TO PROMOTE THE NATIONAL SOLUTIONS INSTITUTE AND SMART ENERGY SOURCE L L C TO 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 SEVICES TO PROMOTE NEW POLICIES AND BEST PRACTICES BY CREATING GREATER UNDERSTANDING AND AWARENESS OF EFFECTIVE ENERGY SOLUTIONS AND DESIGN AND DEPLOYMENT METHODS TO DEVELOP METHODS AND PRACTICES FOR BREAKING DOWN BARRIERS AND SILOS THAT HINDER INTEGRATION OF NEW TECHNOLOGY SOLUTIONS

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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 Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 235,232

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
GARY CLARK PRESIDENT	1 00	0	0	0
CHRIS MEYERS VICE PRESIDENT	1 00	0	0	0
DAVID HENDRICK SECRETARY	1 00	0	0	0
BROCK TAYLOR BOARD MEMBER	1 00	0	0	0
ROBERT ENGEL BOARD MEMBER	1 00	0	0	0
KENNY SPARKS BOARD MEMBER	1 00	0	0	0
DAVID WAITS BOARD MEMBER	1 00	0	0	0
KEN SENOUR BOARD MEMBER	1 00	0	0	0
MIKE MING BOARD MEMBER	1 00	0	0	0
JOHN WESTERHEIDE BOARD MEMBER	1 00	0	0	0
LEN TONTZ BOARD MEMBER	1 00	0	0	0
MARK PITTMAN 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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of DAVID SWANK Telephone no (405) 533-4179 Located at 3304 SOUTH BOOMER ROAD STILLWATER, OK ZIP + 4 74074

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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	No

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 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	2019-11-01 Date
GARY CLARK PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MATT R WILLIS	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00419741
Firm's name ▶ BOLINGER SEGARS GILBERT AND MOSS LLP			Firm's EIN ▶ 75-0882037		
Firm's address ▶ 8215 NASHVILLE AVENUE LUBBOCK, TX 79423			Phone no (806) 747-3806		

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

Additional Data

Software ID:

Software Version:

EIN: 46-3845407

Name: NESI-SES ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 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 (Grants \$ 218,327)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	235,232

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: NESI-SES ASSOCIATION

EIN: 46-3845407

Declaration: 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)**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 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
NESI-SES ASSOCIATION

Employer identification number

46-3845407

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT TO PROMOTE ENERGY RESEARCH GRANTEE NAME NATIONAL RESEARCH CONSORTIUM GRANTEE ADDRESS PO BOX 1957 STILLWATER, OK 74076 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 218,327

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONSULTING EXPENSES AMOUNT 15,608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION GRANTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 119,614