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Short Form
Return of Organization Exempt From Income Tax

2010

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(12) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 10/01 , 2010, and ending 9/30 , 2011	B Check if applicable	C SOUTH DAKOTA SOLID WASTE MANAGEMENT PO BOX 978 ABERDEEN, SD 57401-0978	D Employer identification number 46-0418541
E Address change	F Telephone number 605-216-3256	G Name change	H Group Exemption Number ►
Initial return		Terminated	
Amended return		Application pending	
I Website: ► N/A	J Tax-exempt status (ck only one) — 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) or 527	K Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 98,813.	

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 **X**

1 Contributions, gifts, grants, and similar amounts received	1 23,569.
2 Program service revenue including government fees and contracts	2 50,775.
3 Membership dues and assessments	3 22,095.
4 Investment income	4 2,374.
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
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 98,813.
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 26,208.
13 Professional fees and other payments to independent contractors	13 785.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 133.
16 Other expenses (describe in Schedule O)	16 86,760.
17 Total expenses. Add lines 10 through 16	17 113,886.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -15,073.
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)	19 135,611.
20 Other changes in net assets or fund balances (explain in Schedule O)	SEE SCHEDULE Q
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 337.
BAA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2010)

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.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	113,155.	22 97,849.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	22,456.	24 23,026.
25 Total assets	135,611.	25 120,875.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	135,611.	27 120,875.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

What is the organization's primary exempt purpose? **SEE SCHEDULE Q**

What is the organization's primary exempt purpose Self-Sustaining 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, and other relevant information for each program title

28	PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION AND TRAINING FOR MANAGERS IN DISPOSAL AND RECYCLING, PROVIDED TECHNICAL ASSISTANCE.	
	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	_____	
	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	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.

X

(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 SCHEDULE Q		26,208.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 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)

34		X
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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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
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b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

35b		
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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		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37b		X
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b Did the organization file **Form 1120-POL** for this year?

38a		X
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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 tax year covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b		N/A
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39 Section 501(c)(7) organizations Enter

39a		N/A
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39b		N/A
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under

40a		
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section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A

40b		
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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 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

40c		
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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 ► 0

40d		
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d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0

40e		
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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

41 List the states with which a copy of this return is filed ► NONE42a 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

42b		Yes	No
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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)?

42c			X
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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 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.?

42d			
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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 and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A N/A

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

44a			
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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

44b			
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c Did the organization receive any payments for indoor tanning services during the year?

44c			
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d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O ► **44d**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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 inst.)

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

	Yes	No
45	X	
45a	X	
46	X	

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 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

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?

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
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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
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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 and 4947(a)(1) nonexempt charitable trusts 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	► <u>Michael Erickson</u>	Date <u>12-13-11</u>			
	Signature of officer				
	► <u>MICHAEL ERICKSON / Sec-TREASURER</u>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID J. LINGLE	<u>David Lingle</u>	<u>12/7/11</u>		P00643442
	Firm's name ►	STULKEN PETERSEN LINGLE WAITT & JONES, LLP			
	Firm's address ►	P.O. BOX 578 PIERRE, SD 57501-0578			
	Firm's EIN ►	46-0445954			
	Phone no	(605) 224-5828			

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

BAA

► Yes No

Form 990-EZ (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH DAKOTA SOLID WASTE MANAGEMENT

Employer identification number

46-0418541

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

PROMOTE ENVIRONMENTALLY SOUND WASTE MANAGEMENT

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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SOUTH DAKOTA SOLID WASTE MANAGEMENT

46-0418541

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

TRAVEL	\$ 1,064.
CONFERENCES, CONVENTIONS, AND MEETINGS	74,747.
DEPRECIATION	172.
INSURANCE	404.
GRANT EXPENSE	5,094.
SCHOLARSHIPS	3,522.
TELEPHONE	867.
SUPPLIES	461.
DUES AND SUBSCRIPTIONS	280.
MISCELLANEOUS	137.
BANK CHARGES	12.
TOTAL	\$ 86,760.

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

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ 337.
TOTAL	\$ 337.

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

	BEGINNING	ENDING
MISCELLANEOUS	\$ 172.	\$ 0.
ACCOUNTS RECEIVABLE	22,284.	23,026.
TOTAL	\$ 22,456.	\$ 23,026.

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
HEATH VONEYE PO BOX 308 MADISON, SD 57042	DIRECTOR 1	0.	\$ 0.	\$ 0.
VALERIE KELLER PO BOX 1253 PIERRE, SD 57501	DIRECTOR 1	0.	0.	0.
BOB IVERSON 25 CENTER ST VERMILLION, SD 57069	DIRECTOR 1	0.	0.	0.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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SOUTH DAKOTA SOLID WASTE MANAGEMENT

46-0418541

FORM 990-EZ, PART IV (CONTINUED)
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
MIKE ERICKSON PO BOX 378 ABERDEEN, SD 57402-0378	TREASURER 3	0. \$	0. \$	0.
RYAN BADTEN PO BOX 242 SELBY, SD 57472	DIRECTOR 1	0.	0.	0.
KARL MERBACH 300 6TH ST RAPID CITY, SD 57701	DIRECTOR 1	0.	0.	0.
TIM KENYON 140 E HINKS LANE, SUITE 126 SIOUX FALLS, SD 57104	VICE PRESIDENT 1	0.	0.	0.
JAY JOHNSON 1057 DUDLEY ST STURGIS, SD 57785	PAST PRESIDENT 1	0.	0.	0.
JAY KOCH PO BOX 111 ABERDEEN, SD 57402-0111	PRESIDENT ELECT 1	0.	0.	0.
KAREN WEELDREYER PO BOX 1369 HURON, SD 57350	DIRECTOR 1	0.	0.	0.
MIKE COLEMAN 6300 S OLD VILLAGE, SUITE 100 SIOUX FALLS, SD 57108	DIRECTOR 1	0.	0.	0.
KEITH DEDRICKSON 2208 FOX TRAIL SIOUX FALLS, SD 57103	DIRECTOR 1	0.	0.	0.
MIKE BOERGER PO BOX 910 WATERTOWN, SD 57201-0910	PRESIDENT 1	0.	0.	0.
DAVE MCELROY 224 WEST NINTH STREET SIOUX FALLS, SD 57117	DIRECTOR 1	0.	0.	0.
CAROLYN TRAUTMAN PO BOX 978 ABERDEEN, SD 57402	EXECUTIVE DIREC 20	26,208.	0.	0.
	TOTAL	\$ 26,208.	\$ 0.	\$ 0.