

Form **990EZ**
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)

OMB No. 1545-1150
2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

- 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. **\$ 59,816**

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 763
2	Program service revenue including government fees and contracts 38,440
3	Membership dues and assessments 16,440
4	Investment income 4,173
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
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 59,816

Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10 5,000
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12 29,348
13	Professional fees and other payments to independent contractors 13 1,292
14	Occupancy, rent, utilities, and maintenance 14 864
15	Printing, publications, postage, and shipping 15 279
16	Other expenses (describe in Schedule O) 16 2,866
17	Total expenses. Add lines 10 through 16 17 39,649
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 20,167
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) 19 115,462
20	Other changes in net assets or fund balances (explain in Schedule O) 20 -2,471
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 133,158

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	115,162	22	132,558
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	300	24	600
25 Total assets	115,462	25	133,158
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	115,462	27	133,158

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

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>			
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) ▶		32	1,242

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
TIM TAGGERT PRESIDENT	1	0		
MIKE ERICKSON SECRETARY TREASURER	3	0		
DON KUPER VICE PRESIDENT	1	0		
JASON HINDS DIRECTOR	1	0		
KEITH DELANGE DIRECTOR	1	0		
REBECCA KREIN DIRECTOR	1	0		

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a, 42b, 42c, 43.

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	
b 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 ▶ 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.

***** Signature of officer	2021-02-17 Date
MICHAEL ERICKSON TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MONA NESS CPA	Preparer's signature	Date 2021-02-17	Check <input type="checkbox"/> if self-employed	PTIN P00945827
	Firm's name ▶ NESS TAX & BOOKKEEPING SERVICE			Firm's EIN ▶ 20-2119461	
	Firm's address ▶ 1616 E 10th ST 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: 19010080

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.)	
<p>28 PROMOTED ENVIRONMENTALLY SOUND WASTE MANAGEMENT AND RECYCLING, PROVIDED INFORMATION, TRAINING AND TECHNICAL ASSISTANCE IN DISPOSAL AND RECYCLING.</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	1,242

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Internal Revenue Service

Name of the organization
SOUTH DAKOTA SOLID WASTE MANAGEMENT

Employer identification number

46-0418541

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 16	INSURANCE \$506, DUES \$696.45, MISC \$61.11, TRAVEL \$270.72 MEETING \$1,241.61, REC DISCREP \$90

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 10	PAYTON BERN \$2,100 ANNA PRCHAL \$1,200 HANNA KUEHN \$1,700

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I LINE 20	UNREALIZED INVESTMENT LOSS \$2,471.17

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART II LINE 24	OTHER ASSET ACCOUNTS RECEIVABLE \$600

990 Schedule O, Supplemental Information

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