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2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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/form990.

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016**B Check if applicable**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SOUTH DAKOTA SOLID WASTE MANAGEMENT**D Employer identification number**

46-0418541

Number and street (or P O box, if mail is not delivered to street address)
PO BOX 978**E Telephone number**

(605) 216-3256

City or town, state or province, country, and ZIP or foreign postal code
ABERDEEN, SD 57401**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:** ► www.sdswna.org**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 ► \$ 173,812****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 60,225
	2 Program service revenue including government fees and contracts	2 97,385
	3 Membership dues and assessments	3 12,165
	4 Investment income	4 4,002
	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 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 35
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 173,812
Expenses	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 32,604
	13 Professional fees and other payments to independent contractors	13 1,530
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 102
	16 Other expenses (describe in Schedule O)	16 115,239
	17 Total expenses. Add lines 10 through 16 ►	17 149,475
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 24,337
	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)	19 141,059
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 3,616
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 169,012

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
33	33	No
34	34	No
35a	35a	No
b	35b	No
c	35c	No
36	36	No
37a	37a	
b	37b	No
38a	38a	No
b	38b	
39	39a	0
a	39b	0
40a	40b	
b	40c	
c	40d	
d	40e	No
41		
42a	Telephone no	(605) 225-9316
Located at	ZIP + 4	574020378
b	42b	No
If "Yes," enter the name of the foreign country	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	42c	No
If "Yes," enter the name of the foreign country		
43	43	
44a	44a	No
b	44b	No
c	44c	No
d	44d	No
45a	45a	No
45b	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	46	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

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

Sign Here

***** Signature of officer MIKE ERICKSON Treasurer Type or print name and title	2017-01-12 Date
--	--------------------

Paid Preparer Use Only	Print/Type preparer's name DAVID J LINGLE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00643442
	Firm's name <input type="checkbox"/> Stulken Petersen Lingle Walti & Jones LLP		Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> PO Box 578 Pierre, SD 575010578		Phone no (605) 224-5828	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 46-0418541
Name: SOUTH DAKOTA SOLID WASTE MANAGEMENT

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION AND TRAINING FOR MANAGERS IN DISPOSAL AND RECYCLING, PROVIDED 28 TECHNICAL ASSISTANCE (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
FRED SNODERLY President	1 00	0		
LARRY MCMANUS PRESIDENT ELECT	1 00	0		
TIM HESS Director	1 00	0		
MIKE ERICKSON Sec/Treas	3 00	0		
VAL KELLER Vice President	1 00	0		
KARL MERBACH PAST PRESIDENT	1 00	0		
MICHAEL COOK Director	1 00	0		
JAY JOHNSON Director	1 00	0		
DALE FORTIN Director	1 00	0		
TIM TAGGART Director	1 00	0		
MELISSA FAHY Director	1 00	0		
JEFF BARBER Director	1 00	0		
RYAN BADTEN Director	1 00	0		
DENNIS MCALPINE Director	1 00	0		
CAROLYN TRAUTMAN EXECUTIVE DIRECTOR	20 00	35,568		

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 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.

2015**Open to Public
Inspection**Name of the organization
SOUTH DAKOTA SOLID WASTE MANAGEMENT**Employer identification number**
46-0418541**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	MISCELLANEOUS \$35
Other Expenses 1003	Information Technology \$1138

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1897
Other Expenses 1007	Conferences, Conventions, and Meetings \$104660

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$524
Other Expenses 1012	Insurance \$500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SCHOLARSHIPS \$3800
Other Expenses 2	BANK CHARGES \$2061

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MISCELLANEOUS \$209
Other Expenses 4	FUNDRAISING EXPENSE \$200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	AWARDS \$192
Other Expenses 7	SUPPLIES \$38

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Dues and Subscriptions \$20
Other Assets 1004	Miscellaneous - Beginning \$1595 Miscellaneous - Ending \$1071

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$24041 Accounts Receivable - Ending \$37130
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$500 Prepaid Expenses and Deferred Charges - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$0 Accounts Payable and Accrued Expenses - Ending \$46546
Total Liabilities 1003	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$11540

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	CHECKS IN EXCESS OF DEPOSITS - Beginning \$0 CHECKS IN EXCESS OF DEPOSITS - Ending \$52