

Form **990EZ**

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 05-01-2018 , and ending 04-30-2019

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

C Name of organization
SOCIETY OF PETROPHYSICISTS AND WELL LOG ANALYSTS INC
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
P O BOX 51751
City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 70151

D Employer identification number
72-1133291
E Telephone number
(661) 406-2301
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.spwla.org/chapter/new-orleans

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 **\$ 2,922**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	232
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	0
	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	2,690
Expenses	c	Less: direct expenses from gaming and fundraising events	6c	3,720
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,030
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	0
	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	-798
	10	Grants and similar amounts paid (list in Schedule O)	10	3,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	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	120
	17	Total expenses. Add lines 10 through 16	17	3,120
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,918
	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	104,540
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	100,622

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	104,540	22	100,622
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	104,540	25	100,622
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,540	27	100,622

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?
Part II. Activities and Operational InformationI.1.Jason Bayer Scholarship Awarda.Description: 1 - 2 high school students per year are nominated from a pool of applicants and are awarded \$ 1000.00 / year as long as they stay within the scholarship guidelines b.Scholarships are usually awarded at the end of the school year (May / June) c.Scholarships are awarded at the May technical lunch meeting or mailed to the recipient2.SPWLA Technical Lunchesa.Speaker is chosen by the board and presents his/her topic at the respective monthly technical lunch giving members and non-members a chance to continue their education or gain insight into new technologies.b.Technical lunches usually take place monthly (excluding June / July)c.Lunches take place at the directors venue of choice3.Jason Bayer Memorial Golf Tournamenta.Sponsors and players make donations to the chapter to help fund the yearly scholarships and play a four person scramble.b.Tournament occurs once a year usually the first week in No

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

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

31a

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

32

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
BEN GARY	2.00	0		
Treasurer				
DAVID SCHAPER	2.00	0		
Director				
LESLIE BROUSSARD	2.00	0		
Director				
LAWRENCE MCCUNE	2.00	0		
PAST PRESIDENT				
SAGAR KAMATH	2.00	0		
President				
ELIZABETH TANIS	2.00	0		
Secretary				
ALEC YANG	2.00	0		
WEB MASTER				

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Form **990-EZ** (2018)

		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	
49b	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
NONE				

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
NONE		

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		2021-01-18 Date	
	ELIZABETH TANIS Secretary Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name REGINALD A BRESSETTE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00174260
	Firm's name ► REGINALD A BRESSETTE III LLC			Firm's EIN ► 72-1454493
	Firm's address ► 820 LAFITTE ST STE 105 MANDEVILLE, LA 70448			Phone no. (985) 882-1600

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 72-1133291

Name: SOCIETY OF PETROPHYSICISTS AND WELL LOG
ANALYSTS INC

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</p> <p>Part II. Activities and Operational Information</p> <p>1. Jason Bayer Scholarship Award. Description: 1 - 2 high school students per year are nominated from a pool of applicants and are awarded \$ 1000.00 / year as long as they stay within the scholarship guidelines</p> <p>b. Scholarships are usually awarded at the end of the school year (May / June)</p> <p>c. Scholarships are awarded at the May technical lunch meeting or mailed to the recipient</p> <p>2. SPWLA Technical Lunches. Speaker is chosen by the board and presents his/her topic at the respective monthly technical lunch giving members and non-members a chance to continue their education or gain insight into new technologies.</p> <p>b. Technical lunches usually take place monthly (excluding June / July)</p> <p>c. Lunches take place at the directors venue of choice</p> <p>3. Jason Bayer Memorial Golf Tournament. a. Sponsors and players make donations to the chapter to help fund the yearly scholarships and play a four person scramble.</p> <p>b. Tournament occurs once a year usually the first week in November</p> <p>c. Tournament is held in or near New Orleans Louisiana and is usually organized by the Golf Tournament Team and the Directors.</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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Name of the organization
SOCIETY OF PETROPHYSICISTS AND WELL LOG ANALYSTS INC

Employer identification number

72-1133291

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	BANK CHARGES \$120