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**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

# Return of Organization Exempt From Income Tax

# 2017

## Open to Public Inspection

**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.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

**A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017**

F Group Exemption  
Number ▶

**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. ▶ \$145,136

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	12,578	18	-2,797
2	Program service revenue including government fees and contracts . . . . .	2		19	204,700
3	Membership dues and assessments . . . . .	3		20	
4	Investment income . . . . .	4	370	21	201,903
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	132,188		
c	Less direct expenses from gaming and fundraising events . . . . .	6c	86,559		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	45,629		
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	58,577		
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	52,568		
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	328		
16	Other expenses (describe in Schedule O) . . . . .	16	8,478		
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	61,374		
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-2,797		
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	204,700		
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	201,903		

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	213,200	22	210,903
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	213,200	25	210,903
26 Total liabilities (describe in Schedule O).	8,500	26	9,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	204,700	27	201,903

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?  
THE CHAPTER MEETINGS AND TECHNOLOGICAL PROGRAMS PROVIDE A FORUM FOR THE EXCHANGE OF IDEAS, CURRENT TECHNOLOGY, AND OTHER INDUSTRY RELATED INFORMATION AND PRESENTATIONS GIVEN BY INDUSTRY EXPERTS THE GOLF TOURNAMENT ENABLED PRATICIPANTS FROM MANY AREAS OF THE COUNTRY TO DEVELOP CONTACTS FOR THE EXCHANGE OF IDEAS, CURRENT TECHNOLOGY, AND OTHER INDUSTRY-RELATED INFORMATION THE TOURNAMENT WAS OPEN TO NON-MEMBERS AS WELL AS MEMBERS THE FIN, FEATHER, FUR FESTIVAL PROVIDES AN OPPORTUNITY TO PROMOTE GENERAL UNITY WITHIN THE ORGANIZATION AS WELL AS THE INDUSTRY IN A LESS FORMAL ATMOSPHERE THAN THE TECHNICAL PROGRAMS ALLOW THE FESTIVAL IS ALSO USED TO PROMOTE GENERAL MEMBERSHIP THE FESTIVAL WAS OPEN TO NON-MEMBERS AS WELL AS MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28

See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here

28a

29

See Additional Data Table

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

See Additional Data Table

(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
CHRISTINE CHATELAIN	3 00	0		
Secretary				
LAW DICKERSON	3 00	0		
2ND VICE PRES				
ODON SIMONEAUX	3 00	0		
1ST VICE PRES				
WILLIAM WEIDNER	3 00	0		
President				
KAREN ARMAND	3 00	0		
Treasurer				

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	No
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>KAREN ARMAND</u> Telephone no ▶ <u>(985) 590-6479</u> Located at ▶ <u>200 TRENTON DRIVE MANDEVILLE, LA</u> ZIP + 4 ▶ <u>70471</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	No
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b>	***** Signature of officer		2018-06-22 Date	
	KAREN ARMAND Treasurer Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WALTER JOHNSON	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN P00222356
	Firm's name ► Meaghers Tax Center Inc			Firm's EIN ► 72-1022055
	Firm's address ► 607 Lafayette St Gretna, LA 70053			Phone no (504) 367-9838

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

Additional Data

Software ID: 17005038  
Software Version: 2017v2.2  
EIN: 72-1147333  
Name: AMERICAN ASSOC OF DRILLING ENGR OF NO

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.)	
28 SCHOLARSHIPS FOR ENGINEERING STUDENTS PURSUING CAREERS IN THE OIL AND GAS INDUSTRY (Grants \$ )		28a	34,000
If this amount includes foreign grants, check here . . . <input type="checkbox"/>			

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.)
<div>29</div> <div>NICHOLLS FOUNDATION WELL CONTROL SCHOOLSUPPORTS PETROLEUM INDUSTRY EDUCTION AT NICHOLLLS STATE UNIVERSITY</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<div>29a</div> <div>14,068</div>

Form 990EZ, Part III - Statement of Program Service Accomplishments			
<b>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.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>		
<b>30</b> UNO INTR OT PETROLEUM COURSESUPPORTS PETROLEUM INDUSTRY EDUCATION AT THE UNIVERSITY OF NEW ORLEANS  (Grants \$ )	<table><tr><td><b>30a</b></td><td>2,000</td></tr></table> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>30a</b>	2,000
<b>30a</b>	2,000		

# 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.)	
MSU STUDENT CHAPTER STARTUP HELPED TO ESTABISH A CHAPTER OF AADE AT MSU  (Grants \$ )                      If this amount includes foreign grants, check here . . . <input type="checkbox"/>		2,500





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GOLF TOURNAMENT</b> (event type)	<b>FIN FUR FOOD FESTIVAL</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	41,363	40,849	45,411	127,623
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	41,363	40,849	45,411	127,623
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			9,768	9,768
	<b>6</b> Rent/facility costs . . . . .		19,052	16,349	35,401
	<b>7</b> Food and beverages . . . . .			4,817	4,817
	<b>8</b> Entertainment . . . . .	9,624			9,624
	<b>9</b> Other direct expenses . . . . .	645	5,074	2,440	8,159
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				67,769
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				59,854

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>13</b> Indicate the percentage of gaming activity conducted in							
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td><b>13b</b></td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%					
<b>13b</b>		%					
<b>b</b> An outside facility							
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ► .....							
Address ► .....							
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....							
<b>c</b> If "Yes," enter name and address of the third party							
Name ► .....							
Address ► .....							
<b>16</b> Gaming manager information							
Name ► .....							
Gaming manager compensation ► \$ .....							
Description of services provided ► .....							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
<b>17</b> Mandatory distributions							
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....							

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN ASSOC OF DRILLING ENGR OF NO

**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

**2017**

**Open to Public  
Inspection**

**Employer identification number**

72-1147333

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity EDUCATION   Donee's Name SCHOLARSHIPS TO US STUDENTS   Donee's Address VARIOUS   Cash Amount Given \$34000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity EDUCATION   Donee's Name NICHOLLS FOUNDATION WELL CONTROL SCHOOL   Cash Amount Given \$14068

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1	CREDIT CARD FEES \$2608

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 2	FACILITY FEE RIEMB - 2016 MTG \$2000

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 3	LSU STUDENT REIMB \$1200



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 4	CONFERENCE EXP \$1006

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 5	IPAD DATA PLAN \$722

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 6	BANK FEES AND EXPENSES \$359

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 8	P O BOX \$236

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 9	UNO STUDENT RIEMB \$213

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 10	MSU STUDENT SECTION MTG FAC \$134

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Total Liabilities 1	UNCASHED SCHOLARSHIP CHECKS - Beginning \$8500 UNCASHED SCHOLARSHIP CHECKS - Ending \$9000