



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning <u>10/01</u> , 2009, and ending <u>9/30</u> , 2010		
B Check if applicable		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
C Please use IRS label or print or type. See Specific Instructions SOUTH DAKOTA SOLID WASTE MANAGEMENT PO BOX 978 ABERDEEN, SD 57401-0978		
D Employer identification number <u>46-0418541</u>		
E Telephone number <u>605-216-3256</u>		
F Group Exemption Number ►		
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		
G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►		
I Website: ► <u>N/A</u>		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <u>79,850.</u>		
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 <u>3,814.</u>
	2 Program service revenue including government fees and contracts	2 <u>52,479.</u>
	3 Membership dues and assessments	3 <u>21,300.</u>
	4 Investment income	4 <u>2,257.</u>
	5a Gross amount from sale of assets other than inventory	5a <u></u>
	b Less cost or other basis and sales expenses	5b <u></u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c <u></u>
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a <u></u>
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b <u></u>
	b Less direct expenses other than fundraising expenses	6c <u></u>
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a <u></u>
	7a Gross sales of inventory, less returns and allowances	7b <u></u>
	b Less cost of goods sold	7c <u></u>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 <u></u>
	8 Other revenue (describe ► _____)	9 <u>79,850.</u>
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10 Grants and similar amounts paid (attach schedule)
	EXPENSES	11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits		11 <u></u>
13 Professional fees and other payments to independent contractors		12 <u>26,208.</u>
14 Occupancy, rent, utilities, and maintenance		13 <u>402.</u>
15 Printing, publications, postage, and shipping		14 <u></u>
16 Other expenses (describe ► <u>SEE STATEMENT 1</u>)		15 <u>210.</u>
17 Total expenses. Add lines 10 through 16		16 <u>23,781.</u>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17 <u>50,601.</u>
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)		18 <u>29,249.</u>
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		19 <u>104,438.</u>
21 Net assets or fund balances at end of year Combine lines 18 through 20		20 <u>1,924.</u>
		21 <u>135,611.</u>

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	84,941.	22 <u>113,155.</u>
23 Land and buildings	23 <u></u>	23 <u></u>
24 Other assets (describe ► <u>SEE STATEMENT 3</u>)	19,497.	24 <u>22,456.</u>
25 Total assets	104,438.	25 <u>135,611.</u>
26 Total liabilities (describe ► _____)	0.	26 <u>0.</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,438.	27 <u>135,611.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4974(a)(1) trusts, optional for others)

28 PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION AND TRAINING FOR MANAGERS IN DISPOSAL AND RECYCLING, PROVIDED TECHNICAL ASSISTANCE.

) 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

30 a

31 Other program services (attach schedule)

Grants \$

1) If this amount includes foreign grants, check here

31 a

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 instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 5		26,208.	0.	0.

Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b Yes No

36 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 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.

b Did the organization file **Form 1120-POL** for this year? 37b Yes No

38a 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 period covered by this return? 38a Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a Yes No

b Gross receipts, included on line 9, for public use of club facilities 39b Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40a Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b Yes No

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 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No

e 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 Yes No

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► MICHAEL ERICKSON Telephone no ► 605-225-9316
Located at ► PO BOX 378 ABERDEEN SD ZIP + 4 ► 57402-0378

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)?

If 'Yes,' enter the name of the foreign country ► 42b Yes No

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country ► 42c Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43 Yes No

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 completed instead of Form 990-EZ 45 Yes No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	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		
	Signature of officer ► <i>Michael Erickson</i>	Date ► 2-12-11	
	Type or print name and title ► <i>MICHAEL ERICKSON Sec-treas</i>		
Paid Preparer's Use Only	Preparer's signature ► <i>David J. Lingle</i>	Date ► 2/6/11	Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) ► P00643442
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► STULKEN PETERSEN LINGLE WALTZ & JONES, LLP ► P.O. BOX 578 ► PIERRE, SD 57501-0578	EIN ► 46-0445954	Phone no ► 605-224-5828
	May the IRS discuss this return with the preparer shown above? See instructions BAA ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2009

FEDERAL STATEMENTS

PAGE 1

SOUTH DAKOTA SOLID WASTE MANAGEMENT

46-0418541

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

TRAVEL	\$ 1,569.
CONFERENCES, CONVENTIONS, AND MEETINGS	17,724.
DEPRECIATION	648.
SCHOLARSHIPS	2,102.
TELEPHONE	899.
INSURANCE	403.
SUPPLIES	385.
MISCELLANEOUS	51.
TOTAL	\$ 23,781.

STATEMENT 2
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ 1,924.
TOTAL	\$ 1,924.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MISCELLANEOUS	\$ 820.	\$ 172.
ACCOUNTS RECEIVABLE	18,677.	22,284.
TOTAL	\$ 19,497.	\$ 22,456.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTE ENVIRONMENTALLY SOUND WASTE MANAGEMENT

STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
HEATH VONEYE PO BOX 308 MADISON, SD 57042	DIRECTOR \$ 1.00	0. \$ 0.	0. \$ 0.	

2009

FEDERAL STATEMENTS

PAGE 2

SOUTH DAKOTA SOLID WASTE MANAGEMENT

46-0418541

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
VALERIE KELLER PO BOX 1253 PIERRE, SD 57501	DIRECTOR 1.00	0. \$	0. \$	0.
BOB IVERSON 25 CENTER ST VERMILLION, SD 57069	DIRECTOR 1.00	0.	0.	0.
MIKE ERICKSON PO BOX 378 ABERDEEN, SD 57402-0378	TREASURER 3.00	0.	0.	0.
RYAN BADTEN PO BOX 242 SELBY, SD 57472	DIRECTOR 1.00	0.	0.	0.
KARL MERBACH 300 6TH ST RAPID CITY, SD 57701	DIRECTOR 1.00	0.	0.	0.
TIM KENYON 140 E HINKS LANE, SUITE 126 SIOUX FALLS, SD 57104	VICE PRESIDENT 1.00	0.	0.	0.
JAY JOHNSON 1057 DUDLEY ST STURGIS, SD 57785	PAST PRESIDENT 1.00	0.	0.	0.
JAY KOCH PO BOX 111 ABERDEEN, SD 57402-0111	PRESIDENT ELECT 1.00	0.	0.	0.
KAREN WEELDREYER PO BOX 1369 HURON, SD 57350	DIRECTOR 1.00	0.	0.	0.
MIKE COLEMAN 6300 S OLD VILLAGE, SUITE 100 SIOUX FALLS, SD 57108	DIRECTOR 1.00	0.	0.	0.
KEITH DEDRICKSON 2208 FOX TRAIL SIOUX FALLS, SD 57103	DIRECTOR 1.00	0.	0.	0.
MIKE BOERGER PO BOX 910 WATERTOWN, SD 57201-0910	PRESIDENT 1.00	0.	0.	0.

2009

FEDERAL STATEMENTS

PAGE 3

SOUTH DAKOTA SOLID WASTE MANAGEMENT

46-0418541

STATEMENT 5 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAVE MCELROY 224 WEST NINTH STREET SIOUX FALLS, SD 57117	DIRECTOR \$ 1.00	0. \$	0. \$	0.
CAROLYN TRAUTMAN PO BOX 978 ABERDEEN, SD 57402	EXECUTIVE DIREC 20.00	26,208.	0.	0.
	TOTAL \$	<u>26,208.</u>	<u>0.</u>	<u>0.</u>