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Grants and Contributions Paid During	the Year or Approv	ed for Ful	ture Payment	
Recipient	If recipient is an individual.	Foundation		
	arrow any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amaunt
Name and address (home or business)	or substantial contributor	recipioni		-
a Paid during the year		}		
elline School District Graduating Seniors	None	N/A	Callege Scholarships	12,7
elline School District Graduating Seniors	1			1
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Total			<u> </u>	3a /2 75
b Approved for future payment		1		}
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Total				3b Form 990-PF (2

Schedule B

(Form 990, 990-EZ, or **99**0-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 890, Form 990-EZ, or Form 990-Pf. ▶ Information about Schedule B (Form 990, 930-EZ, or 990-PF) and its instructions is at www.ire.gov/forms900. DMB No. 1545-0047

Name of the organization

Employer Identification number

48-0453921 Estalling Alumni Association Organization type (check one): Filers of: Seotlon: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation □ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4847(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or propertyl from any one contributor. Complete Parts I and II. Special Rules For a section 5D1(c)(3) organization filing Form 990 or 990-EZ that met the 331/4 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (1) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, eclentific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts i, ii, and iii. For a section 501(c)(7), (6), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 960-EZ, or 990-PF. Cat. No. 30613X

Schedule & (Form 980, 980-EZ, or 990-PF) (2015)

	Nummi Association	1	48-0463921
Parl I	Contributors (see Instructions). Use duplicate cop	les of Part I If additional space is	
(e) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	James Harrenga 101 W. Carmel Lane Sloux Falls, SD 87108	\$B000	Person
(a) No.	(b) Name, addrese, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	5	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		•	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, eddress, and ZIP + 4	(o) Total contributions	(d) Type of contribution
********		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person

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GEISE FUNERAL HOME

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ESTELLINE ALUMNI ASSOCIATION PO DOX 108 BRIELLINE BD 57884

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DEGLARATION

under panalties of parjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the beat of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that rature.

Signature of Officer or Trustee

9242

Date

Title

REASURER

101 07 2014 2:30PM SF15ZBAR

Schnibrship Reginient	Address	GP.	State	Ą	Amount
Berly Filiat	South Datota State University	Brookings	8	22007	
Chezni Rane	University Of Minnesota-Duluth	Duhath	Z	55848	
Brooks Recalls	Oldahoma State University	Stilwater	ŏ	74074	
Milanda Saathuff	Southwest Minnesota State University	Marshail	Z	56258	
For Monre	fake Area Technical Institute	Watertown	8	57201	
Dillon Freudenthal	Northern State University	Aberdeen	S	57401	
Flor Gallpeos	Southwest Mimesota State University	Marshall	2	36258	
Mackennie Moore	Northern State University	Aberdeen	S	57401	2005
Cecella Gorder	South Dakota State University	Brookings	S	27007	
Ahieaff Licht	South Dakota State University	Brookings	S	2002	
Eathia Gonzalez	South Dakota State University	Brookings	Я	57007	
Kainiin Ward	South Dakota State University	Brookings	8	57007	
Mame Gorder	932 Southland Lane- Apt 16	Brookings	S	2700	
Megan Taylor	University Of Minnesota-Crookston	Crookston	2	7695	750
TOTAL					12750