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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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)(13) 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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning 10-01-2011****, and ending 09-30-2012**

- Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization	SOUTH DAKOTA SOLID WASTE MANAGEMENT	
Number and street (or P O box, if mail is not delivered to street address)	Room/suite	
PO BOX 978		
City or town, state or country, and ZIP + 4	ABERDEEN, SD 57401	

D Employer identification number	46-0418541
E Telephone number	(605) 216-3256
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:** ► N/A**J Tax-Exempt status** (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check **if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**

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 ► \$ 76,419

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 13,606
	2 Program service revenue including government fees and contracts	2 38,709
	3 Membership dues and assessments	3 21,120
	4 Investment income	4 2,650
	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 166
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	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 0
	c Less direct expenses from gaming and fundraising events	6c 0
	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 0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 168
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 76,419
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 31,200
	13 Professional fees and other payments to independent contractors	13 403
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 961
	16 Other expenses (describe in Schedule O)	16 38,354
	17 Total expenses. Add lines 10 through 16	17 70,918
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,501
	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)	19 120,875
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 5,373
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 131,749

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,849	22 106,528
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	23,026	24 25,221
25 Total assets	120,875	25 131,749
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,875	27 131,749

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

PROMOTE ENVIRONMENTALLY SOUND WASTE MANAGEMENT

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 and section 4947(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(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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 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)
- 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- 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
- c** 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

- 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

- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a**
- b** Did the organization file **Form 1120-POL** for this year?

- 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**

- 39** *Section 501(c)(7) organizations.* Enter

- a** Initiation fees and capital contributions included on line 9
- b** Gross receipts, included on line 9, for public use of club facilities

- 40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

- 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

- 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

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

- 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

- 42a** The organization's books are in care of **MICHAEL ERICKSON** Telephone no **(605) 225-9316**

PO BOX 378
Located at **ABERDEEN, SD**

ZIP + 4 **574020378**

- 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

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of 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

- 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**

- 44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

- 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*

- c** Did the organization receive any payments for indoor tanning services during the year?

- 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

- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 45b** 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)*

	Yes	No
33		No
34		No
35a		No
35b		No
35c		No
36		No
37b		No
38a		No
38b		
39a		0
39b		0
40b		
40e		No
42b		No
42c		No
43		
44a		No
44b		No
44c		No
44d		No
45a		No
45b		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

	Yes	No
46		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 47-49b and 52.

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

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school 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 & deferred compensation	(e) Expense account and other allowances
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 address of each independent contractor paid more than \$100,000	(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 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	***** Signature of officer MIKE ERICKSON Treasurer Type or print name and title	2012-11-26 Date
Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> DAVID J LINGLE Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> Stulken Petersen Lingle Walti & Jones LLP PO Box 578 Pierre, SD 575010578	Date <input type="checkbox"/> Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions)
		EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (605) 224-5828

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

Yes No

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 46-0418541
Name: SOUTH DAKOTA SOLID WASTE MANAGEMENT

Form 990-EZ, Special Condition Description:**Special Condition Description****Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 & deferred compensation	(E) Expense account and other allowances
CAROLYN TRAUTMAN PO BOX 978 ABERDEEN, SD 574010978	EXECUTIVE DIRECTOR 20 00	31,200		
DAVE MCELROY 224 WEST NINTH STREET SIOUX FALLS, SD 57117	president elect 1 00	0		
LARRY MCMANUS 24978 349TH AVE PUKWANA, SD 57370	Director 1 00	0		
TODD LANGLAND PO BOX 270 BROOKINGS, SD 57006	Director 1 00	0		
MIKE COLEMAN 6300 S OLD VILLAGE SUITE 100 SIOUX FALLS, SD 57108	Director 1 00	0		
KAREN WEELDREYER PO BOX 1369 HURON, SD 57350	Director 1 00	0		
JAY KOCH PO BOX 111 ABERDEEN, SD 574020111	past president 1 00	0		
JAY JOHNSON 1057 DUDLEY ST STURGIS, SD 57785	Director 1 00	0		
TIM KENYON 140 E HINKS LANE SUITE 126 SIOUX FALLS, SD 57104	President 1 00	0		
KARL MERBACH 300 6TH ST RAPID CITY, SD 57701	Vice President 1 00	0		
RON BANNWARTH 3201 N LOUISE AVE SIOUX FALLS, SD 57107	Director 1 00	0		
MIKE ERICKSON PO BOX 378 ABERDEEN, SD 574020378	Treasurer 3 00	0		
BOB IVERSON 25 CENTER ST VERMILLION, SD 57069	Director 1 00	0		
RON OLSON 612 NORTH MAIN STREET MITCHELL, SD 57301	Director 1 00	0		
FRED SNODERLY PO BOX 308 MADISON, SD 57042	Director 1 00	0		

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

Name of the organization SOUTH DAKOTA SOLID WASTE MANAGEMENT	Employer identification number 46-0418541
-----------------------------------------------------------------	-----------------------------------------------------

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$23026 Accounts Receivable - Ending \$25221
Form 990-EZ, Part I, Line 20 1001	Other Changes In Net Assets Or Fund Balances 1001	Net Unrealized Gains and Losses on Investments \$5373
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	MISCELLANEOUS \$60
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	BANK CHARGES \$138
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	AWARDS \$178
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	SUPPLIES \$352
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	DUES AND SUBSCRIPTIONS \$1010
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	SCHOLARSHIPS \$2500
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$400
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$28513
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1599
Form 990-EZ, Part I, Line 16 1003	Other Expenses 1003	Information Technology \$3604
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	MISCELLANEOUS \$168