

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 private foundations)

2016

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public
Inspection**A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017**

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 MANAGEMENTNumber and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 978City or town, state or province, country, and ZIP or foreign postal code
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** 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 ► \$ 74,686**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	<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td style="text-align: right;">1</td><td>1,145</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td style="text-align: right;">2</td><td>38,464</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td style="text-align: right;">3</td><td>16,800</td></tr> <tr><td>4</td><td>Investment income</td><td style="text-align: right;">4</td><td>18,277</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td style="text-align: right;">5b</td><td>0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td style="text-align: right;">5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td style="text-align: right;">6a</td><td></td></tr> <tr><td>b</td><td>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)</td><td style="text-align: right;">6b</td><td>0</td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td style="text-align: right;">6c</td><td>0</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td style="text-align: right;">6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td style="text-align: right;">7b</td><td>0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td style="text-align: right;">7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td style="text-align: right;">8</td><td></td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►</td><td style="text-align: right;">9</td><td>74,686</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	1,145	2	Program service revenue including government fees and contracts	2	38,464	3	Membership dues and assessments	3	16,800	4	Investment income	4	18,277	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		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	74,686	Expenses	
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Net Assets	<table border="0"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td style="text-align: right;">18</td><td>-15,469</td></tr> <tr><td>19</td><td>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)</td><td style="text-align: right;">19</td><td>169,012</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td style="text-align: right;">20</td><td>-5,258</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td style="text-align: right;">21</td><td>148,285</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,469	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	169,012	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-5,258	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	148,285																																																						
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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.

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 33

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

35a 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)? 35a

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 35b

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 35c

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

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? 37b

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? 38a

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 39a 0

b Gross receipts, included on line 9, for public use of club facilities 39b 0

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

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40d

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

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 40g

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

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 ► 574020378 42b

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

If "Yes," enter the name of the foreign country ► 42d

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42e

If "Yes," enter the name of the foreign country ► 42f

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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

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

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

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

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) 45b

	Yes	No
33	<input type="checkbox"/>	No
34	<input type="checkbox"/>	No
35a	<input type="checkbox"/>	No
35b	<input type="checkbox"/>	No
35c	<input type="checkbox"/>	No
36	<input type="checkbox"/>	No
37b	<input type="checkbox"/>	No
38a	<input type="checkbox"/>	No
40b	<input type="checkbox"/>	
40c	<input type="checkbox"/>	
40d	<input type="checkbox"/>	
40e	<input type="checkbox"/>	No
41	<input type="checkbox"/>	
42b	<input type="checkbox"/>	No
42c	<input type="checkbox"/>	No
42d	<input type="checkbox"/>	
42e	<input type="checkbox"/>	
42f	<input type="checkbox"/>	
42g	<input type="checkbox"/>	
43	<input type="checkbox"/>	
44a	<input type="checkbox"/>	No
44b	<input type="checkbox"/>	No
44c	<input type="checkbox"/>	No
44d	<input type="checkbox"/>	No
45a	<input type="checkbox"/>	No
45b	<input type="checkbox"/>	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"/>	<input checked="" 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"/>	<input checked="" 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"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	49a		
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" 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	2018-03-27 Date			
	Print/Type preparer's name DAVID J LINGLE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00643442
Paid Preparer Use Only	Firm's name ► Stulken Petersen Lingle Walti & Jones LLP			Firm's EIN ►	
	Firm's address ► 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: 16000303
Software Version: 2016v3.0
EIN: 46-0418541
Name: SOUTH DAKOTA SOLID WASTE MANAGEMENT

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

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; optional for others.)
<p>28 PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION AND TRAINING FOR MANAGERS IN DISPOSAL AND RECYCLING, PROVIDED TECHNICAL ASSISTANCE (Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

Form 990EZ, 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 title	(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
JEFF BARBER Director	1 00	0		
DUSTIN HANSEN Director	1 00	0		
JAY JOHNSON Director	1 00	0		
MIKE ERICKSON Treasurer	3 00	0		
MICHAEL COOK Director	1 00	0		
DALE FORTIN Director	1 00	0		
RYAN BADTEN Vice President	1 00	0		
FRED SNODERLY Past President	1 00	0		
VAL KELLER President Elect	1 00	0		
TIM TAGGART Director	1 00	0		
MELISSA FAHY Director	1 00	0		
DENNIS MCALPINE Director	1 00	0		
LARRY MCMANUS President	1 00	0		
LUCAS HOOVER Director	1 00	0		
CAROLYN TRAUTMAN EXECUTIVE DIRECTOR	20 00	35,892		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~

Name of the organization

SOUTH DAKOTA SOLID WASTE MANAGEMENT

Supplemental Information to Form 990 or 990-EZComplete 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.

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

46-0418541

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$524

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1147

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$29957

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$524

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	SCHOLARSHIP \$13782

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MISCELLANEOUS \$2264

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	BANK CHARGES \$1081

990 Schedule O, Supplemental Information

Return Reference		Explanation
Other Expenses 4	FUNDRAISING EXPENSE \$725	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	SUPPLIES \$688

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Dues and Subscriptions \$162

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$1071 Miscellaneous - Ending \$547

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$37130 Accounts Receivable - Ending \$4980

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$11540 Deferred Revenue - Ending \$60

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	- Beginning \$52 - Ending \$0