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DLN: 93492045000179

Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

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/form990ez.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 378

City or town, state or province, country, and ZIP or foreign postal code

ABERDEEN, SD 574020378

D Employer identification number

46-0418541

E Telephone number

(605) 225-9316

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.SDSWMA.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

▶ \$ 70,323

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	3,884
	2	Program service revenue including government fees and contracts	2	33,405
	3	Membership dues and assessments	3	25,325
	4	Investment income	4	5,652
	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 \$ 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	2,057	
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	2,057	
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	70,323	
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	36,746
	13	Professional fees and other payments to independent contractors	13	876
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	275
	16	Other expenses (describe in Schedule O)	16	39,928
	17	Total expenses. Add lines 10 through 16	17	77,825
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,502
	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	148,285
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	110
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	140,893

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

Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

Form **990-EZ** (2017)

		Yes	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	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 ☐

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

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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		2018-12-13 Date		
	MICHAEL ERICKSON TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MONA NESS	Preparer's signature	Date 2018-12-13	Check <input type="checkbox"/> if self-employed	PTIN P00945827
	Firm's name ▶ NESS TAX AND BOOKKEEPING SERVICE			Firm's EIN ▶ 20-2119461	
	Firm's address ▶ 1616 E 10TH STREET SIOUX FALLS, SD 57103			Phone no (605) 332-4829	

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

Additional Data

Software ID: 17005072
Software Version:
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.)	
28 PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION, TRAINING AND TECHNICAL ASSISTANCE IN DISPOSAL AND RECYCLING (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

(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) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
VAL KELLER PRESIDENT	1	0		
MIKE ERICKSON SECRETARY TREASURER	3	0		
DENNIS MCALPINE PRESIDENT ELECT	1	0		
LARRY MCMANUS PAST PRESIDENT	1	0		
DALE FORTIN VICE PRESIDENT	1	0		
JEFF BARBER DIRECTOR	1	0		
LUKE RODIG DIRECTOR	1	0		
DUSTIN HANSEN DIRECTOR	1	0		
TIM TAGGERT DIRECTOR	1	0		
LUCAS HOOVER DIRECTOR	1	0		
GARRETT WILLIAMS DIRECTOR	1	0		
JAY JOHNSON DIRECTOR	1	0		
ANDY BRUELS DIRECTOR	1	0		
TODD LANGLAND DIRECTOR	1	0		
MELISSA FAHY EXECUTIVE DIRECTOR	20	33,649		

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) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED SEE ATTACHED	0	0		

SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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 .	<small>OMB No 1545-0047</small> 2017 Open to Public Inspection
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<small>Name of the organization</small> SOUTH DAKOTA SOLID WASTE MANAGEMENT	<small>Employer identification number</small> 46-0418541
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ PART I LINE 16	TELEPHONE \$1184 SUPPLIES 597 INSURANCE 500 BANK FEE 778 DUES 358 SCHOLARSHIP 8000 DEPRECIATION 287 MISC 112 TRAVEL 683 MEETINGS 26570 UNREALIZED GAIN OR LOSS INVESTMENT 858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ PART I LINE 20	NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS \$110

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ PART II LINE 24	ACCOUNTS RECEIVABLE \$1911 COMPUTER \$260

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ PART II LINE 26	ACCOUNTS PAYABLE \$12247 MEMBERSHIP DUES DEFERRED REVENUE \$60

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE	PROMOTE ENVIRONMENTALLY SOUND WASTE MANAGEMENT