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### Form **990-EZ**

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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a gross revenue (not including \$ of contributions reported on line 1) b. Less: direct expenses other than fundraising to press \$ 0.0 contributions contr	Α	For the	e 2009 calendar year, or tax year beginning JUN 1, 2009 and ending MAY	31,	2010
Second Stricts   Stock   Sto		applicabl	ie [riease ] -	nployer	identification number
Second Stricts   Stock   Sto		Addres Change	s use IRS		
Section 501(c)(3) organizations and 4947(a)(1) nenexempt charitable trusts must attach a completed Soldeduk A (Form 980 or 1908 ± 2).   Soldeduk A (Form 980 or 1908 ± 2).   Soldeduk A (Form 980 or 1908 ± 2).   Website:   WWW. RIGS. NEWORLEANS. I. A 701.57   Website:   WWW. SIGS. NEWORLEANS. CORG   H. Check   Xi if the organization is not a clean 508(a)(4) supporting organization and 4947(a)(1) or   Soldeduk A (Form 980 or 1908 ± 2).   Soldeduk A (Fo		Name Change	Print or SOUTHEASTERN GEOPHYSICAL SOCIETY	72-1	013558
Programmer   Norw   Norwer		Initial	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite E T	elephone	number
Programmer   Norw   Norwer		Termi	n- Specific P. O. BOX 57141	985-	773-6122
Section 501(c)(3) organization and 447(a)(1) organization is not a section 509(a)(3) supporting organization and dis gross receptits are normally ent more than \$25,000. A form 990-E2 or form 990 run to not required, but the organization is not a section 509(a)(3) supporting organization and dis gross receptits are normally ent more than \$25,000. A form 990-E2 or form 990 run to not required, but the organization chooses to file a return, be sure to the a complete return.    Add lines \$55,65, and 7b, to line 9 to determine gross receptits, \$500,000 or more, the form 990 instead of form 990-E2			ded tions City or town, state or country, and ZIP + 4		
Section 50 ((c)(3) organizations and 4647(4)(1) nonexempt charitable trusts must attach a completed Sheeded is A formal 990 or 990-EZ.  Website: ► WWW.SGS-NEWORLEANS.ORG H Check ► MEWORLEANS.ORG Form 990 return is not required, but if the organization and its gross receipts are normally not more than 500-800. A form 990-EZ or Form 990 return is not required, but if the organization chooses to fide a return, be sure to fife a complete return.  Add lines 55, 86, and 71, to line 10 determined gross receipts; \$500,000 or more, life form 990 netated of form 990-EZ or Form 990 return is not required, but if the organization chooses to fide a return, be sure to fife a complete return.  Add lines 55, 86, and 71, to line 10 determined gross receipts; \$500,000 or more, life form 990-180-122  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I).  1 Contributions, grits, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 1, 0.75. 4 Investment mome 4 10 Contributions grits, grants complete applicable part of Schedule (b), if any amount is from gaming, check here ▶  1 Exercise of or other bass and sales expenses  1 Case of class of or other bass and sales expenses 2 (San or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Special events and activates (complete applicable parts of Schedule 6b), if any amount is from gaming, check here ▶  1 Less: cost of goods sold 2 (See the instructions) See STATEMENT 2) 8 12,646.  1 Total expenses of inventory, less returns, and dimonsess 3 10,0539.  1 Observation (responses of the database studies) Add dimonsess 3 10,0539.  1 Observation (responses of the sales studies) Add dimonsess 4 10 Concepts of the Complete applicable parts of Schedule 6b), if any amount is from gaming, check		Applica pendin			•
Website:   ► WWW.SGS - MEWORLEANS. ORG		• Sec			
Website: ► MWW .SGS - NEWORLEANS . ORG			0.1.1.1.4/= 000 000 ==>		
K Check	ī	Websit			the organization is not
K Check	J	Tax-exe	empt status (check only one) — X 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 required to atta	ch Sched	dule B (Form 990, 990-EZ, or 990-PF)
Add lines 50, 60, and 7b, 10 line 9 to determine gross receipts; #\$500,000 or more, file form 990 instead of Form 990-EZ	K	Check ]			
Add lines 50, 60, and 7b, 10 line 9 to determine gross receipts; #\$500,000 or more, file form 990 instead of Form 990-EZ					
1   Contributions, girts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   Membershy dues and assessments   3   1, 075.     4   Investment income   5a   Gross amount from sale of assets other than inventory   STMT 3   5a   51, 019.     5   Service services of control (uss) from sale of assets other than inventory (Subtract line 5b from line 5a)   5b   74, 612.     6   Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here   6a   11, 205.     6   Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here   6a   11, 205.     6   Special events and activities (Subtract line 5b from line 6a)   7a   7a   5b   6b   10, 539.     6   Velt income or (isos) from special research and activities (Subtract line 5b from line 6a)   7a   7b   7b   7b   7b   7b   7c   7c   7c	匸	Add line		▶ \$	88,661.
2   12,530.				ns for Pa	
3		1	Contributions, gifts, grants, and similar amounts received	1	
3		2	Program service revenue including government fees and contracts	2	12,530.
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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here part of Gross profit or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here part of Gross profit or (loss) from special galactic distributions reported on line 1)  b Less: direct expenses other than fundraising the parts of Schedule G). If any amount is from gaming, check here parts of Gross profit or (loss) from special galactic funding Subtractions of Gain 11, 205.  6		3	Membership dues and assessments	3	
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 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 6a 11, 205. 6 Special events and activities (complete applicable gaming and supplicable gaming and supplic		4	Investment income	4	186.
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts from gaming, check here □□  B Special events and activities (complete applicable parts of Schedule G). If any amounts of S		5a	Gross amount from sale of assets other than inventory STMT 3 5a 51,019	•	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ Gas Gross revenue (not including \$ of contributions reported on line 1) b. Less: direct expenses other than fundraising coppess of Net income or (loss) from special graphs and activities (Subtract line 6b from line 6a)  7a Gross sales of inventory, less returns and allowances or Net income or (loss) from sales of inventory (Subtract line 7b from line 6a)  8 Other revenue (describe ▶ SEE STATEMENT 2)  9 Total revenue. Add lines 1,2),3,4,50,60,70,4bnLb  10 Grants and similar amounts pair (gitaeh schedule)  11 Salaries, other compensation, and employee benefits  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 ▶ SEE STATEMENT 1)  17 Total expenses. Add lines 10 through 16  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)  19 Net assets or fund balances at end of year. Combine lines 18 through 20  19 Net assets or fund balances at one of year. Combine lines 18 through 20  10 Net assets or fund balances at one of year. Combine lines 18 through 20  10 Net assets or fund balances at one of year. Combine lines 18 through 20  10 Cash, savings, and investments  10 Cash, savings, and investments  11 Sol, 145. 22  12 Sol, savings, and investments  13 Cash, savings, and investments  15 Cotal assets  16 Total liabilities (describe ▶ Cash, savings, and sinvestments  17 Total liabilities (describe ▶ Cash, savings, and sinvestments)  18 Cotal liabilities (describe ▶ Cash, savings, and sinvestments)  19 Other assets of fund balances (line 27 of column (B) must agree with line 21)  10 Cash, savings, and sinvestments  11 Cash, savings, and sinvestments		b	Less: cost or other basis and sales expenses 5b 74,612		
a Gross revenue (not including \$		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<23,593·>
b Less: direct expenses other than fundraising reports  c Net income or (loss) from special registrated interestibilities (Subvashine 6b from line 6a)  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	e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	]	
b Less: direct expenses other than fundraising reports  c Net income or (loss) from special registrated interestibilities (Subvashine 6b from line 6a)  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	Ven	a			
c Net income or (loss) from special and administration (Subtract Line 20 From line 6a)  7a Gross sales of myentory, less returns and allowances.  b Less: cost of goods sold  c Gross profit or (loss) from signs of inventory (Subtract Line 20 From line 7a)  8 Other revenue (describe	æ				
Tall   Total expenses Add lines 10 through 16   Total expenses Add lines 10 through 16   Total expenses Add lines at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   SEE STATEMENT 1   SEE STATEMENT 2   SEE STATEMENT 1   SEE STATEMENT 2   SEE STATEMENT 3   SEE STATEMENT 4   SEE STATEMENT 5   SEE STATEM		b			
Tall   Total expenses Add lines 10 through 16   Total expenses Add lines 10 through 16   Total expenses Add lines at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   SEE STATEMENT 1   SEE STATEMENT 2   SEE STATEMENT 1   SEE STATEMENT 2   SEE STATEMENT 3   SEE STATEMENT 4   SEE STATEMENT 5   SEE STATEM		c	Net income or (loss) from special exempts and activities (Subtractivine 6b from line 6a)	6c	666.
C   Gross profit or (loss) from sales of inventory (Subtract Line 70 from line 7a)   8   Other revenue (describe		7a	Gross sales of inventory, less returns and allowances \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
8 Other revenue (describe ►   SEE STATEMENT 2 ) 8 12,646. 9 Total revenue. Add lines 1, 2,3,4,506,02 and 18 9 3,510.  10 Grants and similar amounts paid (attach schedule) STMT 5 10 4,500.  11 Benefits paid to or for members 11		b	Less: cost of goods sold \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	╛	
8 Other revenue (describe ►   SEE STATEMENT 2 ) 8 12,646. 9 Total revenue. Add lines 1, 2,3,4,506,02 and 18 9 3,510.  10 Grants and similar amounts paid (attach schedule) STMT 5 10 4,500.  11 Benefits paid to or for members 11		C	Gross profit or (loss) from sates of inventory (Subtract Line 7th from line 7a)	7c	
10   Grants and similar amounts paid (attaehrschedule)   STMT 5   10   4,500.     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   270.     16   Other expenses (describe ► SEE STATEMENT 1 )   16   25,661.     17   Total expenses. Add lines 10 through 16			Other revenue (describe SEE STATEMENT 2	8	
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)  17 Total expenses. Add lines 10 through 16  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 (attach explanation)  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  21 Other assets (describe)  22 Other assets (describe)  23 Other assets (describe)  24 Other assets (describe)  25 Total assets  26 Total liabilities (describe)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Salaries, other compensation, and employee benefits  15 270.  27 Net assets or fund balances  16 25, 661.  17 30, 431.  28 26, 921.  29 30, 145.  20 36, 422.  20 36, 422.  21 59, 646.  22 Cash, savings, and investments  23 59, 646.  24 Other assets (describe)  25 59, 646.  26 Total liabilities (describe)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 59, 646.		9	Total revenue. Add lines 1, 2\3, 4, 5c 6c 3d and 5	9	
12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   14   Occupancy, rent, utilities, and maintenance   14     15   Printing, publications, postage, and shipping   15   270 .   16   Other expenses (describe ►   SEE STATEMENT 1   16   25, 661 .   17   Total expenses. Add lines 10 through 16   18   <26, 921 .   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   426, 921 .   18     426, 921 .   19   19   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   10   145 .   19   19   150 , 145 .   19   19   19   19   19   19   19				10	4,500.
The professional fees and other payments to independent contractors  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 ► SEE STATEMENT 1)  17 Total expenses. Add lines 10 through 16  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 (attach explanation)  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Cash, savings, and investments  24 Other assets (describe ► )  25 Total assets  26 Total liabilities (describe ► )  27 Net assets of fund balances (line 27 of column (B) must agree with line 21)  28 Net assets or fund balances (line 27 of column (B) must agree with line 21)		11	·		
15   Printing, publications, postage, and shipping   15   270.	es			12	
15   Printing, publications, postage, and shipping   15   270.	eus	13		$\overline{}$	
16 Other expenses (describe ► SEE STATEMENT 1)  16 25,661.  17 Total expenses. Add lines 10 through 16  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 (attach explanation)  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (See the instructions for Part III.)  21	Ä	14			
17   Total expenses. Add lines 10 through 16	_	L	· · · · · · · · · · · · · · · · · · ·		
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 (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year (B) End of year  (B)					
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   50 , 145 .     20 Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT   4   20   36 , 422 .     21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   59 , 646 .     Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.     (See the instructions for Part II.)   (A) Beginning of year   (B) End of year     22 Cash, savings, and investments   50 , 145 . 22   59 , 646 .     23 Land and buildings   23     24 Other assets (describe   )   24     25 Total assets   50 , 145 . 25   59 , 646 .     26 Total liabilities (describe   )   0 . 26   0 .     27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   50 , 145 . 27   59 , 646 .		+			
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   So, 145.   22   59,646.	छ	18		18	<26,921.>
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   So, 145.   22   59,646.	SSe	19	· · · · · · · · · · · · · · · · · · ·		F0 14F
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   So, 145.   22   59,646.	₹.	3			
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   So, 145.   22   59,646.	S.	20	- · · · · · · · · · · · · · · · · · · ·		
(See the instructions for Part II.)  (A) Beginning of year  (B) End of ye	_		<del></del>		59,646.
22 Cash, savings, and investments       50,145.22       59,646.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       50,145.25       59,646.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       50,145.27       59,646.			*·		(D) End of year
23 24 Other assets (describe ► ) 24 25 Total assets (  25 Total liabilities (describe ► ) 0 .26 0 .  26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50 , 145 . 27 59 , 646 .	20	r Cool	(.,,,		
24       Other assets (describe ►       )       24         25       Total assets       50,145.25       59,646.         26       Total liabilities (describe ►       )       0.26       0.         278       Net assets or fund balances (line 27 of column (B) must agree with line 21)       50,145.27       59,646.			· · · · · · · · · · · · · · · · · · ·		33,040.
26 Total liabilities (describe ►					
26 Total liabilities (describe ►	26	1 Tate			50 616
273 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,145. 27 59,646.		Total		$\overline{}$	
932171 LHA For Privacy Act and Paperwork Reduction Act Notice, see the senarate instructions  Form 990-F7 (2009)	_				
TOTAL TOTAL CONTRACTOR	932 02	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) SOUTHEASTERN GEOPHYSICAL			<u> 72-</u>	10135	58 Page 2
Part III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		] Ex	penses
What is the organization's primary exempt purpose? TO PROMOTE THE	SCIENCE OF G	<b>EOPHYSICS</b>		1	r section 501(c)(3) ) organizations and
Describe what was achieved in carrying out the organization's exempt pur	poses. In a clear and conci	se manner, descri	be	1	7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevan		<del></del>		for others)	
28 <u>MONTHLY LUNCHEONS: SPEAKERS MAKE TE</u>					
REGARDING ADVANCES IN THE FIELD OF					
ALSO PROMOTE FELLOWSHIP AND NETWORK		TIES.	<del></del>		
(Grants \$ ) If this amount includes foreign of		<u> </u>	Ш	28a	18,288.
29 EXECUTIVE COMMITTEE LUNCHEON: THE B	USINESS OF TH	E SOCIETY			
IS CONDUCTED AT THESE LUNCHEONS	···········			.	
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		29a	1,014.
30 SEE STATEMENT 7					
	<del> </del>				4 500
(Grants \$ ) If this amount includes foreign g	rants, check here	<u>P</u> .	يب	30a	4,500.
31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign of	rants, check here		<del> </del>	31a	23,802.
32 Total program service expenses (add lines 28a through 31a)  Part IV List of Officers, Directors, Trustees, and Key E	mnlovees		<u> </u>	32	
Part IV   List of Officers, Directors, Trustees, and Key E	Imployees. List each one ev	en if not compensated (		ntributions	
	(b) Title and average hours	(c) Compensation	\ <b>-</b> ,	employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
	position	-0)		eferred pensation	other allowances
ERIC ZIMMERMAN, P. O. BOX 57141, NEW	PRESIDENT		COIII	pensation	
ERIC ZIMMERMAN, P. O. BOX 57141, NEW ORLEANS, LA 70157-7141	5.00	0.		0.	0.
	1ST VP	<u></u>		<u> </u>	<u> </u>
ORLEANS, LA 70157-7141	5.00	0.		0.	0.
KEN REYNOLDS, P. O. BOX 57141, NEW	2ND VP	<u></u>		<u> </u>	
	5.00	0.	<u> </u>	0.	0.
ORLEANS, LA 70157-7141  JARED BOSCH, P. O. BOX 57141, NEW	SECRETARY	<u></u>			· · ·
	5.00	0.		0.	0.
	TREASURER	<u> </u>	<del></del>	<u> </u>	
DAVE GILLIS, P. O. BOX 57141, NEW ORLEANS, LA 70157-7141	5.00	ο.		0.	0.
MARY WILDMAN, P. O. BOX 57141, NEW	EDITOR			<u> </u>	•
ORLEANS, LA 70157-7141	5.00	0.		0.	0.
TIM MACIEJEWSKI, P. O. BOX 57141,	PAST PRESIDEN				
NEW ORLEANS, LA 70157-7141	5.00	0.		0.	0.
TOBY ROESLER, P. O. BOX 57141, NEW	PRIOR PAST PR				
ORLEANS, LA 70157-7141	5.00	0.		0.	0.
	WEBMASTER				
ORLEANS, LA 70157-7141	5.00	ο.	İ	0.	0.
LISA DWYER KENNEDY, P. O. BOX 57141,	OUTREACH				
NEW ORLEANS, LA 70157-7141	5.00	0.		0.	0.
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932172 02-08-10				Form	<b>990-EZ</b> (2009)

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Pa	Other Information (Note the statement requirements in the instructions for Part V	( )		157	T
				Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed desc		33	<del></del>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	•	34	┼	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amon				ŀ
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Fo				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 60	33(e) notice, reporting,			
	and proxy tax requirements?		35a		+
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	X	┼
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets d	uring the year? If "Yes,"			l
	complete applicable parts of Sch. N	1 1	36	┼	<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.		
	Did the organization file Form 1120-POL for this year?		37t	<del> </del>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re any such loans made	ŀ		
	in a prior year and still outstanding at the end of the period covered by this return?	l I	38a	<u></u>	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A			
39	Section 501(c)(7) organizations. Enter:			1	
	Initiation fees and capital contributions included on line 9	39a N/A			
	Gross receipts, included on line 9, for public use of club facilities	39b N/A			1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		_	1	
	section 4911 ▶ ; section 4912 ▶ ; section 4955		0.		
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefits	<del>-</del>			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a				
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule	_, Part I	40b	—	X
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	<b></b>	0.		1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the				
	organization	<b></b>	0.		
е	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				
42 a	The organization's books are in care of JARED BOSCH	Telephone no. > 98			L
	Located at ▶ P. O. BOX 57141, NEW ORLEANS, LA	ZIP +	·4 ► <u>701!</u>	<u>)                                    </u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		<b>X</b>	T 88 -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		<del></del>		No
	account)?		42b		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.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	Ш_	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	<b>.</b> l	1 4	. ▶	۔ ـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/2	<u> </u>	
				125	
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			-	
	Form 990-EZ		44	+	<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If "Yes," Form 990 must be	- 1		
	completed instead of Form 990-EZ		45		<u> </u>
			Form	990-EZ	(2009)

	1					
Parl	90-EZ (2009) SOUTHEASTERN GEOPHYSICAL  VI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.	4947(a)(1) nonexempt			ection	
46 D	and 51.  Id the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to (	candidates for public			res N
0	ffice? If "Yes," complete Schedule C, Part I				46	Х
	id the organization engage in lobbying activities? If "Yes," complete Sci			_	47	X
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Ye			<u> </u>	48	X
	id the organization make any transfers to an exempt non-charitable related "Yes," was the related organization a section 527 organization?	d organization?		<del> -</del>	49a 49b	X
5 <b>0</b> C	omplete this table for the organization's five highest compensated employ ian \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key e	_		ived more
	(a) Name and address of each employee paid more than \$100,000  NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Expense ount and allowance
5 <b>1</b> C	otal number of other employees paid over \$100,000 complete this table for the organization's five highest compensated indeper ganization. If there is none, enter "None."  NONE	ndent contractors who each recei	ved more than \$100	,000 of compensa	ion fro	m the
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	vice (c)	Comp	ensation
d T	otal number of other independent contractors each receiving over \$100,00	00	<b>•</b>		·	
	Under penalties of perjury / declare that I have examined this return, including a correct, and complete Upclayation of preparer (other than officer) is based on all		nts, and to the best of m	y knowledge and belie	ıf, ıt ıs tr	ле,
Sign Here	Signardre of officer			4/6/11 Date	-	
	Type or print name and title	easurer				
Paid Prepar Use On	ly // which is a second of the	3/30/11 emp	ck if self-	arer's identifying num		nstr)
	Afrim's name (or yours MALICOLM M. DIENES, L.I		EIN I	72-044	029	17
	address, and ZIP+4  701 METAIRIE RD STE 2A  METAIRIE, LA 70005	A301	Phon no.	e <b>⊳</b> <u>504.58</u>	8.9	288

Form **990-EZ** (2009)

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009 2009

Open to Public Inspection

Name of	the organizat	ion						E	mployer id	dentificati	on nu	mber
	· ·	SOUTHEA	STERN GEOPHY	SICAL	SOCI	ETY			72	<u>-1013</u>	<u>558</u>	
Part I	Reason	for Public Char	ity Status (All organia	zations mu	ist comple	te this par	t ) See ins	tructions.				
The organ  1	A church, co	nvention of churches	because it is. (For lines s, or association of chur <b>'0(b)(1)(A)(ii).</b> (Attach So	rches desc	ribed in se	-	-	).				
3 <u> </u>	A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state											
5 🔲	city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 <u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
8 9 X	A community		ete Part II) section 170(b)(1)(A)(vi). serves (1) more than 33			rom contri	ibutions, n	nembersh	ıp fees, and	d gross red	ceipts	from
	activities rela	ated to its exempt fur	nctions - subject to certa axable income (less sec	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	s support fr	rom gross	ınvest	ment
10	An organizat	ion organized and or	perated exclusively to te perated exclusively for that ations described in secti	he benefit	of, to perfo	orm the fu	nctions of,	or to carr				or
e 🗀	a Type By checking	this box, I certify that	at the organization is not	c Typ t controlled	e III - Fund I directly o	tionally in r indirectly	by one o		qualified pe		ner thai	n
f	If the organiz	ation received a writ	han one or more publicl ten determination from		_				9(a)(1) or se	ection 509	(a)(2).	_
g	Since Augus		organization accepted a			•					[	
	the gov	erning body of the si	irectly controls, either a upported organization?	_	etner with	persons o	described	ın (II) and (	(III) below,	11g(i)	Yes	No
		•	n described in (i) above?		_					11g(ii)	$\vdash \vdash$	
_		<del>-</del>	person described in (i)	• •						11g(iii)		
h	Provide the f	following information	about the supported or	ganization	(s).							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis governing	o and (1) listed in view of average transition in and [Orgal			organizati (i) organiz U.S	on in col. zed in the 3.7	(vii) An sup	nount of	f
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No			
							-				_	
											_	
	<del>-</del>											
	<del></del>											
										····	<u> </u>	
Total LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	le A (Form	990 or 99	 0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

Pa	Support Schedule for				)(b)(1)(A)(iv) an	d 170(b)(1)(A)(	vi)
Sa	(Complete only if you checke	a the box on line :	5, 7, or 8 of Part I.)	<u> </u>		<del></del>	
		4-> 0005	# 1 0000	4 ) 2007	1 , , , , , , ,	4 ) 0000	(2.7.)
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					<del> </del>	
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				<del> </del>		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	**					
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support Subtract line 5 from line 4						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		]				
	securities loans, rents, royalties						
	and income from similar sources			ļ			
9	Net income from unrelated business			•			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				ļ	<del> </del>	
	Total support. Add lines 7 through 10	-1- (		1			<u> </u>
	Gross receipts from related activities,	-	-			12	•
13	First five years. If the Form 990 is for organization, check this box and stor		s iirst, second, thi	ra, iourth, or inth t	ax year as a section	on 501(c)(3)	▶□
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2009 (			column (fl)		14	%
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	00.0(///	•	15	%
	33 1/3% support test - 2009.If the o		,	n line 13, and line	14 is 33 1/3% or n	L	
	stop here. The organization qualifies	•		•		,	<b>▶</b> □
Ł	33 1/3% support test - 2008.if the o	, , , , , ,	•		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual					,	
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-		J	▶□
Ł	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s <b>&gt;</b>
					Cab	edule A (Form 990	000 FT) 0000

72-1013558 Page 3 Schedule A (Form 990 or 990-EZ) 2009 SOUTHEASTERN GEOPHYSICAL SOCIETY Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1,840 1,075 13,505. include any "unusual grants") 2,990 5,110 2,490 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 151,615. 17,588 35,025 46,557. 28,710. 23,735. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 30,550 24,810 165,120. 20,578. 40,135 49,047. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 165,120. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 20,578 40,135 49,047 30,550 24,810 9 Amounts from line 6 165,120. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,389 959 186 3,534. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,389. 959 186. 3,534. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is 11.215 9.360 12,700 12,646 48,359. regularly carned on 2.438 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 23,016 350 60 796 11 209 37 642 217 013. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 76.09 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 76.07 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 1.63 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 1.35 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

DESCRIPTION  FALL SOCIAL EXPENSES					
FALL COCTAL EXPENSES				AMOUNT	
ENDE SOCIAL EVEENSES			-	86	57.
DONATIONS				1,25	
LUNCHEON EXPENSE				18,28	
MISCELLANEOUS EXP					39.
FEDERAL TAXES PAID				1,19	4.
EXECUTIVE COMMITTEE/BO	DARD LUNCHES			1,01	
AWARD EXPENSES				68	30.
SPEAKER GIFTS				70	2.
POSTAGE				4	14.
TAX PREPARATION					55.
INVESTMENT FEES					75.
P. O. BOX RENTAL					50.
NEWSLETTER EXPENSES RE	EPORTED ON FORM	990-T	_	33	33.
TOTAL TO FORM 990-EZ,	LINE 16			25,66	51.
FORM 990-EZ	OTH	ER REVENUE		STATEMENT	2
DESCRIPTION				AMOUNT	<del></del>
NEWSLETTER INCOME - ON TAX REFUND	N FORM 990-T		-	12,40	00.
TOTAL TO FORM 990-EZ,	LINE 8		=	12,64	6.
FORM 990-EZ GAIN (	(LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	)
LEGG MASON GROWTH TRUST FUND LEGG MASON VALUE	12,649.	17,532.	0.	<4,88	33.:
LEGG MASON VALUE TRUST FD LEGG MASON SPECIAL	12,204.	21,686.	0.	<9,48	32.:
INVESTMENT TRUST FD	26,166.	35,394.	0.	<9,22	18.
TO FORM 990-EZ, LINE 5	51,019.	74,612.	0.	<23,59	3.:

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR F	UND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
INCREASE IN MARKET VALUE OF MUTUAL FUNDS		36,4	22.
TOTAL TO FORM 990-EZ, LINE 20		36,4	22.
FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN'	T.
BILL BLAIR SCHOLARSHIP-2010	NONE	7	50.
BILL BLAIR SCHOLARSHIP-2010	NONE	7	50.
BILL BLAIR SCHOLARSHIP-2010	NONE	7	50.
BILL BLAIR SCHOLARSHIP-2010	NONE	7	50.
UNIV. EARTH SCIENCE AWARDS	NONE	7	50.
UNIV. EARTH SCIENCE AWARDS	NONE	7	50.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,5	00.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	TATE	MENT	6
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCH TO PAY PREMIUMS ON A PERSONAL STRACT?	[	]	YES	[X]	NO
	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT

7

SCHOLORSHIPS GIVEN TO FOUR GRADUATING HIGH SCHOOL SENIORS IN SOUTHEASTERN LOUISIANA FOR THEIR WORK IN SCIENCE THAT WILL BE USED TOWARDS THE COLLEGES THEY ATTEND. EARTH SCIENCE AWARDS GIVEN TO TWO STUDENTS WHO ARE CURRENTLY IN COLLEGE. ALL SCHOLORSHIPS AND AWARDS WERE FOR \$750.

Form	990-W	Estimated 7						OMB No. 1545-0976
Depa	PRKSHEET)  rtment of the Treasury all Revenue Service	(an	d on In	Tax-Exemp  Ivestment Income for Pri Ids Do not send to the I	2010			
1		taxable income expected in the tax y				~ '	1	
2	Tax on the amount	t on line 1. See instructions for tax co	omputa	tion			2	
3	Alternative minimu	m tax (see instructions)					3_	
4	Total. Add lines 2 a	and 3					4	
5	Estimated tax credi	its (see instructions)					5	
6	Subtract line 5 from	n line 4					6	
7	Other taxes (see in:	structions)					7	
8	Total. Add lines 6 a	and 7					8	
9	Credit for federal ta	ax paid on fuels (see instructions)					9	
b	estimated tax paym Enter the tax show zero or the tax year and enter the amou	in line 8. <b>Note</b> . If less than \$500, the conents. Private foundations, see instructions on the 2009 return (see instructions rwas for less than 12 months, skip thought from line 10a on line 10c ax. Enter the smaller of line 10a or line 10c	ctions s). Cau	tion. If	10a	<u> </u>	10c	1,660.
				(a)	(b)	(c)		(d)
11	Installment due da	ates (see instructions)	11					05/16/11
12	columns (a) through	ents Enter 25% of line 10c in gh (d) unless the organization d income installment method, inal installment method, or is a " (see instructions)	12					1,660.
13	2009 Overpaymen	it (see instructions)	13					

0.

14 Payment due. (Subtract line 13 from line 12.)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2010)