

OGLALA LAKOTA COUNTY UNAPPROVED MINUTES OF MAY 22, 2025

The Oglala Lakota Board of County Commissioners met in Special Session at Prairie Wind Casino on May 22, 2025. Present: Allyssa Comer, Art Hopkins, Wendell Yellow Bull and Sue Ganje, Auditor. Anna Takes the Shield (Dubray) and Ramon Bear Runner were absent.

The meeting was called to order at 1:21 p.m. by Chairwoman Comer. The agenda was reviewed for conflicts. ALL MOTIONS RECORDED IN THESE MINUTES WERE PASSED BY UNANIMOUS VOTE, UNLESS OTHERWISE STATED.

Motion made by Yellow Bull, seconded by Hopkins, to approve the agenda as written.

Motion made by Yellow Bull, seconded by Hopkins, to approve the Oglala Lakota County Commission meeting minutes from April 30, 2025 and May 8, 2025.

Motion made by Yellow Bull, seconded by Hopkins, to approve the Auditor's Account with the Treasurer as follows:

TO THE HONORABLE BOARD OF OGLALA LAKOTA COUNTY COMMISSIONERS:

I hereby submit the following report of my examination of the cash and cash items in the hands of the County Treasurer of this County on this 30th day of April 2025.

**Total Amount of Deposit in First Interstate Bank,
HS:**

\$ 449,365.12

Total Amount of Cash:

\$ 1,125.32

**Total Amount of Checks in Treasurer's
Possession Not Exceeding Three Days:**

\$ 41,495.33

FIRST INTERSTATE SAVINGS

First Interstate, HS:

\$ 2,170,490.20

CERTIFICATES OF DEPOSIT:

Schwab 2 year

\$ 2,125,127.34

**Itemized list of all items, checks and drafts that
have
been in the Treasurer's possession over three
days:**

Election Petty Cash:

\$ 15.00

RETURNED CHECKS:

Deaton, Tyler

\$ 110.10

TOTAL \$ 4,787,728.41

Dated This 30th Day of April 2025.

/S/ Sue Ganje

Sue Ganje, County
Auditor of Oglala
Lakota County

/S/ Teresa Pullen

Teresa Pullen, County Treasurer
of Oglala Lakota County

County Monies	\$	4,596,475.78
Held for other Entities	\$	112,139.56
Held in Trust	\$	79,113.07
TOTAL	\$	4,787,728.41

The Above Balance Reflects County Monies, Monies Held in Trust, and
Monies Collected for and to be remitted to Other ENTITIES: SCHOOLS, TOWNS, AND STATE.

Motion made by Yellow Bull, seconded by Hopkins, to approve the first reading of the following ordinance:

**OGLELALA LAKOTA COUNTY ORDINANCE #2025 # 01, AN ORDINANCE TO PROVIDE FOR
TEMPORARY EMERGENCY REGULATION OF FIRE HAZARDS OGLELALA LAKOTA
COUNTY, SOUTH DAKOTA**

WHEREAS, Oglala Lakota County Commission is charged with protecting the health and safety of the citizens of Oglala Lakota County including all property situated therein; and

WHEREAS, the Oglala Lakota County Commission has consulted with local fire officials, law enforcement and emergency management officials concerning the threat posed by wildfires; and

WHEREAS, the threat of wildfires in Oglala Lakota County is such so as to pose a significant danger to the health and safety of the citizens of Oglala Lakota County including property situated therein; and

WHEREAS, the Oglala Lakota County Commission has deemed it necessary to enact certain temporary controls to reduce the threat posed to the citizens and property of Oglala Lakota County by wildfires.

**NOW THEREFORE BE IT ORDAINED BY THE OGLELALA LAKOTA COUNTY BOARD
OF COMMISSIONERS AS FOLLOWS:**

SECTION 1: That pursuant to SDCL 7-8-20 (18) the Oglala Lakota County Commission does hereby enact this ordinance to ensure public safety on an emergency basis, effective immediately and impose a ban on all open burning and fireworks except for petroleum fueled or charcoal briquette fueled grills used for preparing food. This burn ban applies to any Non-Native American individual in Oglala Lakota County, South Dakota, outside any municipality, and is in effect when the National Weather Service has declared the South Dakota Grassland Fire Danger Index to be in the **MODERATE, HIGH, VERY HIGH or EXTREME** level. Individuals will be allowed to use gas fueled or charcoal fired BBQ grills and will be allowed open burning when the fire index is at the **LOW** level. Campfires will **NOT** be allowed on private land or licensed commercial campgrounds. Campgrounds operated by the State of South Dakota or US Government must follow the established laws and regulations.

SECTION 2: That this open burning ban will remain in effect until repealed by the Oglala Lakota County Commission. Pursuant to SDCL 7-18A-2 the penalty for violating this ordinance shall include a fine not to exceed two hundred dollars for each violation and/or imprisonment for a period not to exceed thirty days for each violation: or both such fine and imprisonment. Additionally, person(s) in violation of this burn ban may be responsible for any and all suppression costs pursuant to South Dakota Law.

SECTION 3: That the Oglala Lakota County Commission declares an emergency and this ordinance shall be in effect immediately in order to protect the peace, health and safety of the citizens of Oglala Lakota County.

Dated this ____ day of _____, 2025

Allyssa Comer
Chairman, Oglala Lakota County Commission

ATTEST:

Sue Ganje, Oglala Lakota County Auditor
A second reading will occur on June 12, 2025.

A lengthy discussion regarding jurisdiction, enforcement, exemptions, etc. to the above ordinance took place after the reading of the ordinance.

Motion made by Yellow Bull, seconded by Hopkins, to enter into Executive Session as per SDCL 1-25-2 (1) Personnel at 2:16 p.m.

Comer declared that the Board was out of Executive Session at 3:38 p.m.

Motion made by Yellow Bull, seconded by Hopkins, to appoint Daylon Black Bull as the County Sheriff, effective immediately, salaried at \$57,844.80 per year and to hire Derek Rojo as Deputy Sheriff at \$25.75/hr, effective immediately.

Motion made by Yellow Bull, seconded by Hopkins, to pay the bills as follows:

GENERAL FUND		
BEAR RUNNER, RAMON	MEETING MILEAGE	\$40.20
BEAR RUNNER, RAMON	VOID/DID NOT ATTEND	-\$87.10
TAKES THE SHIELD, ANNA	MEETING MILEAGE	\$18.76
TAKES THE SHIELD, ANNA	VOID/DID NOT ATTEND	-\$67.00
ENGEBRETSON, MELODY	TRAVEL EXPENSES/SDAC	\$66.00
HOPKINS, ARTHUR L	MEETING MILEAGE	\$104.52
LAKOTA TIMES	COMMISSION MINUTES PUB	\$73.64
LYNN'S DAKOTA MART	COMMISSION SNACKS & WATER	\$45.44
MASTEL, BRUCE	HOST & DATABASE MONTHLY FEE	\$35.00
PULLEN, TERESA	MEAL REIMB SDACO SPRING WKSP	\$366.16
RELIANCE STANDARD LIFE	MP GL752305 BILL GRP	\$29.00
SD ASSN OF COUNTY COMM.	QUARTERLY ASSESS 2ND	\$408.00
SD SHERIFF'S ASSOCIATION	ANNUAL DUES	\$910.16
SD DEPT OF REVENUE	REMITTANCE	\$120.00

THOMSON REUTERS - WEST	ONLINE SW SUB ACCT 1	\$365.50
TYLER TECHNOLOGIES	VETRASPEC STATE SOLUTIONS	\$449.00
YELLOW BULL, WENDELL	MEETING MILEAGE	\$32.16
BETTELYOUN, ARROW	MEAL REIMB SDACO WOR	\$66.00
COMER, ALLYSSA	MEETING MINUTES	\$67.00
	TOTAL FOR GENERAL FUND	\$3,042.44
COUNTY ROAD & BRIDGE		
BOMGAARS SUPPLY	SUPPLIES INV 4971132	\$766.66
CULLIGAN	INV 006230	\$26.90
GREAT PLAINS COMMUNICATION	PHONE/INTERNET	\$222.50
MARTIN AUTO PARTS	PARTS & SUPPLIES	\$445.27
RELIANCE STANDARD LIFE	MP GL752305 BILL GRP	\$144.50
	TOTAL FOR COUNTY ROAD & BRIDGE	\$1,605.83
	TOTAL FOR BILLS PD BETWEEN 05/09 AND 05M22/2025	\$4,648.27

Motion made by Hopkins, seconded by Bear Runner, to adjourn the meeting at 3:40 p.m.

/s/ Allyssa Comer
Allyssa Comer, Chairwoman
Board of Oglala Lakota County Commissioners

ATTEST:
/S/ Sue Ganje
Sue Ganje, Auditor

to a later meeting, when all Fire Departments within the County can attend.

Roger Risty and Sonya Nordby of Risty Benefits, met with the Board to further go over quotes from insurance companies regarding health, dental and/or vision coverage. The quote for life insurance was more coverage for less money moving from Reliance Standard to Lincoln Financial. The Board would like Risty Benefits to present the options to the employees to get their input regarding coverage and cost. The Auditor will get that scheduled soon.

Motion made by Yellow Bull, seconded by Hopkins, to approve having the County pay 25% of health insurance.

After some discussion, Yellow Bull rescinded his above motion and Hopkins rescinded his second.

Motion made by Yellow Bull, seconded by Hopkins, to approve changing the dental insurance coverage from Delta Dental to Lincoln Financial, which has better coverage. This will also save the employees \$110.00/year in premiums. Risty informed the Board that, if any dentist visited by an employee does not file claims, the bills can be sent directly to Risty Benefits and they will take care of filing it with Lincoln Financial.

Risty recommended that the County keep the current vision plan. The Board determined that the best insurance coverage for vision was to stay with VSP.

Motion made by Yellow Bull, seconded by Hopkins, to approve changing the life insurance coverage from Reliance Standard to Lincoln Financial. The premiums would be \$100.00 less per month with twice the amount of coverage.

Motion made by Yellow Bull, seconded by Hopkins, to approve offering the employees voluntary additional life insurance coverage as a payroll deduction that would be a cost to the employee.

Motion made by Yellow Bull, seconded by Hopkins, to approve offering **AFLAC** insurance to the employees as a payroll deduction that would be a cost to the employee.

Motion made by Yellow Bull, seconded by Hopkins, to approve moving West River Mental Health's 2026 Budget request and the Badlands Conservation District's 2026 Budget request to a later meeting and invite them to come and speak with the Board.

Dar Coy, County Emergency Manager, met with the Board to discuss their interest in instituting a County-wide Burn Ban Ordinance for Non-Tribal land in Oglala Lakota County. They would like him to proceed with drafting it and bring it back at a later meeting.

David (Scott) Cuny, County Resident, met with the Board to ask for a reduction in tax because his land had been reverted to Non-Ag status after no response was received by the Director of Equalization regarding the letter that had been sent out in 2022.

Motion made by Yellow Bull, seconded by Hopkins, to change the status back to Ag and to abate and refund monies for tax years 24/pay 25 and 25/pay 26.

Motion made by Yellow Bull, seconded by Hopkins, to approve bi-weekly payroll instead of monthly to help employees, effective June, 2025.



Phone: 605-891-5819

[illegible]



906 N. River Street
Hot Springs South Dakota 57747
Phone: 605-891-5819

[illegible]

Oglala Lakota County Highway Department

To: WESTCO

The Oglala Lakota County Highway Department is requesting a quote on fuel on this 27 day
of May, 2025.

Please provide a bid for the following.

800 Gallons of Unleaded Gas at \$ 3.465 /gal.
no ethanol

4700 Gallons of Diesel at \$ 2.916 /gal.
#2 Dyed

_____ Gallons of Propane at \$ _____ /gal.

The Oglala Lakota County Highway Depart. Tank is a 1,000 gallon tank, the current propane level
is _____ percent.

Signature: Kyle Hooper Date: 5/27/2025

County Exemptions / Taxes Applicable:

Unleaded: Federal tax exempt: State Tax Applicable

Diesel: Federal and State tax exempt: \$0.02 EPA tax applicable

Please submit a bid on the above requested fuel. Fax to 1 (605) 288-1867

Oglala Lakota County Highway Department

P.O. Box# 208, Batesland SD 57716

PH: (605)288-1866 Fax: (605) 288-1867 Cell: (605) 441-6261

For office use only:

☒ Response
☐ No Response

Oglala Lakota County Highway Department

To: Vollan Oil

The Oglala Lakota County Highway Department is requesting a quote on fuel on this 27 day
of May, 2025.

Please provide a bid for the following.

800 Gallons of Unleaded Gas at \$_____/gal.
No ethanol

4,700 Gallons of Diesel at \$_____/gal.
#2 Dyed

____ Gallons of Propane at \$_____/gal.

The Oglala Lakota County Highway Depart. Tank is a 1,000 gallon tank, the current propane level
is _____ percent.

Signature: _____ Date: _____

County Exemptions / Taxes Applicable:

Unleaded: Federal tax exempt: State Tax Applicable

Diesel: Federal and State tax exempt: \$0.02 EPA tax applicable

Please submit a bid on the above requested fuel. Fax to 1 (605) 288-1867

Oglala Lakota County Highway Department

P.O Box# 208, Batesland SD 57716

PH: (605)288-1866 Fax: (605) 288-1867 Cell: (605) 441-6261

For office use only;

____ Response
☒ No Response

Oglala Lakota County Highway Department

To: PR Oil

The Oglala Lakota County Highway Department is requesting a quote on fuel on this 27 day
of May, 2025.

Please provide a bid for the following.

800 Gallons of Unleaded Gas at \$ _____/gal.
no ethanol

4700 Gallons of Diesel at \$ _____/gal.
#2 dyd.

_____ Gallons of Propane at \$ _____/gal.

The Oglala Lakota County Highway Depart. Tank is a 1,000 gallon tank, the current propane level
is _____ percent.

Signature: _____ Date: _____

County Exemptions / Taxes Applicable:

Unleaded: Federal tax exempt: State Tax Applicable

Diesel: Federal and State tax exempt: \$0.02 EPA tax applicable

Please submit a bid on the above requested fuel. Fax to 1 (605) 288-1867

Oglala Lakota County Highway Department

P.O Box# 208, Batesland SD 57716

PH: (605)288-1866 Fax: (605) 288-1867 Cell: (605) 441-6261

For office use only;

____ Response
☒ No Response

4/10/25	OGJALA LAKOTA COUNTY	3+ YEAR BUDGET WORKSHEET	CRBR CONST	(S)	AS OF APRIL	25	25 YTD	26	26	PAGE
ACCOUNT DESCRIPTION	GL#	22 ACTUAL	23 ACTUAL	24 ACTUAL	3-YEAR AVERAGE	BUDGET	ACTUAL	REQUESTED	APPROVED	
111.0311 CRBR SALARIES	20100X4110311	204,410.86	207,635.55	235,651.53	215,899.31	231,515.00	61,709.73	27		38
1120.311 CRBR FICA	20100X4120311	15,637.43	15,884.11	18,018.80	16,513.45	17,715.00	4,720.77	27		
1130.311 CRBR RETIREMENT	20100X4130311	10,477.37	11,512.51	14,054.82	12,014.90	13,900.00	3,658.45	26		
1140.311 CRBR WORK COMP	20100X4140311	6,553.64	7,942.18	6,853.62	7,116.48	6,600.00	.00		6600	
1150.311 EMP INSURANCE	20100X4150311	.00	.00	.00	.00	.00	.00			
1151.311 LIFE INSURANCE	20100X4151311	1,339.25	1,472.13	1,858.00	1,556.46	1,300.00	433.50	33	1300	
ACCOUNT TYPE TOTALS	41	238,418.55	244,446.48	276,436.77	253,100.60	271,030.00	70,522.45	26		
1210.311 CRBR INSURANCE	20100X4210311	9,563.27	10,076.42	9,357.59	9,665.76	10,000.00	.00		10,000	
1224.311 CONTRACT SVCS	20100X4224311	.00	4,200.00	399.41	1,533.14	.00	7,240.25			
230.311 PUBLISHING	20100X4230311	24.96	186.44	249.56	153.65	300.00	20.88	7	300	
250.311 CRBR REPAIRS	20100X4250311	63,234.23	33,335.15	66,671.76	54,413.71	69,000.00	16,088.53	23	69,000	
251.311 ROAD PROJECTS	20100X4251311	.00	381,794.68	361,586.50	247,793.73	.00	.00			
260.311 CRBR SUPPLIES	20100X4260311	13,362.19	25,959.85	14,303.25	17,875.10	30,000.00	8,275.11	28	30,000	
261.311 CRBR FUEL	20100X4261311	91,097.27	85,732.67	57,403.71	78,077.88	110,000.00	11,629.77	11	110,000	
262.311 (ARPA)	20100X4262311	.00	196,875.64	.00	65,625.21	.00	.00			
270.311 CRBR TRAVEL	20100X4270311	598.87	672.08	791.00	687.32	1,000.00	629.09	63	1,000	

1.00
false

4/10/25	OGALA LAKOTA COUNTY	GL#	3+ YEAR BUDGET WORKSHEET			CRBR CONST	(S)	3-YEAR AVERAGE	AS OF APRIL	25	LPBUDW	PAGE	39
ACCOUNT DESCRIPTION			22 ACTUAL	23 ACTUAL	24 ACTUAL				25 BUDGET	25 YTD ACTUAL	26 REQUESTED		26 APPROVED
4280.311 CRBR UTILITIES	20100X4280311		13,120.67	15,334.20	13,382.43		13,945.77	18,000.00	5,317.48	30	18,500		
4290.311 CLOTHING ALLOWANCE	20100X4290311		.00	.00	5,127.28		1,709.09	3,000.00	5,399.42	180	3,500		
ACCOUNT TYPE TOTALS	42		191,001.46	754,167.13	529,272.49		491,480.36	241,300.00	54,600.53	23	244,500		
4300.311 CRBR ASSETS-OFC & BUI	20100X4300311		.00	.00	.00		.00	.00	.00				
4340.311 CRBR EQUIPMENT	20100X4340311		81,163.74	46,575.35	57,716.02		61,818.37	500,000.00	498,228.32	100	500,000		
4390.311 GRAVEL-TRUCKING	20100X4390311		20,000.00	40,000.00	211.00		20,070.33	40,000.00	316.50	1	40,000		
ACCOUNT TYPE TOTALS	43		101,163.74	86,575.35	57,927.02		81,888.70	540,000.00	498,544.82	92			
FUND TOTALS	20100		530,583.75	1,085,188.96	863,636.28		826,469.66	1,052,330.00	623,667.80	59			
DEPT TOTALS	311		530,583.75	1,085,188.96	863,636.28		826,469.66	1,052,330.00	623,667.80	59			

* = BUDGET INCLUDES TRANSFERS AND/OR SUPPLEMENTS

Oglala Lakota County Highway Department

Monthly Report May 05 to June 04,2025

Blade Roads

05-06-25: Rd 16,11,24 completed by Sam, Kelly

05-20-25: Rd 16A,2,7,16 completed by Sam, Kelly

05-21-25: Rd 16,7,11 completed by Sam, Kelly, Doreen

05-22-25: Rd 11,4,16 completed by Sam, Kelly, Doreen

05-27-25: Rd 16, 11 completed by Sam

05-28-25: Rd 7, 11 completed by Sam

05-29-25: Rd 16 completed by Sam

06-02-25: Rd 15,13, 26, 4 completed by Kelly, Sam

06-03-25: Rd Bate 01,15L, 11, 17 completed by Kelly, Sam

06-04-25: Rd 11, 16, 13 completed by Sam, Kelly, Doreen

Mulching Shoulders

05-07-25: Rd 4 completed by Doreen

05-08-25: Rd 4 completed by Doreen

05-12-25: Rd 4 completed by Doreen

06-03-25: Rd 16 completed by Doreen

Pulling Shoulders

05-12-25: Rd 4

05-13-25: Rd 4

05-14-25: Rd 4 completed by Sam

Reshaping Approaches

05-06-25: Rd 24, 16 completed by Lynx

05-07-25: Rd Winters completed by Lynx

Reshaping Roads

05-06-25: Rd 24 completed by Kelly

05-07-25: Rd 9, 24 completed by Kelly, Sam

05-08-25: Rd 9, 24 completed by Kelly, Sam

05-12-24: Rd 9, 24 completed by Kelly, Sam

05-13-25: Rd 9, 24 completed by Kelly, Sam

Mowing Road

06-02-25: Rd 16 completed by Lynx

Equipment

05-15-25: oil change on BL07 completed by Sam, Kelly, Lynx

05-21-25: replaced batteries, completed by Lynx

05-27-25: changed cutting edges BL06, completed by Lynx, Kelly

06/02/25 :changed cutting edges on BL07, completed by Lynx, Sam, Kelly

06-02-25: replaced mower Blades on Bagtew-2, completed by Lynx, Kelly, Sam

Gravel

05-29-25: **30 tons** Batesland shop yard, completed by, Lynx

OGLALA LAKOTA COUNTY VSO

MONTHLY ACTIVITY REPORT ___ May 2025 ___

OFFICE VISITS APPOINTMENTS ___ 11 ___ WALK-INS ___ 28 ___ PHONE ___ 4 ___ TOTAL ___ 43 ___

DEATHS TRIBAL MEMBERS ___ 1 ___ NON-TRIBAL MEMBERS ___

VETERANS ADMINISTRATION

NEW CLAIMS ___ 1 ___ (PERSON ___ 1 ___ PHONE ___)

EXISTING CLAIMS ___ 16 ___ (PERSON 16 ___ PHONE ___)

NEW MEDICAL ENROLLMENT ___ 1 ___

DD214 REQUESTS ___ 6 ___ (OFFICE ___ 6 ___ OTHER ___)

HOME LOAN ___ 1 ___ VA STATE HOME ___ OTHER ___ 2 ___

SD STATE BENEFITS

VETERANS/ACTIVE DUTY BONUS ___

BURIAL BENEFITS ___ 1 ___ EDUCATION ___ 1 ___ HEADSTONE/SET UP ___ 2 ___

RECORDS/OTHER ___ 2 ___ STATE PARKS ___

HUNTING/FISHING LICENSES ___ LICENSE PLATES ___

DRIVERS LICENSE ___

TRIBAL

TRIBAL VETERANS FLAG ___ MEETINGS ___ OTHER ___

PUBLIC OUTREACH

SOCIAL MEDIA ___ RADIO STATION ___ OTHER ___

OTHER _____

VSO NAME ___ Jerlene Arredondo ___

**OGLALA LAKOTA COUNTY RESOLUTION #2025-
Contingency Transfer 2025 #1**

WHEREAS, SDCL 7-21-32.2 provides that the Board of County Commissioners may adopt a transfer appropriation from the contingency budget to other appropriations, which are insufficient, a contingency transfer shall be approved and adopted to the following Departments: Mental Illness Board \$875.62;

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners to adopt a Contingency Transfer #1.

Dated at Oglala Lakota County, South Dakota this 12th day of June 2025.

ATTEST:

Sue Ganje, Auditor
Oglala Lakota County Auditor's Office

Allyssa Comer, Chairwoman
Oglala Lakota County Board of Commissioners

OGLALA LAKOTA COUNTY

6/12/2025

Contingency Transfer #1

6/12/2025	\$	875.62	10100x4221445	Mental Illness Board

GRAND TOTAL \$ 875.62



Oglala Lakota County Sheriff's Office

906 N. River Street

Hot Springs South Dakota 57747

Phone: 605-891-5819

May 2025 Monthly Report:

Calls for Service:

- Assisted with a missing person's case
- Frank Brave Heart cattle issue

Non-Enforcement Services:

- Attempted to serve several civil suits – unable to locate
- Security Checks
- Meetings to assist with the gun permits
- +

Other actions:

- Derek Rojo was hired as Sheriff Deputy position

Fuel Log.

	Starting Mileage:	Ending Mileage:	Total Mileage:
CO 12572	9249	10191	942
Gallons used from County Tank.			63.6 Gallons used
Fuel purchased with Couty Credit Card.		0	



Auditor Office <aud@frcounty.org>

Fwd: Omnixx Access

1 message

Oglala Lakota Sheriff Office <olcso@olcounty.net>

Tue, Jun 10, 2025 at 12:26 PM

To: Auditor Office <agenda@olcounty.org>

Attached is the item information needed to be submitted for the commission meeting.

Thank you

----- Forwarded message -----

From: **Erickson, Kelli (DPS)** <Kelli.Erickson@state.sd.us>

Date: Tue, Jun 10, 2025, 12:24 PM

Subject: Omnixx Access

To: Oglala Lakota Sheriff Office <olcso@olcounty.net>

Good Afternoon –

As we discussed the Omnixx (teletype) charge for 1 NCIC link is \$390 per month. The billing occurs twice a year January/July at the rate of \$2,340 (\$390x6).

The access to this link is only authorized for use in a secure office setting and cannot be used outside of your secure law enforcement office. The software is accessed through an internet connection that you're your agency would be responsible for providing. Any users will need to be NCIC certified and complete CJIS Online Security training, agency will be required to appoint a TAC (Terminal Agency Contact), adhere to all CJIS Security Policies, participate in a CJIS audit every 3 years and sign a terminal agency agreement.

[Kelli Erickson](#)

SD LETS Director

SD DEPARTMENT OF PUBLIC SAFETY

KELLI.ERICKSON@STATE.SD.US

P: 605.773.4636 | C: 605.280.9282 | W: [DPS.SD.GOV](https://dps.sd.gov)

OGLALA LAKOTA COUNTY ORDINANCE #2025-_____
AN ORDINANCE TO PROVIDE FOR TEMPORARY EMERGENCY REGULATION
OF FIRE HAZARDS OGLALA LAKOTA COUNTY, SOUTH DAKOTA

WHEREAS, Oglala Lakota County Commission is charged with protecting the health and safety of the citizens of Oglala Lakota County including all property situated therein; and

WHEREAS, the Oglala Lakota County Commission has consulted with local fire officials, law enforcement and emergency management officials concerning the threat posed by wildfires; and

WHEREAS, the threat of wildfires in Oglala Lakota County is such so as to pose a significant danger to the health and safety of the citizens of Oglala Lakota County including property situated therein; and

WHEREAS, the Oglala Lakota County Commission has deemed it necessary to enact certain temporary controls to reduce the threat posed to the citizens and property of Oglala Lakota County by wildfires.

NOW THEREFORE BE IT ORDAINED BY THE OGLALA LAKOTA COUNTY BOARD OF COMMISSIONERS AS FOLLOWS:

SECTION 1: That pursuant to SDCL 7-8-20 (18) the Oglala Lakota County Commission does hereby enact this ordinance to ensure public safety on an emergency basis, effective immediately and impose a ban on all open burning and fireworks except for petroleum fueled or charcoal briquette fueled grills used for preparing food. This burn ban applies to any Non-Native American individual in Oglala Lakota County, South Dakota, outside any municipality, and is in effect when the National Weather Service has declared the South Dakota Grassland Fire Danger Index to be in the **MODERATE, HIGH, VERY HIGH or EXTREME** level. Individuals will be allowed to use gas fueled or charcoal fired BBQ grills and will be allowed open burning when the fire index is at the **LOW** level. Campfires will **NOT** be allowed on private land or licensed commercial campgrounds. Campgrounds operated by the State of South Dakota or US Government must follow the established laws and regulations.

SECTION 2: That this open burning ban will remain in effect until repealed by the Oglala Lakota County Commission. Pursuant to SDCL 7-18A-2 the penalty for violating this ordinance shall include a fine not to exceed two hundred dollars for each violation and/or imprisonment for a period not to exceed thirty days for each violation: or both such fine and imprisonment. Additionally, person(s) in violation of this burn ban may be responsible for any and all suppression costs pursuant to South Dakota Law.

SECTION 3: That the Oglala Lakota County Commission declares an emergency and this ordinance shall be in effect immediately in order to protect the peace, health and safety of the citizens of Oglala Lakota County.

Dated this ____ day of _____, 2025

Allyssa Comer
Chairman, Oglala Lakota County Commission

ATTEST:

Sue Ganje, Oglala Lakota County Auditor

First reading: May 22, 2025

Second reading: June 12, 2025



Masa Emergent Air and Ground coverage

1 message

Roger Risty <rristy@ristybenefits.com>

Mon, Jun 9, 2025 at 10:44 AM

To: "Bobbie Janis (payroll@olcounty.org)" <payroll@olcounty.org>, "sue.ganje@state.sd.us" <sue.ganje@state.sd.us>, Donna Arens <darens@ristybenefits.com>

For \$8 a month a single, I am hoping that Oglala Lakota County will implement this coverage - especially for the rural areas they are in.

The County Commissioners are eligible - we have most Counties that put the plan in - Pay for the Single cost.

The Key - however, they MUST be on a medical plan, Medicare counts - I H S and Medicaid do not

Of employer paid, we can enroll by census

Celebrating 20 Years!!!

Roger R. Risty
Founder/Consultant
Risty Benefits, Inc.
1324 S. Minnesota Ave
Sioux Falls, SD 57105
c: 605-351-9515
p: 605-338-1489
f: 605-338-2823
e: rristy@ristybenefits.com
www.ristybenefits.com

-----Original Message-----

From: Bruce (Downstairs Toshiba Copier) <copier@ristybenefits.com>

Sent: Monday, June 09, 2025 2:03 PM

To: Roger Risty <rristy@ristybenefits.com>

Subject: Send data from MFP13711097 06/09/2025 12:03


Scanned from MFP13711097

Date:06/09/2025 12:03

Pages:3

Resolution:200x200 DPI

do not reply

 **DOC060925-06092025120310.pdf**
1348K



EMPLOYER BENEFIT AGREEMENT - MEMBERSHIP

Employer Provided & Payroll Deduction

Employer/Organization Name <i>Oglala Lakota County</i>		Contact's Name <i>Bobbie Janis</i>	
Telephone <i>605 745 5130</i>	Fax	E-Mail <i>Payroll@oclcounty.org</i>	
Physical Address <i>906 N River St</i>		City <i>Hot Springs</i>	State <i>SD</i>
Mailing Address (if different)		City	Zip Code <i>57747</i>
Brokerage Name <i>Bogen Risky</i>	Producer's Name		MASA Representative's Name <i>Bob Gevelinger</i>
Invoicing Contact Name	Invoicing Email		Eligible Employee Count

This Employer Benefit Agreement ("Agreement"), effective as of 7-1-25, ("Agreement Effective Date") as further defined below in section 5, by and among _____ ("Employer"), as described above, a(n) _____ (State, Entity), and Medical Air Services Association, Inc., an Oklahoma corporation acting through its MASA Medical Transport Solutions division ("MASA") with its principal executive office at 1250 S. Pine Island Rd., Suite 500, Plantation, FL 33324. This Agreement supersedes and replaces any and all prior agreements, whether verbal or written, between Employer and MASA (individually, the "Party," collectively, the "Parties") and any of their affiliates concerning the subject matter set forth herein.

WHEREAS, MASA is in the business of providing single individual memberships and family memberships with certain benefits, including, but not limited to, covering a portion of the out of pocket-expenses incurred as a result of an emergent transport situation ("Services"); and

WHEREAS, MASA offers a "Platinum", "Emergent Premier", and "Emergent Plus" membership (collectively, "Memberships") that entitle members ("Members") to certain services and benefits ("Benefits") and Employer desires to offer Memberships to its employees ("Employees") as part of general benefit offering.

NOW, THEREFORE, MASA and Employer agree as follows:

- 1. Term and Termination.** This Agreement shall have a term of one (1) year from Effective Date ("Initial Term"). Thereafter, this Agreement shall automatically renew for additional one (1) year terms (each a "Renewal Term") unless written notice is given by one Party to the other Parties of its intention not to renew the Agreement at least sixty (60) days before the expiration of the then current Renewal Term. Upon the termination of this Agreement, for any reason, it shall be the Employer's obligation to notify Employees of such termination and the impact on their membership coverage.
- 2. Membership Services Agreement ("MSA").** All Memberships resulting from this Agreement are subject to the terms and conditions of the MSA between MASA and Member Employees. Notwithstanding the terms and conditions of that MSA, those members purchasing the Platinum Membership under the monthly payment option via payroll deduction, "Worldwide Coverage" will be an included benefit without the full annual payment requirement of that respective MSA. All other Worldwide Coverage and Platinum Service Agreement Benefit requirements still apply.

3. Membership Fees & Rates.

Employer agrees that the following Memberships shall be offered to Employees:

Select One: ☐ Payroll Deduct ☐ Employer Paid

Check all that apply:

- ☐ Platinum Monthly \$39
☐ Platinum Annual \$468

- ☐ Emergent Premier Monthly \$19
☐ Emergent Premier Annual \$228

- ☐ Emergent Plus Monthly \$14
☐ Emergent Plus Annual \$160

4. Member Enrollment. The Employer shall begin the initial enrollment process on _____, and shall end initial enrollment process on _____, ("Enrollment Period"). Following the Enrollment Period, enrollment may remain open for current and/or new Employees.

The Parties agree that the method for roster management shall be as follows: (select one)

☐ Electronic Data Interchange (EDI)

☒ Manual (Paper Form)

☐ MASA Compass Portal

Name of Platform: _____

In the event that the enrollment will take place digitally via a benefit administration system (or similar digital platform) and the intent is for MASA to receive enrollment files via EDI (or similar type electronic files), it is the responsibility of Employer or their broker to ensure that an EDI connection is established for eligibility communication.

In the event the enrollment will not take place in a manner that MASA will receive an EDI file (or similar type of electronic files) on a regular basis, Employer will have the option to submit enrollment changes via MASA's group management portal or by roster submission. If Employer opts to submit enrollment changes by roster, MASA will provide Employer with a template file used to process enrollments ("Enrollment Roster") to assist Employer in the enrollment process. Employer should populate the Employment Roster and submit the same directly to B2BAdmin@masaglobal.com, or via Employer's broker.

Additionally, Employer agrees to ensure proper changes to the enrollment will be submitted timely, whether submitted through a benefit administration system, MASA's group management portal, or by Enrollment Roster. In no event will changes be made effective after Sixty (60) days from the requested effective date of the change. MASA will only reimburse for a correction made to an Employment Roster that is sent to MASA within the Sixty (60) day period from the effective date of the change.

If an Employer does not have an active member for more than a two-year period, MASA reserves the right to cancel this Agreement.

Employer agrees to review the Enrollment Roster of Employees who have indicated a desire to enroll in the Membership and to identify on such Enrollment Roster any Employees who are enrolled in a high-deductible health plan that is compatible with a health savings account under Internal Revenue Code section 223. Employer shall conduct such review both at the time of initial enrollment and before the start of each subsequent plan year of the high-deductible health plan.

Upon enrollment, MASA agrees to provide all new members an MSA, which provides an explanation of MASA benefits and services.

5. Effective Dates. The Agreement Effective Date, which is the date the employer agrees to offer MASA Products, shall be the date which the last Party signs the agreement below. Each Members' benefits become effective as of the Member's membership effective date ("Membership Effective Date"), which must be after the Agreement Effective Date, and the Agreement Effective Date shall run through the of the last surviving membership date. The Membership Effective Date shall be no earlier than the first day of the month following the thirtieth (30th) day after the end of the Enrollment Period, unless prior written approval has been received from MASA. Additionally, for a new Employee or current Employee who enrolls after the Enrollment Period, their Membership Effective Date shall be no earlier than the first day of the month following the thirtieth (30th) day after the enrollment of the new Employee is completed, unless prior written approval has been received from MASA.

For Employees that enroll as a Member during the initial Enrollment Period as defined in Section 3 above, the Membership Effective Date shall be the First day of July 2025

6. Payment of Fees.

Employer acknowledges and agrees that MASA's Services, Memberships, and obligations under this Agreement shall be contingent on Employer's timely payment of Fees. In the event Employer is delinquent on its payment of Fees, MASA shall have the right to stop providing the Services/Products under this Agreement and terminate this agreement in its entirety. Fees shall be due to MASA monthly and must be paid to MASA within thirty (30) days from the end of each calendar month. Employer is obligated to all Membership Fees & Payment due and owed to MASA, regardless of Employer's selection to remit payment via either Payroll Deduction or Employer Paid. Waiver of such termination rights shall not prevent future enforcement of the same.

- Employer desires MASA to (Employer – Please select one option):

- ☒ Invoice Employer directly
☐ Allow Employer to remit payments via self-bill process

- If Employer works with third-party administrator ("TPA") for payments, please provide TPA contact information for billing purposes:

Name: _____

Email: _____

Phone Number: _____

7. Membership Benefits and Requirements. The Parties acknowledge and agree that the Memberships offered by MASA were designed to protect members and their immediate families from the reasonable and customary out-of-pocket expense associated with emergency medical transportation following the primary insurer's reimbursement. Reasonable and customary expenses are determined on a case-by-case basis, considering a variety of factors, including, but not limited to, the primary insurer's determination of reasonable and customary expense and industry practice, based on national and regional norms, among other factors. The Parties acknowledge and agree that Memberships are not represented and/or marketed as a primary level of coverage but rather as a supplement to such coverage; nor is a Membership intended to replace or take the place of primary insurance coverage.

By offering and/or providing Memberships to Employees, Employer represents and warrants that Employer also offers health insurance policies and plan options that provide a level of coverage for emergency, ground and air transportation based on reimbursement schedules that are consistent with other levels of coverage within the same policies and plan options and that do not unreasonably cap or otherwise limit reimbursement for emergency ground and air transportation. Failure by Employer to provide and/or maintain such coverage for Employees may be grounds for immediate termination of this Agreement. MASA can only be sold to groups that offer primary insurance to their employees. The Employee, pursuant to the terms and conditions of the respective MSA, acknowledges and agrees that the Services provided are meant exclusively to supplement Employee's health and/or other insurance coverage(s). For that purpose, in the event that Employee fails to carry primary health insurance at time of claim, MASA shall be liable to Employee for no more than 20% of Employee's Out-of-Pocket Expenses, but in no event will MASA pay more than twenty-thousand dollars (\$20,000), per claim on an Emergent Plus. Waiver of such termination rights shall not prevent future enforcement of the same.

8. Tax Consequences and Fiduciary Obligations. Employer acknowledges (1) that MASA shall not be liable for any tax consequences to the Employer or to a Member that may result from the offer and/or provision of the Memberships described in this Agreement to Employees; (2) that Employer is a fiduciary to its' Employees for the administration of all employee benefits (3) and agrees to indemnify and hold MASA harmless for any such consequences.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Agreement Effective Date.

MEDICAL AIR SERVICES ASSOCIATION, INC.

("EMPLOYER")

Signature

Signature

Name: Executive, Medical Air Services Association, Inc.

Name: Authorized Signer, Title

Agreement Effective Date

Email Phone

Agreement Effective Date



The Lincoln National Life Insurance Company
 Group Insurance Service Office
 8801 Indian Hills Drive, Omaha, NE 68114
 Phone: 800-423-2765 Fax: 877-573-6177

APPLICATION FOR GROUP INSURANCE

is made to THE LINCOLN NATIONAL LIFE INSURANCE COMPANY (the Company).

A. Group Name & Address

Applicant's Full Legal Name (exactly as to be shown in Group Policy)

Oglala Lakota County

Main Office Address (physical location and group situs state)

Street Address

906 N River Street

City

Hot Springs

State

SD

Zip

57747

E-Mail Address (if available)

Phone

Fax

+1 (605) 745-5130

B. Requested Insurance

The following Group Insurance is applied for as specified in the sold case proposal(s). Complete the requested Effective Date for each.

Group Insurance	Requested Effective Date	Group Insurance	Requested Effective Date
<input checked="" type="checkbox"/> Life & AD&D	___/___/___	<input type="checkbox"/> Voluntary Life	___/___/___
<input type="checkbox"/> Short Term Disability (STD)	___/___/___	<input type="checkbox"/> Voluntary Life & AD&D	___/___/___
<input type="checkbox"/> Long Term Disability (LTD)	___/___/___	<input type="checkbox"/> Voluntary AD&D	___/___/___
<input checked="" type="checkbox"/> Dental	___/___/___	<input type="checkbox"/> Voluntary Short Term Disability	___/___/___
<input type="checkbox"/> Accident	___/___/___	<input type="checkbox"/> Voluntary Long Term Disability	___/___/___
<input type="checkbox"/> Critical Illness	___/___/___	<input type="checkbox"/> Voluntary Dental	___/___/___
<input type="checkbox"/> Hospital Indemnity	___/___/___		

C. Business Information

Nature of Business (Please specify)

County Government

Years in Business

100

Federal Tax ID No.

35-2368121

Business is Organized as (Select one)

☐ Corporation

☐ Partnership

☐ Proprietorship

☐ Non-Profit Organization

☐ Labor Union

☐ Association

☐ Trust

☒ Other Government

Financial Risk (If Yes to any part, please explain below.)

Has Applicant ever filed for bankruptcy? ☐ Yes ☒ No

Does Applicant anticipate ceasing or materially reducing active business operations?

☐ Yes

☒ No

Has Applicant opted out (or do they anticipate opting out) of Workers' Compensation?

☐ Yes

☒ No

Explanation:

Binder payment submitted: Amount \$ _____ (if applicable)

D. Replacement Insurance

Will all or part of this insurance **replace** any similar insurance? If **Yes**, provide details of the prior plan below and enclose a copy of each inforce contract to be replaced.

☒ Yes ☐ No

Insurance Type	Prior Carrier Name	Prior Plan Effective Date	Termination Date
Dental	Delta	01 / 01 / 19	07 / 01 / 25
Life & AD&D	Reliance Standard	12 / 01 / 19	07 / 01 / 25
		__ / __ / __	__ / __ / __
		__ / __ / __	__ / __ / __
		__ / __ / __	__ / __ / __
		__ / __ / __	__ / __ / __

E. Fraud Warning/State Disclosure(s)

A PERSON MAY BE COMMITTING INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.

F. Agreement

The Applicant applies for group insurance. The information in this Application is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance. Omission or misstatement of known information on this Application could affect the validity of any insurance issued and cause the denial of an otherwise valid claim. The Applicant understands that the requested group insurance will:

- (a) be issued only if the requested insurance is acceptable to the Company and is legally permissible;
- (b) be issued under a group Policy or Policies in the language customarily used by the Company;
- (c) be subject to the Company's usual underwriting requirements (including Evidence of Insurability, if applicable);
- (d) be subject to all exclusions, limitations, and other provisions of the Policy; and
- (e) take effect on the date determined by the Company, in accord with the provisions of the Policy.

The Applicant understands that no agent or broker has the authority to guarantee the acceptability of the requested insurance. The effective date of insurance for which an employee is required to submit satisfactory Evidence of Insurability will be determined in accord with the Policy's terms, and will be subject to any Active Work requirement. The Applicant agrees not to:

- (a) collect or pay premiums (other than the Binder Premium, if any) for such insurance, before receiving the Company's notice of approval; or
- (b) distribute material describing Policy coverage to persons to be insured, without the Company's prior written consent.

If dental insurance is requested, the Applicant agrees to provide employees and dependents notice of any applicable continuation rights, required by federal COBRA law or any similar state continuation law. Premium rate quotes were based on data submitted to the Company. Final premium rates will be determined by the actual composition of the group. This application and the Binder payment, if any, constitutes the consideration for any Policy issued. After receipt of the Policy, payment of the premium is deemed acceptance of the Policy's terms and provisions, including its exhibits, riders, endorsements, or amendments, if any. If this Application is approved, it will be made a part of any Policy issued.

Writing Agent
Or Broker's Signature Roger Risty
Typed or Printed Name Roger R. Risty
License Number 215418 State sd

Signed by Applicant's Authorized Representative:
Signature _____
Typed or Printed Name Sue Ganje
Title Auditor
State Signed SD Date / /
Must be signed prior to Effective Date



The Lincoln National Life Insurance Company
 8801 Indian Hills Drive
 Omaha, NE 68114-4066
 Toll free: 800-423-2765

Employer Authorization

Employer Name ("Employer"): Oglala Lakota County	Group ID: 1272145	Employer Business Phone: +1 (605) 745-5130
Third Party Entity Name ("Third Party"):	Third Party Business Phone/ Email Address:	Effective Date: 07/01/2025

Employer has selected the Third Party identified above to provide services in connection with the insurance coverage with The Lincoln National Life Insurance Company ("Lincoln"). Third Party services provided to the Employer may include, but are not limited to, the following: benefit administration, electronic enrollment, billing, premium remittance, or additional support for the Employer's benefit plans. In order to facilitate these services, Employer, as Lincoln's customer and on behalf of the employees ("Insureds"), authorizes and directs Lincoln to:

Exchange Insureds' non-public personal information, protected health information, or other confidential information of the insured ("Insured Information"), with the Third Party through verbal, written or electronic means;

Accept premium payments and member adjustments from the Third Party on behalf of the Employer.

Employer is responsible for the services provided by the Third Party. Employer further agrees to be responsible for the accuracy of the information provided by the Third Party to Lincoln. Any technology payment made by Lincoln directly to the Third Party is done on behalf of the Employer to support the use of technology. Employer will hold Lincoln harmless in the event of any claims, liability, and damages arising from the services the Third Party provides to the Employer.

Employer has been provided a copy of Lincoln's Privacy Practices Notices. Employer will communicate this information to the parties responsible for assuring compliance with these policies by both Employer and the Third Party.

If Insured Information is exchanged pursuant to this authorization, Employer will take reasonable steps to ensure that the Third Party: (i) takes precautions to protect the confidentiality of the Insured Information, in accordance with all federal and state laws; (ii) preserves privacy of the Insured Information in the handling, transmission, storage, use, and eventual destruction of data; and (iii) cooperates with Lincoln to establish a secure methodology to transmit Insured Information.

Employer may revoke or amend this Employer Authorization ("Authorization") at any time by providing written notice of revocation to Lincoln, Attn: Case Management, 8801 Indian Hills Drive, Omaha, NE 68114, except to the extent that Lincoln has previously taken action in reliance on the Authorization. Employer is also responsible for providing Lincoln with written notice of termination of the Third Party relationship and understands that Lincoln may require periodic validation from the Employer confirming that this Authorization remains in effect. This Authorization shall expire 24 months from the effective date indicated above.

The undersigned, as an authorized representative and designated contact for the Employer with the authority to name additional designated parties, hereby agrees with and consents to the terms and conditions set forth in this Authorization:

Signed: 

Employer's Representative Name: Sue Ganje

Title: Auditor - Oglala Lakota

Date: 6-9-25

LCN-1882056-082817



The Lincoln National Life Insurance Company
Domiciled in Indiana
Group Insurance Service Office, P.O. Box 2616, Omaha, NE
68103-2616
Online: www.LincolnFinancial.com
(hereinafter referred to as the "Company")

Consent for Electronic Transmissions

The Company offers you the ability to receive documents electronically. This disclosure will help you decide whether you would like to consent to this electronic process or not. Please read this carefully.

If you consent, by selecting the "I Consent" box below and providing your signature, the Company may transmit documents to you related to your Insurance Policy (hereinafter referred to as the "Policy") by electronic means, to the extent that electronic transmission is consistent with applicable state and federal law. Any document that we send by electronic means, which complies with applicable law, will have the same force and effect as if that document was sent in paper format.

This Consent covers all electronic documents and communications as related to your Policy through the Company, which may include, but is not limited to: Policy, certificates, notices, statements, administrative forms and any other Policy related documents. Some documents may continue to be delivered by the US Postal Service for compliance reasons.

In order to successfully receive electronic transmissions, it is recommended that you have an Internet browser and access to the Internet; a valid email address; and security settings that allow per session cookies. The Company recommends that you keep your received and completed documents.

If you consent, the Company will transmit applicable documents to you electronically. Such consent is voluntary. You are not required to consent to electronic transmissions if you prefer not to do so. If you choose not to consent to receive your documents electronically, select the "I Do NOT Consent" box below and provide your signature.

If you consent to receive documents electronically, the Company will provide you with a paper copy of any document sent electronically upon your request. The Company will not charge a fee for this service.

If you wish to revoke the consent to receive documents electronically and want to receive all future documents via paper mail, you may notify the Company at any time during your policy period.

If your email account changes we suggest that you notify the Company so that the Company's contact information for you remains current and accurate.

Indicate your election for Electronic Transmissions by checking the appropriate box:

I Consent to Electronic Transmissions ☒

I Do NOT Consent to Electronic Transmission ☐

Signature(s)

Group Policyholder's Authorized Representative: Stacy Schmidt

Company Name: Oglala Lakota County

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.



The Lincoln National Life Insurance Company
 Group Insurance Service Office
 8801 Indian Hills Drive, Omaha, NE 68114
 Phone: 800-423-2765 Fax: 877-573-6177

APPLICATION FOR GROUP INSURANCE

is made to THE LINCOLN NATIONAL LIFE INSURANCE COMPANY (the Company).

A. Group Name & Address

Applicant's Full Legal Name (exactly as to be shown in Group Policy)

Oglala Lakota County

Main Office Address (physical location and group situs state)

Street Address

906 N River Street

City

Hot Springs

State

SD

Zip

57747

E-Mail Address (if available)

payroll@olcounty.org

Phone

+1 (605) 745-5130

Fax

B. Requested Insurance

The following Group Insurance is applied for as specified in the sold case proposal(s). Complete the requested Effective Date for each.

Group Insurance	Requested Effective Date	Group Insurance	Requested Effective Date
<input checked="" type="checkbox"/> Life & AD&D	07 / 01 / 25	<input type="checkbox"/> Voluntary Life	___ / ___ / ___
<input type="checkbox"/> Short Term Disability (STD)	___ / ___ / ___	<input type="checkbox"/> Voluntary Life & AD&D	___ / ___ / ___
<input type="checkbox"/> Long Term Disability (LTD)	___ / ___ / ___	<input type="checkbox"/> Voluntary AD&D	___ / ___ / ___
<input checked="" type="checkbox"/> Dental	07 / 01 / 25	<input type="checkbox"/> Voluntary Short Term Disability	___ / ___ / ___
<input type="checkbox"/> Accident	___ / ___ / ___	<input type="checkbox"/> Voluntary Long Term Disability	___ / ___ / ___
<input type="checkbox"/> Critical Illness	___ / ___ / ___	<input type="checkbox"/> Voluntary Dental	___ / ___ / ___
<input type="checkbox"/> Hospital Indemnity	___ / ___ / ___		

C. Business Information

Nature of Business (Please specify)

County Government

Years in Business

100

Federal Tax ID No.

35-2368121

Business is Organized as (Select one)

☐ Corporation

☐ Partnership

☐ Proprietorship

☐ Non-Profit Organization

☐ Labor Union

☐ Association

☐ Trust

☒ Other Government

Financial Risk (If Yes to any part, please explain below.)

Has Applicant ever filed for bankruptcy? ☐ Yes ☒ No

Does Applicant anticipate ceasing or materially reducing active business operations?

☐ Yes

☒ No

Has Applicant opted out (or do they anticipate opting out) of Workers' Compensation?

☐ Yes

☒ No

Explanation:

Binder payment submitted: Amount \$ (if applicable)

D. Replacement Insurance

Will all or part of this insurance replace any similar insurance? If Yes, provide details of the prior plan below and enclose a copy of each inforce contract to be replaced. ☒ Yes ☐ No

Insurance Type	Prior Carrier Name	Prior Plan Effective Date	Termination Date
Dental	Delta	01 / 01 / 19	07 / 01 / 25
Life & AD&D	Reliance Standard	12 / 01 / 19	07 / 01 / 25
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

E. Fraud Warning/State Disclosure(s)

A PERSON MAY BE COMMITTING INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.

F. Agreement

The Applicant applies for group insurance. The information in this Application is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance. Omission or misstatement of known information on this Application could affect the validity of any insurance issued and cause the denial of an otherwise valid claim. The Applicant understands that the requested group insurance will:

- (a) be issued only if the requested insurance is acceptable to the Company and is legally permissible;
- (b) be issued under a group Policy or Policies in the language customarily used by the Company;
- (c) be subject to the Company's usual underwriting requirements (including Evidence of Insurability, if applicable);
- (d) be subject to all exclusions, limitations, and other provisions of the Policy; and
- (e) take effect on the date determined by the Company, in accord with the provisions of the Policy.

The Applicant understands that no agent or broker has the authority to guarantee the acceptability of the requested insurance. The effective date of insurance for which an employee is required to submit satisfactory Evidence of Insurability will be determined in accord with the Policy's terms, and will be subject to any Active Work requirement. The Applicant agrees not to:

- (a) collect or pay premiums (other than the Binder Premium, if any) for such insurance, before receiving the Company's notice of approval; or
- (b) distribute material describing Policy coverage to persons to be insured, without the Company's prior written consent.

If dental insurance is requested, the Applicant agrees to provide employees and dependents notice of any applicable continuation rights, required by federal COBRA law or any similar state continuation law. Premium rate quotes were based on data submitted to the Company. Final premium rates will be determined by the actual composition of the group. This application and the Binder payment, if any, constitutes the consideration for any Policy issued. After receipt of the Policy, payment of the premium is deemed acceptance of the Policy's terms and provisions, including its exhibits, riders, endorsements, or amendments, if any. If this Application is approved, it will be made a part of any Policy issued.

Writing Agent
Or Broker's Signature Roger Risty
Typed or Printed Name Roger R. Risty
License Number 215418 State sd

Signed by Applicant's Authorized Representative:
Signature Sue Ganje
Typed or Printed Name Sue Ganje
Title Auditor
State Signed SD Date 6/9/2025
Must be signed prior to Effective Date



The Lincoln National Life Insurance Company
 8801 Indian Hills Drive
 Omaha, NE 68114-4066
 Toll free: 800-423-2765

Employer Authorization

Employer Name ("Employer"): Oglala Lakota County	Group ID: 1272145	Employer Business Phone: +1 (605) 745-5130
Third Party Entity Name ("Third Party"): Risty Benefits, Inc	Third Party Business Phone/ Email Address: 605-338-1489 rristy@ristybenefits.com	Effective Date: 07/01/2025

Employer has selected the Third Party identified above to provide services in connection with the insurance coverage with The Lincoln National Life Insurance Company ("Lincoln"). Third Party services provided to the Employer may include, but are not limited to, the following: benefit administration, electronic enrollment, billing, premium remittance, or additional support for the Employer's benefit plans. In order to facilitate these services, Employer, as Lincoln's customer and on behalf of the employees ("Insureds"), authorizes and directs Lincoln to:

Exchange Insureds' non-public personal information, protected health information, or other confidential information of the insured ("Insured Information"), with the Third Party through verbal, written or electronic means;

Accept premium payments and member adjustments from the Third Party on behalf of the Employer.

Employer is responsible for the services provided by the Third Party. Employer further agrees to be responsible for the accuracy of the information provided by the Third Party to Lincoln. Any technology payment made by Lincoln directly to the Third Party is done on behalf of the Employer to support the use of technology. Employer will hold Lincoln harmless in the event of any claims, liability, and damages arising from the services the Third Party provides to the Employer.

Employer has been provided a copy of Lincoln's Privacy Practices Notices. Employer will communicate this information to the parties responsible for assuring compliance with these policies by both Employer and the Third Party.

If Insured Information is exchanged pursuant to this authorization, Employer will take reasonable steps to ensure that the Third Party: (i) takes precautions to protect the confidentiality of the Insured Information, in accordance with all federal and state laws; (ii) preserves privacy of the Insured Information in the handling, transmission, storage, use, and eventual destruction of data; and (iii) cooperates with Lincoln to establish a secure methodology to transmit Insured Information.

Employer may revoke or amend this Employer Authorization ("Authorization") at any time by providing written notice of revocation to Lincoln, Attn: Case Management, 8801 Indian Hills Drive, Omaha, NE 68114, except to the extent that Lincoln has previously taken action in reliance on the Authorization. Employer is also responsible for providing Lincoln with written notice of termination of the Third Party relationship and understands that Lincoln may require periodic validation from the Employer confirming that this Authorization remains in effect. This Authorization shall expire 24 months from the effective date indicated above.

The undersigned, as an authorized representative and designated contact for the Employer with the authority to name additional designated parties, hereby agrees with and consents to the terms and conditions set forth in this Authorization:

Signed: Sue Ganje

Employer's Representative Name: Sue Ganje

Title: Auditor

Date: 6/9/2025

LCN-1882056-082817

The Lincoln National Life Insurance Company

Billed Address

Oglala Lakota County

Bobbie Janis

906 N. River Street

Hot Springs, SD 57747

Previous Billed Balance	0.00	
Premium Processed	0.00	
Beginning Balance		0.00
Current Period Premium	532.95	
Current Period Adjustments	0.00	
Current Billed Balance		532.95
Total Amount Due		532.95

Current Premium

CERT NO.	NAME	LI VOLUME	LIFE	AD+D	O LIFE	O AD+D	DENTAL
	Arrendondo, Jerlene	50000	8.85	1.25			39.93
	Bettelyoun, Lynx	50000	8.85	1.25	16.60	1.25	39.93
	Blackbull, Daylon	50000	8.85	1.25	5.80	1.25	39.93
	Ferguson, Kelly	50000	8.85	1.25	30.95	1.25	39.93
	Ferguson, Doreen	50000	8.85	1.25	6.96	2.00	39.93
	Martinez, Audrey	50000	8.85	1.25	16.60	1.25	39.93
	Rajo, Derek	50000	8.85	1.25			39.93
	Whiteface, David	50000	8.85	1.25	47.55	1.25	39.93
Totals (Lives: 8)		400000	70.80	10.00	124.46	8.25	319.44

Adjustments

CERT NO.	NAME	ADJ DATE	LIFE	AD+D	O LIFE	O AD+D	DENTAL
Totals (Lives: 0)							

LIFE-Life. AD+D-AD&D. O LIFE-Optional Life. O AD+D-Optional AD&D. DENTAL-Dental.

Your Lincoln Billing Guide

Customer: Oglala Lakota County

Group ID/Group Number: 1272145

Billing Account Number: 1812247

Lines of Coverage: Life, Ad&d, Optional Life & Ad&d, Voluntary Dental

Each month, you'll receive an itemized invoice from Lincoln listing each of your enrolled employees and their premium due by coverage. This invoice will be calculated based on enrollment data you provide and update in Lincoln's system.

When will I receive my bill?

Your invoice will generate around the 20th of each month.

How will I receive my bill?

The billing contact for your group must register on our secure online portal. Once their registration is complete, they will receive an email with a link to the statement when the invoice is ready. After accessing the link, the billing contact can view, download and print the bills, and make a payment. If paying by check, please include the coupon portion of the invoice with your payment.

When is my payment due?

Payment will be due on the first day of the billing period for the benefits in effect during that period. Your policies include a 31-day grace period.

What if there are enrollment changes that are not reflected on my bill?

Premium is due as billed. Any eligibility changes that affect the premium due that are processed after the invoice is generated will be reflected on the next invoice.

How does Lincoln handle employees who become effective or term during a billing period?

Lincoln does not prorate premiums, which means we will not charge for members who become effective during the billing period. Premium due for each billing period will be based on members (employees) enrolled on the first day of that billing period. Employees who terminate coverage mid-billing cycle will be removed from the invoice on the next following billing statement. This will not affect claim eligibility; it's intended to simplify billing.

How and when do I update my employee enrollment?

In order to ensure the most accurate billing statement, Lincoln must be notified of enrollment changes as they occur. You can update enrollment data in real-time on our secure portal, or by emailing updates to Lincoln at lfg enrollments@lfg.com. Please allow 7-10 business days for processing. Alternatively, if you have a Benefit Administration System, we may be able to set up an Electronic File Feed to update eligibility automatically.

When does coverage end?

- Employee Life/Accidental Death and Dismemberment (AD&D), Dependent Life, Short-Term and Long-Term Disability: Coverage will end on the last day worked.
- Dental and Vision: Coverage will end on the last day of the month in which the employee terms.
- Child Dental and Vision: Coverage will end on the last day of the month in which the dependent turns the maximum age.
- Child Life: Coverage will term on the day the child reaches the maximum age.

When and why will changes to premium occur?

- Life/AD&D benefit reductions due to age occurs on date of birth.
- Changes in rates due to age band occur on policy anniversary.
- Salary changes will take effect on the date change.
- Any applicable changes to your employees' premium or deductions will take effect on the first day of the billing cycle following the change

If an employee has elected coverage over the Guarantee Issue amount, how much should I deduct?

If an employee elects coverage that requires Evidence of Insurability (Eol), please do not deduct the full amount until you've received written notification from Lincoln of approval. Until that time, hold payroll deductions at the Guarantee Issue amount.

Where will I send my payment?

Lincoln welcomes your payment using the method most convenient for you, whether that is a paper check or electronic payment.

	Check Payment	Electronic Payments
Standard Payment Address	Lincoln Financial Group PO Box 0821 Carol Stream, IL 60132-0821	
Overnight Payment Address	Lincoln Financial Group C/O Deluxe Corp. 5450 N Cumberland Ave. Chicago, IL 60656 Lockbox #0821	
ACH		Bank of America 100 West 33rd St. NE New York, NY 10001 ABA #: 111000012 Acct #: 4426416656 Acct Name: Lincoln Financial

Wire		Bank of America 100 West 33rd St. NE New York, NY 10001 ABA #: 0260-0959-3 Acct # LNL: 4426416656 Acct Name: Lincoln Financial
Secure Online Portal		LincolnFinancial.com
<ul style="list-style-type: none"> ▪ If paying by check, please include your payment coupon and billing account number in the check memo field ▪ If paying by ACH or Wire, please reference your Group ID and Billing Account Number 		

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LCN-3660075-070621
DOC 7/21 Z01
Order code: GP-BILGD-TMP001_Z01



If you have any questions or if there's anything we can do to help, please contact Client Services at 800-423-2765, option #2.



The Lincoln National
Life Insurance Company
8801 Indian Hills Drive
Omaha, NE 68114-4066
Toll-free: (800) 423-2765
LincolnFinancial.com

July 1, 2025
Bobbie Janis
Oglala Lakota County
906 N. River Street
Hot Springs, SD 57747

Group ID: 1272145
Effective date: July 1, 2025

Welcome to *Lincoln DentalConnect*!

We have made accessing your personalized ID card and benefit information easy through use of our mobile app or online portal.

Download the Lincoln Mobile App, available on the Apple and Google app stores, to:

- Access your dental ID card on your phone or mobile device.
- Review current and past claims.
- Search for nearby in-network dentists to reduce your out-of-pocket expenses and stretch your benefit dollars by seeking care from an in-network provider.

Visit LincolnFinancial.com to register and access our online portal to:

- Find a provider, print your dental ID card, or check the status of claims and deductibles.
- Opt-in to electronic dental explanation of benefits (EOB) by selecting **Go Paperless** in the Communication Preferences menu.
- Access the *Lincoln DentalConnect** health center web page for answers to frequently asked dental questions, general oral health information, a dental cost estimator tool, and more.

If you have questions or need assistance, call us at **800-423-2765** or email us at **Claims@LFG.com**.



Lincoln Financial

Employer: Oglala Lakota County
Group ID: 1272145

The Lincoln National Life Insurance Company

Dental Claims

P.O. Box 3464, Omaha, NE 68108-3464
Fax: 877-843-3945

Providers: please visit www.LincolnFinancial.com/dentistportal to verify benefits and network status
or call 800-423-2765 and select option 3

Payor ID number: CX061

To check claim status, email: claims@LFG.com

Predetermination of benefits is recommended for any non-emergency treatment costing at least \$300 but does not guarantee coverage of the treatment reviewed. Visit www.LincolnFinancial.com to access the *Lincoln DentalConnect** health center website for help with locating a dentist, dental health tips and information, and a dental cost estimator tool. The Lincoln National Life Insurance Company (Fort Wayne, IN) does not conduct business in New York, nor is it licensed to do so. In New York, business is conducted by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial companies. Possession of this card is not a guarantee of coverage or benefits.

Order code: DTL-CARD-BCD002_Z07 2/25

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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LCN-7917967-043025



The Lincoln Dental Mobile App

Everything you need to care for your smile—at your fingertips

Keeping track of your dental benefits is now easier than ever with the **Lincoln Dental Mobile App**. With this seamless, user-friendly tool, you can:

- ✓ Find a network dentist near you
- ✓ View plan details
- ✓ Discover how much your plan covers for checkups and other services
- ✓ Keep track of your claims
- ✓ Quickly access your ID card on your phone
- ✓ See what your plan covered and what you owe for your dentist visits

**Download the
Lincoln Dental
Mobile App today!**



Questions?

Contact Lincoln customer service at 800-423-2765
Monday through Thursday, 8 a.m. to 8 p.m., ET
Friday, 8 a.m. to 6 p.m., ET
or email Claims@LFG.com

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Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Lincoln DentalConnect® plans

Get connected with resources to keep your smile healthy



Register for online tools and information

If you're covered by a Lincoln PPO or indemnity group dental plan,* you can access a wide range of online dental health tools and information by registering for an account at LincolnFinancial.com. Click **REGISTER** in the upper right-hand corner of the home page, then click the link under **Employee Benefits**. After you register, you can:

- Print an ID card
- Check your claim status
- Estimate the average cost of a dental procedure
- Catch up on the latest dental news, trends, developments, and more



Find a dentist

You can look for a dentist without logging in to your account by visiting LincolnFinancial.com/FindADentist, where you can search by:

- Location
- Dentist or office name
- Distance you're willing to travel, and more

Your search will provide up to 100 dentists that most closely match your criteria. If your search does not locate your preferred dentist, you can nominate one by clicking **Nominate a Dentist** and completing the online form.



Check your coverage before you visit

When you schedule a dental visit, let the office know you have coverage through the *Lincoln DentalConnect* PPO plan. To help the dental office verify your coverage, be sure to have your member ID card and/or your Social Security number on hand.

* Not available on DHMO plans

Download the Lincoln Dental mobile app today!

Keeping track of your dental benefits is now easier than ever with the [Lincoln Dental mobile app](#).

With this user-friendly tool, you can:

- Quickly access your ID card on your phone
- Find a network dentist near you
- View plan details
- Confirm how much your plan covers for checkups and other services
- See what was covered and what you owe for recent dental visits
- Keep track of your claims



Help reduce paper waste by opting in to electronic explanation of benefits (EOB). Visit LincolnFinancial.com to register and elect your communication preferences. For detailed instructions, watch [this short video](#).



Questions?

Contact Lincoln customer service at **800-423-2765**, Monday through Thursday, between 8:00 a.m. and 8:00 p.m. Eastern, and Friday, between 8:00 a.m. and 6:00 p.m. Eastern.

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LCN-4152657-011122

POD 7/22 **Z11**

Order code: DTL-EEDC-FLI001



The *Lincoln DentalConnect*® and *Lincoln DentalConnect*® Core PPO networks are comprised of several leased provider networks. Self-funded products are funded entirely by the employer, and Lincoln Financial Group provides administrative and/or claims payment services only.

Products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



Savings designed to support your life and overall wellness

Because your overall well-being is connected to your financial wellness, Lincoln provides the discount and rewards marketplace powered by BenefitHub™ with your dental or vision coverage to help you save on everyday services and products.

Save on over 200 items and services in the below categories and more:



Discounts marketplace

- Travel
- Tickets
- Pay over time services
- Local deals



Health and wellness

- Discounts on dental-related services
- Fitness trackers
- Nutrition
- Personal well-being savings



Everyday savings

- Educational resources
- Entertainment
- Food and home delivery services
- Streaming services and movies



Home and family

- Child care and elder care services
- Home improvement and decoration
- Outdoor savings
- Other services



Visit **Lincoln.BenefitHub.com**

Register with your name, ZIP code, and email address to get started.



Your tomorrow.
Our priority.™

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LCN-7626296-021125

ADA 3/25 **Z01**

Order code: DTL-DVBHU-FLI001

The BenefitHub™ Discount Program is NOT insurance. The discount program provides discounts with certain retail participants. The discount program does not make payments directly to the retailers. The discount program member is obligated to pay for all services or products but will receive a discount from those retail participants who have contracted with the discount program.

BenefitHub discount program is not available in the states: Maine, Missouri, North Dakota, New Mexico, New York, Texas, Vermont, and Washington.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

Small Employer Participation Agreement
Affordable Care Act Compliant Plans

Please select one:

☒ New Group OR ☐ Renewal Group

EMPLOYER INFORMATION

Employer Name Oglala Lakota County President/CEO _____
Employer Contact Name Bobbie Janis Phone (605) (745) 5130 — _____ Ext _____
Email payroll@olcounty.org Fax (____) _____ — _____
Street Address 906 N. River Street City Hot Springs State SD 57747 ZIP _____
County Oglala Lakota County Tax Identification Number (TIN) _____
Mailing Address _____ City _____ State _____ ZIP _____
Legal Status: ☐ Proprietorship ☐ Partnership ☐ Corporation ☒ Government Entity ☐ LLC ☐ Other, Explain _____
SIC Code _____ (optional)

Does your business have more than one location? ☐ Yes, list all locations to be covered under this plan below. ☒ No

Number of
Employees

Location Address _____ City _____ State _____ ZIP _____

Location Address _____ City _____ State _____ ZIP _____

(If necessary, attach separate location listing.)

ELIGIBILITY

1. Are any employees not actively working? ☐ Yes ☒ No
2. Are you subject to continuation of coverage requirements under COBRA? ☒ Yes ☐ No
3. Are retirees eligible for coverage? ☐ Yes, please attach copy of your retiree policy. ☒ No
4. Number of current employees: Full-time: 8 Part-time/Seasonal: _____ Total Employees: 8 Total FTEs(Iowa Only): _____
 - a. Please submit a copy of the most recent 941 Tax Form or Tax and Wage Report
5. Of the total number of current eligible employees applying for medical coverage,
 - a. Number applying for employee coverage only: 7
 - b. Number applying for **dependent** coverage: 0
 - c. Number of applicants on COBRA/state continuation: _____ NOTE: Applications for all COBRA participants are required.
Applicant name(s): _____
 - d. Number of hours worked per week to be eligible: 40

- e. Is plan management only ☐ Yes ☒ No
6. Define Medical Leave of Absence policy (12-week **maximum**): _____
7. Does your company have a layoff policy? ☐ Yes, please include a copy. ☒ No
8. Waiting Period. Future employees become eligible for insurance, choose one:
- ☒ First day of the month following 30 days
- ☐ First day of the month following 60 days
- ☐ Other: _____

Plan Information

1. **Requested Effective Date:** 07/01/25 The employer acknowledges that the requested effective date is the group's plan year unless the employer designates a different plan year in a written plan document. The employer agrees to provide Avera Health Plans with a copy of any such written plan document that is in existence. Coverage is not effective until notified in writing.
2. **Deductible:** ☒ Calendar-Year Deductible ☐ Plan-Year Deductible
3. **Open Enrollment:** ☒ Yes ☐ No
 - a. If yes, check one: ☒ On Renewal Date or ☐ Calendar Year
(The 30-day open enrollment period begins 45 days prior to and then ends 15 days prior to the open enrollment effective date unless otherwise agreed upon with Avera Health Plans.)
4. **Replace Coverage:** Will this plan replace other group coverage? ☐ Yes (if yes, complete a, b and c below.) ☒ No
 - a. If Yes, please complete: Prior Coverage Effective Date: _____ Prior Coverage Termination Date: _____
 - b. Previous Insurance Carrier _____ Phone (____) _____ — _____
 - c. COBRA Administrator _____ Phone (____) _____ — _____
5. **Premium Only Plans Accounts:** Please check the services you would like Avera Health Plans to administer:
 - a. Premium-Only Plans: ☐ Yes ☐ No
If yes, additional paperwork required
 - Medical: ☐ Yes ☐ No
 - Dental: ☐ Yes ☐ No
6. **Worker's Compensation:** Renewal Date _____ Phone (____) _____ — _____
7. **Plan Selections:**

☐ Composite or ☐ Age List

Plan Selection(s)

<input type="checkbox"/> Avera \$500/20%	<input type="checkbox"/> Avera \$2,500/30%
<input type="checkbox"/> Avera \$1,000/30%	<input type="checkbox"/> Avera \$4,500
<input type="checkbox"/> Avera \$1,500/20%	<input type="checkbox"/> Avera \$3,000/40%
<input type="checkbox"/> Avera \$2,000/30%	<input type="checkbox"/> Avera \$5,000/30%
<input checked="" type="checkbox"/> Avera \$3,500	
8. **Additional Benefits**
(If yes, additional paperwork required for Flex and HRA)

Vision (VSP): ☐ Yes ☒ No
\$2.75 PMPM for enrollees age 19 and older

Employee Assistance Program (EAP): ☐ Yes ☒ No
\$1.65 PMPM (5 visit model)

Flex: ☐ Yes ☒ No
\$4.75 PPPM plus \$250 group annual set-up fee

Health Reimbursement Account (HRA): ☐ Yes ☒ No
\$4.75 PPPM plus \$250 group annual set-up fee

AGENT STATEMENT

I certify that to the best of my knowledge, all of the information contained in the Employer Participation Agreement and any attached documents are correct.

Agent's Signature Roger Risty Agent TIN _____ FFM ID _____ Date _____
Agent Name (please print) Roger Risty Phone (____) _____ — _____
Agency Name Risty Benefits, INC Fax (____) _____ — _____
Address sdPO Box 90335 City Sioux Falls State sd-57109 ZIP _____

EMPLOYER PARTICIPATION AGREEMENT

The employer hereby applies for group health **coverage** provided by Avera Health Plans and agrees to be bound by all terms and conditions of the Certificate of Coverage issued to the employer. The employer acknowledges that the Certificate of Coverage is available for inspection by any person covered by the Certificate of Coverage by contacting us. The employer represents that the information provided on this Employer Participation Agreement is complete and true to the best of its knowledge and belief. The employer understands that no insurance will become effective without the written approval of Avera Health Plans and that any falsification or omission may nullify coverage for employees and dependents. Employer understands that the rates quoted were based on census information and data provided by the employer. Rates are valid from effective date, provided the employer enrolls on the date quoted, but not later than the first of the following month. Rates are subject to approval by the state agency responsible for the regulation of insurance products.

It is further understood that no agent has the authority to alter or amend the Certificate of Coverage or to bind Avera Health Plans by making any promise or representation. We will share with the agent of record the quarterly and/or annual claims reports, unpaid premium notices, and renewal rates.

It is further understood and agreed that benefits under the Certificate of Coverage and the cost of providing those benefits may change. No insurance coverage will become effective until the first full premium has been paid. Premiums are due and payable on or before the first day of the month of service. Avera Health Plans will allow a 30-day grace period to the **employer** for receipt of the premiums. Coverage shall be provided under the Certificate of Coverage during the 30-day grace period as long as the outstanding premium is paid within the grace period. We may suspend the processing of the employer's medical and pharmacy claims for services received during the grace period if your premium is not been paid by the due date. Failure to pay the outstanding premium within the 30-day grace period will cause the Certificate of Coverage to be terminated retroactive to the last day of the month for which payment has been received.

The employer shall notify Avera Health Plans by completing the Termination of Coverage Form whenever any member ceases to be eligible for coverage, as soon as possible, no later than 30 days after the event that rendered the member ineligible for coverage. The member will be termed for coverage at the end of the termination month and premiums must be paid in full for that member. The employer will be liable to pay the premium on behalf of any member for whom the required notice of ineligibility has not been given and will be required to pay for any charges incurred during the time a person was not an eligible member. If the employer has a covered employee (person who works at least 30 hours per work week) on any form of leave of absence that exceeds 12 weeks in length, the employer agrees to notify us of such employee's status as soon as **reasonably** possible, and in no event later than 30 days after the leave ends. We will not provide coverage for members of the employer who are on leave of absence for more than 12 weeks per year. If the employer wishes to have employees remain on leave of absence and still be covered by Avera Health Plans, the employer's premium must be **underwritten** accordingly to conform with the employer's request.

The employer must provide Avera Health Plans with the information **needed** to administer the **Certificate of Coverage** and to compute the premium due. The employer **has** the right to examine our records on the **services** provided at any reasonable time while this Certificate of Coverage is in force. Avera Health Plans **also** has this right until all rights and obligations under the **Certificate of Coverage** are finally terminated.

The **plan** may **terminate** or not renew the Certificate of Coverage if one of the following circumstances occurs:

- a) the employer has failed to pay any premium or contributions in accordance with the terms of the Certificate of Coverage or has not made timely premium payments;
- b) the employer performs an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact;
- c) the Certificate of Coverage **ceases** to offer group coverage;
- d) there is no longer any eligible employer participant or member in connection with the Certificate of Coverage who lives or works in the plan's service area;
- e) the employer ceases to be considered a small employer as defined by us or
- f) the employer does not accept the premium rates as presented for that plan year.

Any person who, with the requisite intent to defraud or knowing that they are facilitating a fraud against Avera Health Plans in submitting an application or claim combining a false or deceptive statement may be guilty of insurance fraud as specified in applicable state law.

Avera Health Plans agrees to perform the following specific functions related to COBRA:

(a) As provided in plan documents at the time of initial plan enrollment and on Avera Health Plans' receipt of notice from the employer that a COBRA qualifying event has occurred with **respect** to an individual covered under the plan, we will send to the appropriate COBRA qualified beneficiaries, at the last known address(es) for such qualified beneficiary(ies), a notice of COBRA rights with appropriate election instructions and premium **information**. This will be accomplished within 14 days of our receipt of the said notice from the employer. Unless we are notified in writing as required, Avera Health Plans will be entitled to assume that all of the qualified beneficiaries with respect to an employee covered under the plan who are dependents of the subscriber, reside at the address of that subscriber. Avera Health Plans need not take any action with respect to any COBRA qualifying events or after-acquired dependents of COBRA qualified beneficiaries unless we have actual notice of such matters. As of the date this agreement was executed by the parties, qualifying events include the following: the death of a subscriber (covered employee); termination of a subscriber's employment for any reason other than gross misconduct; reduction in the number of hours a subscriber is employed that results in a loss of health coverage; divorce or separation of a subscriber; Medicare entitlement of a subscriber; a child of the subscriber ceasing to meet the plan's definition of a dependent child.

(b) On an election by a COBRA qualified beneficiary of continuation coverage under the Plan, Avera Health Plans will receive, on behalf of the employer, COBRA premiums paid by or on behalf of the qualified beneficiary(ies). We will monitor the receipt and non-receipt of the premiums for each electing qualified beneficiary known to us in order to terminate the qualified beneficiary's COBRA coverage at the appropriate time. We shall act in all cases as if applicable COBRA periods are to run from the date of the qualified beneficiary's loss of coverage under the plan and not from the date of the qualifying event.

(c) Consult with the employer concerning any COBRA administration issues brought to Avera Health Plans by the employer.

Avera Health Plans' duties with respect to the administration of COBRA obligations under this agreement shall be strictly limited to those specific duties set forth above, and we shall not, for any purpose, be deemed to be the "Plan Administrator" of the plan or the plan sponsor of the plan.

The employer must provide the information needed for Avera Health Plans to send the COBRA notices within 30 days of any qualifying event concerning the subscriber's death, the subscriber's termination of employment or reduction in hours, the subscriber's becoming eligible for Medicare. For divorce or legal separation of a subscriber, or for a dependent child's loss of dependent status under the plan, the notice to Avera Health Plans from the employer must be given within 60 days of the qualifying event.

Employer agrees to use any of Avera Health Plans' supplied forms for purposes of performing duties under this agreement. This provision does not, however, require that we create and/or supply forms to employer for COBRA administration.

Upon Avera Health Plans' signature, Avera Health Plans agrees to provide coverage to employer as defined in this agreement.

Authorized Employer Signature _____ Title _____

Print Name _____ Date _____

Avera Health Plans _____ Date _____

Chief Administrative Officer



Updated Avera quote

1 message

Roger Risty <rristy@ristybenefits.com>

Tue, May 20, 2025 at 7:40 AM

To: "sue.ganje@state.sd.us" <sue.ganje@state.sd.us>, "Bobbie Janis (payroll@olcounty.org)" <payroll@olcounty.org>

Cc: Sonja Nordbye <snordbye@ristybenefits.com>, Donna Arens <darens@ristybenefits.com>

Sue, Bobbie

We've updated the Avera quote at a \$3,500 deductible - changing the number of participants (employees) from 8 to 7
The Sheriff that resigned must have been younger as it did affect the rates just a little

Avera age rates employee and dependents based on their age but to keep things simple we used a composite rate so all employees have the same cost

The Composite single rate on the 7 remaining employees would be \$921.78 per month - if employees were to pay 15% of the cost and the County 85% - the employees would pay \$138.27 per month and the county \$783.51 X 7 = \$5,484.57 mo X 12 = \$65,814.84 per year

If Daylan wants to add his children the composite cost would be \$1,705.29 - \$921.78 (single rate) = \$783.51 PLUS his 15% of the single rate (\$138.27)

If Audrey wanted to add her spouse who is 65 - the added cost would be \$921.78 - plus the \$138.27

I have a call with Jerlene this morning to go over coverages

Celebrating 20 Years!!!

Roger R. Risty
Founder/Consultant
Risty Benefits, Inc.
1324 S. Minnesota Ave
Sioux Falls, SD 57105
c: 605-351-9515
p: 605-338-1489
f: 605-338-2823
e: rristy@ristybenefits.com
www.ristybenefits.com

All in the town were still asleep, when the sun came up with a shout and a leap. In the lovely streets unseen by man, a little dog danced as the day began. Begin each day with joy.

*Notice of Confidentiality: This email and any of its attachments may contain Risty Benefits Inc. **proprietary** information, which is privileged, confidential, or subject to copyright belonging to Risty Benefits, Inc. This email is intended solely for the use of the individuals to whom it is addressed. If you are not the intended recipient of this email, you are hereby notified that any dissemination, distribution, copying or action taken as relation to the contents of and attachments tot his email is strictly prohibited and may be unlawful. If you have received this email in error, please notify the sender immediately and permanently delete the original and any copy of this email and any printout. Thank you.



DOC052025-05202025083627.pdf

1735K



Auditor Office <aud@frcounty.org>

FW: Oglala Lakota County (7-1-2025 Avera Quote with Employees only)

1 message

Roger Risty <rristy@ristybenefits.com>

Tue, May 20, 2025 at 8:13 AM

To: "Bobbie Janis (payroll@olcounty.org)" <payroll@olcounty.org>, "sue.ganje@state.sd.us" <sue.ganje@state.sd.us>

Cc: Sonja Nordbye <snordbye@ristybenefits.com>, Donna Arens <darens@ristybenefits.com>, Roger Risty <rristy@ristybenefits.com>

WOW! Dropped the dependents off and only quoted the employees

The one - Martineze dep. Age 65 really jumped the rates up

The new composite (no dependents on the plan) drops from \$921.78 to \$878.17 about \$43.61 per employee per month

That reduces the employee cost (at 15%) to \$131.50 a month

Celebrating 20 Years!!!



Roger R. Risty

Founder/Consultant

Risty Benefits, Inc.

1324 S. Minnesota Ave

Sioux Falls, SD 57105

c: 605-351-9515

p: 605-338-1489

f: 605-338-2823

e: rristy@ristybenefits.com

www.ristybenefits.com

All in the town were still asleep, when the sun came up with a shout and a leap. In the lovely streets unseen by man, a little dog danced as the day began. Begin each day with joy.

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From: Donna Arens <darens@ristybenefits.com>
Sent: Tuesday, May 20, 2025 9:07 AM
To: Roger Risty <rristy@ristybenefits.com>
Subject: Oglala Lakota County (7-1-2025 Avera Quote with Employees only)



Thank you,
Donna Arens
Customer and Sales Support Benefit Specialist
Email: darens@ristybenefits.com
Phone: 605-338-1489 | Fax: 605-338-2823
PO Box 90335, Sioux Falls, SD 57109-0335
[1324 S. Minnesota Ave., Sioux Falls, SD 57105](http://1324.S.Minnesota.Ave.,SiouxFalls,SD57105)
www.ristybenefits.com

CELEBRATING 20 YEARS!

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

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 **7-1-2025 Avera Quote (Employees Only).pdf**
1670K

**Oglala Lakota County
Group Medical plan**

Avera Health Plans \$3,500 deductible - Monthly Cost All Single / No dependents

Name	Age	total cost	85% Cost to COUNTY	15% Cost to employee	80% Cost to COUNTY	20% Cost to employee
[REDACTED]		Waived	\$0		\$0	
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
[REDACTED]		\$823.83	\$700.26	\$123.57	\$659.06	\$164.77
Total monthly cost		\$5,766.81	\$4,901.79	\$864.99	\$4,616.99	\$1,153.39

Annual cost to the County at: **85%** \$58,821.48 at **80%** \$55,403.88

NOTE: there are 296 United Health Providers within 50 miles of Pine Ridge - this does not include Avera providers located in South Dakota

Life: \$50,000 employer paid on all employees @ \$10.10 per employee or \$80.80 per month

Dental Costs: Employee paid all 8 employees enrolled @ \$39.93 or \$319.44 per month total

Vision Costs: Employee paid all 8 employees enrolled @ \$8.58 or \$102.96 per month total

Voluntary Life: 6 employees enrolled Payroll deducted

Monthly cost: [REDACTED] \$16.60 [REDACTED] \$5.80 [REDACTED] \$30.95 [REDACTED] \$6.96
[REDACTED] \$16.60 [REDACTED] \$47.55

Miky Emory - Risty Benefits
Colonial Life

6/12/25 - Mtu

[REDACTED]

[REDACTED]

OL

June 12

get Miky

605-906-7748

memory@RistyBenefits.com

ACCOUNT DESCRIPTION	GL#	MENTAL HEALTH CENTER			AS OF APRIL		LFBUDW	26 APPROVED
		22 ACTUAL	23 ACTUAL	24 ACTUAL	25 BUDGET	25 YTD ACTUAL		
4291.444 W.R. MENTAL HEALTH	101004291444	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	8,500.00	
ACCOUNT TYPE TOTALS	42	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	8,500.00	
FUND TOTALS	10100	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	8,500.00	
DEPT TOTALS	444	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	8,500.00	

* = BUDGET INCLUDES TRANSFERS AND/OR SUPPLEMENTS



WEST RIVER

MENTAL HEALTH

350 Elk Street | Rapid City, SD 57701 | 605.343.7262

www.wrmentalhealth.org

April 16, 2025

County Auditors Office
Oglala Lakota County Commissioners
c/o Fall River County Court House
906 N. River St.
Hot Springs, SD 57747

Dear Commissioners:

I would like to take this opportunity to thank you for supporting West River Mental Health in the past. To allow us to continue to provide the current level of service, we are requesting \$8,500 for this budget year from your county. Please note that this is less than the \$1 per capita (13,672 per the estimated 2020 population census) in accordance with the requirement set forth through SDC 27A-5-10.

These funds help to provide community mental health services to residents in Oglala Lakota County. During the first nine months of our fiscal year (July 1, 2024 to March 31, 2025), we have served 31 clients from Oglala Lakota County. Approximately 77% of these clients have an annual family income of \$20,000 or less; 11 person(s) are children under the age of 18; and the remainder are adults. Your subsidy will assist us in continuing to provide services to these individuals still receiving services, as well as other Oglala Lakota County residents in need of future services.

I have enclosed information regarding our programs and services. If you have any questions regarding these services or any other questions about West River Mental Health, please call me at our Elk Street office. We welcome the opportunity to attend a meeting, at your convenience, to further explain our services.

Support from your county is critical for us to maintain needed services.

Best Regards,

Amy Iversen
CEO

Offices in Rapid City, Spearfish, and Hot Springs



Our Services

Counseling Services: Counseling from a trained professional is a proven method of dealing with emotional and behavioral problems that often seem overwhelming. Our outpatient counselors are all master's level professionals with years of experience in a variety of areas including but not limited to depression, anxiety, grief and loss, marriage & family issues, adjustment to divorce, attention deficit hyperactivity disorder (ADHD), teen problems, and suicide and crisis intervention. We also offer a number of groups covering a variety of topics. Please contact us to find out which groups we are currently offering.

CARE/IMPACT: The CARE program serves adults recovering from a severe mental illness on an outreach basis, usually in the client's home or other community setting. The CARE team includes therapists, recovery coaches, and Certified Nurse Practitioners. Individualized treatment planning allows us to support client's progress towards meeting their personal goals. Recovery coaches work with the client and others to see that basic needs are met such as obtaining medical and dental services, locating safe, clean, affordable housing, finding assistance from social services agencies, understanding the community transportation system, maintaining personal hygiene, assistance with medication management, performance of household chores, budgeting, and developing social and independent living skills. Group therapy is another service provided by the CARE team and is often the treatment of choice for many individuals.

Family Pathways: Family outreach services provide treatment to children and adolescents with serious emotional or behavioral problems in the family setting and with family participation. Services are available to the child, their parents or guardian, and any siblings or other household members. Counselors work in families' homes, schools, and in other community settings to make sure these young people get intensive counseling and support from a variety of service providers. Family Pathways serves children from birth to age 18.

Full Circle: Full Circle is a residential substance abuse treatment and prevention program designed for pregnant women and mothers with alcohol and/or drug problems which are impacting their ability to be a good parent. While living in our facility, these women receive intensive inpatient treatment in the following areas: Alcohol and drug abuse treatment; prenatal care; proper nutrition; education on parenting skills; and support working through family issues such as communication and domestic abuse. They also receive case management to link with other needed community services, including childcare and housing; and continued care in a residential facility during their pregnancy and following the birth of their baby.

Alcohol & Drug Treatment: West River Mental Health provides **outpatient** services to those suffering from abuse or dependence to alcohol or other drugs. Services currently being offered are chemical dependency assessments and individual outpatient counseling services.

Psychiatric Services: Medication can be highly effective in treating the symptoms of mental illness. We have Certified Nurse Practitioners on staff who provide psychiatric assessments and follow-up services, who are knowledgeable about which medications are helpful for which symptoms as well as being aware of potential side effects and drug interactions.

Pivot Point: West River Mental Health operates Pivot Point in downtown Rapid City. It operates 24/7, 365 days per year and is staffed by qualified mental health professionals. It provides mental health and substance abuse crisis intervention, stabilization and follow up care to adults 18 years of age and older. Community case management services are available to link clients to ongoing community resources once they have stabilized from their crisis.

Please contact us at one of our five locations if you have questions or would like to schedule an appointment.

Rapid City

350 Elk Street
343-7262
Counseling Services,
Family Pathways,
Psychiatric Services,
Full Circle,
Alcohol & Drug
Treatment

Rapid City

111 North Street
343-0650
CARE/IMPACT,
Psychiatric Services

Rapid City

308 Quincy Street
391-4863
Pivot Point

Spearfish

623 Dahl Road
642-2777
Counseling Services,
Family Pathways,
CARE,
Psychiatric Services

Hot Springs

647 5th Street
745-6222
Counseling Services,
Family Pathways,
CARE,
Psychiatric Services

4/30/75	OSHA LAKE COUNTY	3+ YEAR BUDGET NONCHIEF	SOIL CONSERVATION (SI)	AS OF APRIL	25	25 YTD	26	26
ACCOUNT DESCRIPTION	GL#	22 ACTUAL	23 ACTUAL	24 ACTUAL	BUDGET	ACTUAL	REQUESTED	APPROVED
4251.512 SOIL CONSERVATION ANN 10100K4291612		2,500.00	2,500.00	2,500.00	3,000.00	3,000.00	3,000.00	
ACCOUNT TYPE TOTALS	42	2,500.00	2,500.00	2,500.00	3,000.00	3,000.00	3,000.00	
FUND TOTALS	10100	2,500.00	2,500.00	2,500.00	3,000.00	3,000.00	3,000.00	
DEPT TOTALS	612	2,500.00	2,500.00	2,500.00	3,000.00	3,000.00	3,000.00	

* = BUDGET INCLUDES TRANSFERS AND/OR SUPPLEMENTS

*Bullards Conservation
District
Patty Beck, Dist. Clerk*

OGALA LAKOTA COUNTY
BALANCE SHEET - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
December 31, 2024

		General Fund	Road and Bridge Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
ASSETS:							
101	Cash and Cash Equivalents	81,527.31	2,705,212.59			86,965.99	2,873,705.89
106	Cash with Fiscal Agent					0.00	0.00
151	Investments	1,699,813.80	424,953.45			0.00	2,124,767.25
107.1	Restricted Cash and Cash Equivalents					0.00	0.00
107.2	Restricted Investments					0.00	0.00
TOTAL ASSETS		1,781,341.11	3,130,166.04	0.00	0.00	86,965.99	4,998,473.14
FUND BALANCES: (See Note ____)							
273	Nonspendable					0.00	0.00
274	Restricted	333,091.29	3,130,166.04			86,965.99	3,550,223.32
275	Committed					0.00	0.00
276	Assigned	1,448,249.82				0.00	1,448,249.82
277	Unassigned					0.00	0.00
TOTAL FUND BALANCES		1,781,341.11	3,130,166.04	0.00	0.00	86,965.99	4,998,473.14

The notes to the financial statements are an integral part of this statement.

OGLALA LAKOTA COUNTY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
Revenues:						
310 Taxes:						
311 General Property Taxes--Current	321,165.15				6,056.99	327,222.14
312 General Property Taxes--Delinquent	10,558.54				202.87	10,761.41
313 Penalties and Interest	7,281.61				146.41	7,428.02
314 Telephone Tax (Outside)	83.83				0.00	83.83
315 Mobile Home Tax					0.00	0.00
316 Wheel Tax					0.00	0.00
318 Tax Deed Revenue					0.00	0.00
319 Other Taxes					0.00	0.00
Total Taxes	339,089.13	0.00	0.00	0.00	6,406.27	345,495.40
320 Licenses and Permits	1,006.00				60.00	1,066.00
Intergovernmental Revenue:						
330 Federal Grants					0.00	0.00
331 Federal Shared Revenue					0.00	0.00
332 Federal Payments in Lieu of Taxes	6,652.00				0.00	6,652.00
333 State Grants		378,953.76			0.00	378,953.76
334 State Shared Revenue:						
335 Bank Franchise					0.00	0.00
335.01 Motor Vehicle Licenses					0.00	0.00
335.02 Liquor Tax Reversion (Unincorporated Town)		340,753.70			0.00	340,753.70
335.04 Lottery Shared Revenue					0.00	0.00
335.05 State Highway Fund (former 10% game)					0.00	0.00
335.06 Court Appointed Attorney/Public Defender					0.00	0.00
335.07 Energy Minerals Severance Tax					0.00	0.00
335.08 Prorate License Fees		47,198.14			0.00	47,198.14
335.09 Abused and Neglected Child Defense					0.00	0.00
335.10 63 3/4% Mobile Home		11,308.73			0.00	11,308.73
335.11 Secondary Road Remittances		157,282.94			0.00	157,282.94
335.12 Telecommunications Gross Receipt Tax	21,569.43				0.00	21,569.43
335.13 Motor Vehicle 1/4%	1,626.42				0.00	1,626.42
335.14 Renewable Facility Tax					0.00	0.00
335.15 Motor Fuel Tax		4,088.81			0.00	4,088.81
335.16 911 Remittances					0.00	0.00
335.17 Liquor Tax Reversion (25%)	67,666.38				0.00	67,666.38
335.18 Other State Shared Revenue	368.51				956.10	1,324.61
335.19 State Payments in Lieu of Taxes					0.00	0.00
336 Other Payments in Lieu of Taxes					0.00	0.00
338						

OGLALA LAKOTA COUNTY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
339 Other Intergovernmental Revenue	97,882.74	939,586.08	0.00	0.00	0.00	0.00
Total Intergovernmental Revenue					956.10	1,038,424.92
340 Charges for Goods and Services:						
341 General Government:						
341.10 Treasurer's Fees	31,376.50				0.00	31,376.50
341.20 Register of Deeds' Fees	10,315.47				4,172.49	14,487.96
341.30 Driver's License Exam					0.00	0.00
341.40 Legal Services	857.26				50.00	907.26
341.50 Clerk of Courts Fees	435.00				0.00	435.00
341.90 Other Fees	919.04				0.00	919.04
342 Public Safety:						
342.10 Law Enforcement					0.00	0.00
342.20 Prisoner Care	(106.75)				0.00	(106.75)
342.30 Sobriety Testing					0.00	0.00
342.90 Other					0.00	0.00
343 Public Works:						
343.10 Road Maintenance Contract Charges		686.40			0.00	686.40
343.20 Sanitation					0.00	0.00
343.30 Airport					0.00	0.00
343.90 Other					0.00	0.00
344 Health and Welfare:						
344.10 Economic Assistance:						
344.11 Poor Lien Recoveries					0.00	0.00
344.12 Veterans Service Officer	4,125.00				0.00	4,125.00
344.13 Low Income Energy Assistance Program					0.00	0.00
344.14 Food Stamp Administration					0.00	0.00
344.19 Other					0.00	0.00
344.20 Health Assistance:						
344.21 County Nurse					0.00	0.00
344.22 Ambulance					0.00	0.00
344.23 Hospital					0.00	0.00
344.24 Women, Infants and Children					0.00	0.00
344.29 Other					0.00	0.00
344.30 Social Services					0.00	0.00
344.40 Mental Health Services					0.00	0.00
345 Culture and Recreation					0.00	0.00
346 Urban and Economic Development					0.00	0.00
348 Conservation of Natural Resources					0.00	0.00
349 Other Charges					0.00	0.00

OGLALA LAKOTA COUNTY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
Total Charges for Goods and Services	47,921.52	686.40	0.00	0.00	0.00	4,222.49	52,830.41
Fines and Forfeits:							
350 Fines						0.00	0.00
351 Costs	298.50					0.00	298.50
352 Forfeits						0.00	0.00
353 Other						0.00	0.00
359 Total Fines and Forfeits	298.50	0.00	0.00	0.00	0.00	0.00	298.50
Miscellaneous Revenue:							
360 Investment Earnings	43,463.86	326.38				0.00	43,790.24
361 Rent						0.00	0.00
362 Special Assessments						0.00	0.00
363 Contributions and Donations						0.00	0.00
365 Refund of Prior Year's Expenditures	3,582.00					0.00	3,582.00
366 Other	93,555.21	144.35				0.00	93,699.56
369 Total Miscellaneous Revenue	140,601.07	470.73	0.00	0.00	0.00	0.00	141,071.80
Total Revenues	626,798.96	940,743.21	0.00	0.00	0.00	11,644.86	1,579,187.03
Expenditures:							
100 General Government:							
110 Legislative:							
111 Board of County Commissioners	87,985.68					0.00	87,985.68
120 Elections	59,235.43					0.00	59,235.43
130 Judicial System	12.75					0.00	12.75
140 Financial Administration:							
141 Auditor	74,085.97					0.00	74,085.97
142 Treasurer	82,140.82					0.00	82,140.82
143 Finance Office						0.00	0.00
149 Other						0.00	0.00
150 Legal Services:							
151 State's Attorney	47,280.84					0.00	47,280.84
152 Public Defender						0.00	0.00
153 Court Appointed Attorney	6,123.61					0.00	6,123.61
154 Abused and Neglected Child Defense						0.00	0.00
159 Other Legal Services						0.00	0.00
160-170 Other General Government:							
161 General Government Building	43,934.05					0.00	43,934.05
162 Director of Equalization	52,268.31					0.00	52,268.31
163 Register of Deeds						7,950.00	7,950.00

OGLALA LAKOTA COUNTY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
164 Judgments					0.00	0.00
165 Veterans Service Officer	50,100.41				0.00	50,100.41
166 Predatory Animal	2,415.18				0.00	2,415.18
167 Disability Coordinator					0.00	0.00
168 Self-Insurance Plan					0.00	0.00
169 Other					0.00	0.00
170 Geographic Information System	1,624.43				0.00	1,624.43
171 Information Technology	22,029.00				0.00	22,029.00
172 Human Resources					0.00	0.00
Total General Government	529,236.48	0.00	0.00	0.00	7,950.00	537,186.48
200 Public Safety:						
210 Law Enforcement:						
211 Sheriff	253,203.22				0.00	253,203.22
212 County Jail	14,925.93				0.00	14,925.93
213 Coroner	21,021.60				0.00	21,021.60
214 County-Wide Law Enforcement					0.00	0.00
215 Juvenile Detention					0.00	0.00
219 Other Law Enforcement					0.00	0.00
220 Protective and Emergency Services:						
221 Fire Protection					0.00	0.00
222 Emergency and Disaster Services	3,765.00				0.00	3,765.00
223 Flood Control					0.00	0.00
225 Communication Center					0.00	0.00
229 Other Protective and Emergency Services					0.00	0.00
Total Public Safety	292,915.75	0.00	0.00	0.00	0.00	292,915.75
300 Public Works:						
310 Highways and Bridges:						
311 Highways, Roads and Bridges		863,636.28			0.00	863,636.28
320 Sanitation:						
321 Sewers					0.00	0.00
322 Solid Waste					0.00	0.00
330 Transportation:						
331 Airport					0.00	0.00
332 Railroad					0.00	0.00
333 Other Transportation					0.00	0.00
340 Water System					0.00	0.00
390 Other Public Works					0.00	0.00
Total Public Works	0.00	863,636.28	0.00	0.00	0.00	863,636.28

OGLALA LAKOTA COUNTY
 STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
 GOVERNMENTAL FUNDS
 For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
400 Health and Welfare:							
410 Economic Assistance:							
411 Support of Poor						0.00	0.00
412 Public Welfare						0.00	0.00
413 Low Income Energy Assistance Program						0.00	0.00
415 Food Stamp Distribution						0.00	0.00
419 Other						0.00	0.00
420 Health Assistance:							
421 County Nurse						0.00	0.00
422 Health Services						0.00	0.00
423 Hospital						0.00	0.00
424 Ambulance						0.00	0.00
425 Board of Health						0.00	0.00
426 Women, Infants and Children						0.00	0.00
429 Other						0.00	0.00
430 Social Services:							
431 Day Care Centers						0.00	0.00
432 Child Support Enforcement						0.00	0.00
433 Care of Aged						0.00	0.00
434 Domestic Abuse						0.00	0.00
439 Other						0.00	0.00
440 Mental Health Services:							
441 Mentally Ill	1,380.00					0.00	1,380.00
442 Developmentally Disabled						0.00	0.00
443 Drug Abuse						0.00	0.00
444 Mental Health Centers	8,500.00					0.00	8,500.00
445 Mental Illness Board	2,876.02					0.00	2,876.02
449 Other						0.00	0.00
Total Health and Welfare	12,756.02	0.00	0.00	0.00	0.00	0.00	12,756.02
500 Culture and Recreation:							
510 Culture:							
511 Public Library						0.00	0.00
512 Historical Museum						0.00	0.00
513 County Monuments						0.00	0.00
514 Historical Sites						0.00	0.00
515 Memorial Day Expense						0.00	0.00
516 Arts						0.00	0.00
519 Other						0.00	0.00

OGLALA LAKOTA COUNTY
STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
GOVERNMENTAL FUNDS
For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
520 Recreation:							
521 Recreational Programs						0.00	0.00
522 Parks						0.00	0.00
523 Exhibition Building						0.00	0.00
524 County Fair						0.00	0.00
525 Senior Center						0.00	0.00
529 Other						0.00	0.00
Total Culture and Recreation	0.00	0.00		0.00	0.00	0.00	0.00
600 Conservation of Natural Resources:							
610 Soil Conservation:							
611 County Extension						0.00	0.00
612 Soil Conservation Districts	2,500.00					0.00	2,500.00
613 Rodent Control						0.00	0.00
614 Predator Control Districts						0.00	0.00
615 Weed and Pest Control	1,075.36					0.00	1,075.36
616 Grasshopper and Pest Control						0.00	0.00
619 Other						0.00	0.00
620 Water Conservation:							
621 Geological Survey						0.00	0.00
622 Weather Modification						0.00	0.00
623 Water Conservation Districts						0.00	0.00
624 Drainage Commissions						0.00	0.00
629 Other						0.00	0.00
Total Conservation of Natural Resources	3,575.36	0.00		0.00	0.00	0.00	3,575.36
700 Urban and Economic Development:							
710 Urban Development:							
711 Planning and Zoning						0.00	0.00
712 Urban and Rural Development						0.00	0.00
719 Other						0.00	0.00
720 Economic Development:							
721 Tourism, Industrial or Recreational Development						0.00	0.00
729 Other						0.00	0.00
Total Urban and Economic Development	0.00	0.00		0.00	0.00	0.00	0.00
750 Intergovernmental Expenditures						0.00	0.00
800 Debt Service						0.00	0.00
850 Payments to Local Education Agencies						0.00	0.00
890 Capital Outlay						0.00	0.00

OGLALA LAKOTA COUNTY
 STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES - MODIFIED CASH BASIS
 GOVERNMENTAL FUNDS
 For the Year Ended December 31, 2024

	General Fund	Road and Bridge Fund	Fund	Fund	Other Governmental Funds	Total Governmental Funds
Total Expenditures	838,483.61	863,636.28	0.00	0.00	7,950.00	1,710,069.89
Excess of Revenues Over (Under) Expenditures	(211,684.65)	77,106.93	0.00	0.00	3,694.86	(130,882.86)
Other Financing Sources (Uses):						
371 Transfers In					0.00	0.00
911 Transfers Out					0.00	0.00
372 Long-Term Debt Issued					0.00	0.00
373 Insurance Proceeds					0.00	0.00
374 Sale of County Property					0.00	0.00
912 Payments to Refunded Debt Escrow Agent					0.00	0.00
915 Discount on Bonds Issued					0.00	0.00
Total Other Financing Sources (Uses)	0.00	0.00	0.00	0.00	0.00	0.00
(913) 376 Special Items					0.00	0.00
(914) 375 Extraordinary Items					0.00	0.00
Net Change in Fund Balances	(211,684.65)	77,106.93	0.00	0.00	3,694.86	(130,882.86)
Fund Balance - beginning, as previously reported	1,993,025.76	3,053,059.11			83,271.13	5,129,356.00
Restatement due to (See Note __):						
Fund Balance - beginning, as restated	1,993,025.76	3,053,059.11			83,271.13	5,129,356.00
FUND BALANCE - ENDING	1,781,341.11	3,130,166.04			86,965.99	4,998,473.14
Yes	Yes	Yes	Yes	Yes	Yes	Yes

The notes to the financial statements are an integral part of this statement.

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues:				
310 Taxes:				
311 General Property Taxes--Current	333,996.00	333,996.00	321,165.15	(12,830.85)
312 General Property Taxes--Delinquent	5,650.00	5,650.00	10,558.54	4,908.54
313 Penalties and Interest	400.00	400.00	7,281.61	6,881.61
314 Telephone Tax (Outside)	75.00	75.00	83.83	8.83
315 Mobile Home Tax			0.00	0.00
316 Wheel Tax			0.00	0.00
318 Tax Deed Revenue			0.00	0.00
319 Other Taxes			0.00	0.00
Total Taxes	340,121.00	340,121.00	339,089.13	(1,031.87)
320 Licenses and Permits	320.00	320.00	1,006.00	686.00
330 Intergovernmental Revenue:				
331 Federal Grants	33,500.00	33,500.00	0.00	(33,500.00)
332 Federal Shared Revenue			0.00	0.00
333 Federal Payments in Lieu of Taxes	6,500.00	6,500.00	6,652.00	152.00
334 State Grants			0.00	0.00
335 State Shared Revenue:				
335.01 Bank Franchise			0.00	0.00
335.02 Motor Vehicle Licenses			0.00	0.00
335.04 Liquor Tax Reversion (Unincorporated Town)			0.00	0.00
335.05 Lottery Shared Revenue			0.00	0.00
335.06 State Highway Fund (former 10% game)			0.00	0.00
335.07 Court Appointed Attorney/Public Defender			0.00	0.00
335.08 Energy Minerals Severance Tax			0.00	0.00
335.09 Prorate License Fees			0.00	0.00
335.1 Abused and Neglected Child Defense			0.00	0.00
335.11 63 3/4% Mobile Home			0.00	0.00
335.13 Secondary Road Remittances			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
335.14	Telecommunications Gross Receipt Tax	40,000.00	21,569.43	(18,430.57)
335.15	Motor Vehicle 1/4%	1,800.00	1,626.42	(173.58)
335.16	Renewable Facility Tax		0.00	0.00
335.17	Motor Fuel Tax		0.00	0.00
335.18	911 Remittances		0.00	0.00
335.19	Liquor Tax Reversion (25%)	65,000.00	67,666.38	2,666.38
335.99	Other State Shared Revenue		368.51	368.51
336	State Payments in Lieu of Taxes		0.00	0.00
338	Other Payments in Lieu of Taxes		0.00	0.00
339	Other Intergovernmental Revenue		0.00	0.00
	Total Intergovernmental Revenue	146,800.00	97,882.74	(48,917.26)
340	Charges for Goods and Services:			
341	General Government:			
341.10	Treasurer's Fees	36,320.00	31,376.50	(4,943.50)
341.20	Register of Deeds' Fees	9,550.00	10,315.47	765.47
341.30	Driver's License Exam		0.00	0.00
341.40	Legal Services	900.00	857.26	(42.74)
341.50	Clerk of Courts Fees	650.00	435.00	(215.00)
341.90	Other Fees	250.00	919.04	669.04
342	Public Safety:			
342.10	Law Enforcement		0.00	0.00
342.20	Prisoner Care		(106.75)	(106.75)
342.30	Sobriety Testing		0.00	0.00
342.90	Other		0.00	0.00
343	Public Works:			
343.10	Road Maintenance Contract Charges		0.00	0.00
343.20	Sanitation		0.00	0.00
343.30	Airport		0.00	0.00
343.90	Other		0.00	0.00
344	Health and Welfare:			

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
Economic Assistance:				
344.10 Poor Lien Recoveries				
344.11 Veterans Service Officer	1,750.00	1,750.00	0.00	0.00
344.12 Low Income Energy Assistance Program			4,125.00	2,375.00
344.13 Food Stamp Administration			0.00	0.00
344.14 Other			0.00	0.00
344.19 Health Assistance:			0.00	0.00
344.20 County Nurse			0.00	0.00
344.21 Ambulance			0.00	0.00
344.22 Hospital			0.00	0.00
344.23 Women, Infants and Children			0.00	0.00
344.24 Other			0.00	0.00
344.29 Social Services			0.00	0.00
344.30 Mental Health Services			0.00	0.00
344.40 Culture and Recreation			0.00	0.00
345 Urban and Economic Development			0.00	0.00
346 Conservation of Natural Resources			0.00	0.00
348 Other Charges			0.00	0.00
349 Total Charges for Goods and Services	49,420.00	49,420.00	47,921.52	(1,498.48)
Fines and Forfeits:				
350 Fines			0.00	0.00
351 Costs			298.50	298.50
352 Forfeits			0.00	0.00
353 Other			0.00	0.00
359 Total Fines and Forfeits	0.00	0.00	298.50	298.50
Miscellaneous Revenue:				
360 Investment Earnings	105,800.00	105,800.00	43,463.86	(62,336.14)
361 Rent			0.00	0.00
362 Special Assessments			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
365 Contributions and Donations			0.00	0.00
366 Refund of Prior Year's Expenditures	0.00	3,582.00	3,582.00	0.00
369 Other	0.00	92,752.48	93,555.21	802.73
Total Miscellaneous Revenue	105,800.00	202,134.48	140,601.07	(61,533.41)
Total Revenues	642,461.00	738,795.48	626,798.96	(111,996.52)
Expenditures:				
100 General Government:				
110 Legislative:				
111 Board of County Commissioners	76,601.00	76,601.00	87,985.68	(11,384.68)
112 Contingency	50,000.00	50,000.00		
Amount Transferred		(50,000.00)		0.00
120 Elections	82,200.00	82,200.00	59,235.43	22,964.57
130 Judicial System	300.00	300.00	12.75	287.25
140 Financial Administration:				
141 Auditor	74,806.00	74,806.00	74,085.97	720.03
142 Treasurer	91,518.00	91,518.00	82,140.82	9,377.18
143 Finance Office			0.00	0.00
149 Other			0.00	0.00
150 Legal Services:				
151 State's Attorney	47,660.00	47,660.00	47,280.84	379.16
152 Public Defender			0.00	0.00
153 Court Appointed Attorney	5,500.00	5,500.00	6,123.61	(623.61)
154 Abused and Neglected Child Defense			0.00	0.00
159 Other Legal Services			0.00	0.00
160-170 Other General Government:				
161 General Government Building			0.00	0.00
162 Director of Equalization	48,284.00	48,284.00	43,934.05	4,349.95
163 Register of Deeds	54,070.00	54,070.00	52,268.31	1,801.69
164 Judgments			0.00	0.00
165 Veterans Service Officer	52,212.00	52,212.00	50,100.41	2,111.59

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
166	Predatory Animal	2,416.00	2,415.18	0.82
167	Disability Coordinator		0.00	0.00
168	Self-Insurance Plan		0.00	0.00
169	Other		0.00	0.00
170	Geographic Information System	1,500.00	1,624.43	(124.43)
171	Information Technology	15,550.00	22,029.00	(775.00)
172	Human Resources		0.00	0.00
	Total General Government	602,617.00	529,236.48	29,084.52
200	Public Safety:			
210	Law Enforcement:			
211	Sheriff	106,075.00	253,203.22	(17,128.22)
212	County Jail	20,000.00	14,925.93	5,074.07
213	Coroner	31,988.00	21,021.60	10,966.40
214	County-Wide Law Enforcement		0.00	0.00
215	Juvenile Detention		0.00	0.00
219	Other Law Enforcement		0.00	0.00
220	Protective and Emergency Services:			
221	Fire Protection		0.00	0.00
222	Emergency and Disaster Services	3,765.00	3,765.00	0.00
223	Flood Control		0.00	0.00
225	Communication Center		0.00	0.00
229	Other Protective and Emergency Services		0.00	0.00
	Total Public Safety	161,828.00	292,915.75	(1,087.75)
300	Public Works:			
310	Highways and Bridges:			
311	Highways, Roads and Bridges		0.00	0.00
320	Sanitation:			
321	Sewers		0.00	0.00
322	Solid Waste		0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
330 Transportation:				
331 Airport			0.00	0.00
332 Railroad			0.00	0.00
333 Other Transportation			0.00	0.00
340 Water System			0.00	0.00
390 Other Public Works			0.00	0.00
Total Public Works	0.00	0.00	0.00	0.00
400 Health and Welfare:				
410 Economic Assistance:				
411 Support of Poor	500.00	500.00	0.00	500.00
412 Public Welfare			0.00	0.00
413 Low Income Energy Assistance Program			0.00	0.00
415 Food Stamp Distribution			0.00	0.00
419 Other			0.00	0.00
420 Health Assistance:				
421 County Nurse			0.00	0.00
422 Health Services			0.00	0.00
423 Hospital			0.00	0.00
424 Ambulance			0.00	0.00
425 Board of Health			0.00	0.00
426 Women, Infants and Children			0.00	0.00
429 Other			0.00	0.00
430 Social Services:				
431 Day Care Centers			0.00	0.00
432 Child Support Enforcement			0.00	0.00
433 Care of Aged			0.00	0.00
434 Domestic Abuse			0.00	0.00
439 Other			0.00	0.00
440 Mental Health Services:				
441 Mentally Ill	500.00	1,260.00	1,380.00	(120.00)

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
442 Developmentally Disabled				
443 Drug Abuse			0.00	0.00
444 Mental Health Centers	8,500.00	8,500.00		0.00
445 Mental Illness Board	700.00	2,171.00	8,500.00	0.00
449 Other			2,876.02	(705.02)
Total Health and Welfare	10,200.00	12,431.00	0.00	0.00
			12,756.02	(325.02)
500 Culture and Recreation:				
510 Culture:				
511 Public Library			0.00	0.00
512 Historical Museum			0.00	0.00
513 County Monuments			0.00	0.00
514 Historical Sites			0.00	0.00
515 Memorial Day Expense			0.00	0.00
516 Arts			0.00	0.00
519 Other			0.00	0.00
520 Recreation:				
521 Recreational Programs			0.00	0.00
522 Parks			0.00	0.00
523 Exhibition Building			0.00	0.00
524 County Fair			0.00	0.00
525 Senior Center			0.00	0.00
529 Other			0.00	0.00
Total Culture and Recreation	0.00	0.00	0.00	0.00
600 Conservation of Natural Resources:				
610 Soil Conservation:				
611 County Extension			0.00	0.00
612 Soil Conservation Districts	2,500.00	2,500.00	2,500.00	0.00
613 Rodent Control			0.00	0.00
614 Predator Control Districts			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
615 Weed Control	800.00	1,075.36	1,075.36	0.00
616 Grasshopper and Pest Control			0.00	0.00
619 Other			0.00	0.00
620 Water Conservation:				
621 Geological Survey			0.00	0.00
622 Weather Modification			0.00	0.00
623 Water Conservation Districts			0.00	0.00
624 Drainage Commissions			0.00	0.00
629 Other			0.00	0.00
Total Conservation of Natural Resources	3,300.00	3,575.36	3,575.36	0.00
700 Urban and Economic Development:				
710 Urban Development:				
711 Planning and Zoning			0.00	0.00
712 Urban and Rural Development			0.00	0.00
719 Other			0.00	0.00
720 Economic Development:				
721 Tourism, Industrial or Recreational Development			0.00	0.00
729 Other			0.00	0.00
Total Urban and Economic Development	0.00	0.00	0.00	0.00
750 Intergovernmental Expenditures			0.00	0.00
800 Debt Service			0.00	0.00
850 Payments to Local Education Agencies			0.00	0.00
890 Capital Outlay			0.00	0.00
Total Expenditures	777,945.00	866,155.36	838,483.61	27,671.75
Excess of Revenues Over (Under) Expenditures	(135,484.00)	(127,359.88)	(211,684.65)	(84,324.77)
Other Financing Sources (Uses):				
371 Transfers In			0.00	0.00
911 Transfers Out	(3,765.00)	(3,765.00)	0.00	3,765.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 GENERAL FUND

For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
372 Long-Term Debt Issued			0.00	0.00
373 Insurance Proceeds			0.00	0.00
374 Sale of County Property			0.00	0.00
912 Payments to Refunded Debt Escrow Agent			0.00	0.00
915 Discount on Bonds Issued			0.00	0.00
Total Other Financing Sources (Uses)	(3,765.00)	(3,765.00)	0.00	3,765.00
(913) 376 Special Items			0.00	0.00
(914) 375 Extraordinary Items			0.00	0.00
Net Change in Fund Balances	(139,249.00)	(131,124.88)	(211,684.65)	(80,559.77)
Fund Balance - beginning, as previously reported	1,993,025.76	1,993,025.76	1,993,025.76	0.00
Restatement due to (See Note__):	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Fund Balance - beginning, as restated	1,993,025.76	1,993,025.76	1,993,025.76	0.00
FUND BALANCE - ENDING	1,853,776.76	1,861,900.88	1,781,341.11	(80,559.77)

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues:				
310 Taxes:				
311 General Property Taxes--Current			0.00	0.00
312 General Property Taxes--Delinquent			0.00	0.00
313 Penalties and Interest			0.00	0.00
314 Telephone Tax (Outside)			0.00	0.00
315 Mobile Home Tax			0.00	0.00
316 Wheel Tax			0.00	0.00
318 Tax Deed Revenue			0.00	0.00
319 Other Taxes			0.00	0.00
Total Taxes	0.00	0.00	0.00	0.00
320 Licenses and Permits			0.00	0.00
330 Intergovernmental Revenue:				
331 Federal Grants			0.00	0.00
332 Federal Shared Revenue			0.00	0.00
333 Federal Payments in Lieu of Taxes			0.00	0.00
334 State Grants	375,000.00	378,953.76	378,953.76	0.00
335 State Shared Revenue:				
335.01 Bank Franchise			0.00	0.00
335.02 Motor Vehicle Licenses	350,000.00	350,000.00	340,753.70	(9,246.30)
335.04 Liquor Tax Reversion (Unincorporated Town)			0.00	0.00
335.05 Lottery Shared Revenue			0.00	0.00
335.06 State Highway Fund (former 10% game)			0.00	0.00
335.07 Court Appointed Attorney/Public Defender			0.00	0.00
335.08 Energy Minerals Severance Tax			0.00	0.00
335.09 Prorate License Fees	47,000.00	47,000.00	47,198.14	198.14
335.1 Abused and Neglected Child Defense			0.00	0.00
335.11 63 3/4% Mobile Home			11,308.73	11,308.73
335.13 Secondary Road Remittances	168,000.00	168,000.00	157,282.94	(10,717.06)

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
335.14				
335.15				
335.16				
335.17				
335.18				
335.19				
335.99				
336				
338				
339				
Total Intergovernmental Revenue	944,000.00	947,953.76	939,586.08	(8,367.68)
340				
341				
341.10				
341.20				
341.30				
341.40				
341.50				
341.90				
342				
342.10				
342.20				
342.30				
342.90				
343				
343.10				
343.20				
343.30				
343.90				
344				

Telecommunications Gross Receipt Tax				
Motor Vehicle 1/4%				
Renewable Facility Tax				
Motor Fuel Tax	4,000.00	4,000.00	4,088.81	88.81
911 Remittances				
Liquor Tax Reversion (25%)				
Other State Shared Revenue				
State Payments in Lieu of Taxes				
Other Payments in Lieu of Taxes				
Other Intergovernmental Revenue				
Total Intergovernmental Revenue	944,000.00	947,953.76	939,586.08	(8,367.68)
Charges for Goods and Services:				
General Government:				
Treasurer's Fees				
Register of Deeds' Fees				
Driver's License Exam				
Legal Services				
Clerk of Courts Fees				
Other Fees				
Public Safety:				
Law Enforcement				
Prisoner Care				
Sobriety Testing				
Other				
Public Works:				
Road Maintenance Contract Charges				
Sanitation				
Airport				
Other				
Health and Welfare:				

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
Economic Assistance:				
344.10 Poor Lien Recoveries			0.00	0.00
344.11 Veterans Service Officer			0.00	0.00
344.12 Low Income Energy Assistance Program			0.00	0.00
344.13 Food Stamp Administration			0.00	0.00
344.14 Other			0.00	0.00
344.19 Health Assistance:				
344.20 County Nurse			0.00	0.00
344.21 Ambulance			0.00	0.00
344.22 Hospital			0.00	0.00
344.23 Women, Infants and Children			0.00	0.00
344.24 Other			0.00	0.00
344.29 Social Services			0.00	0.00
344.30 Mental Health Services			0.00	0.00
344.40 Culture and Recreation			0.00	0.00
345 Urban and Economic Development			0.00	0.00
346 Conservation of Natural Resources			0.00	0.00
348 Other Charges			0.00	0.00
349 Total Charges for Goods and Services	300.00	300.00	686.40	386.40
Fines and Forfeits:				
350 Fines			0.00	0.00
351 Costs			0.00	0.00
352 Forfeits			0.00	0.00
353 Other			0.00	0.00
359 Total Fines and Forfeits	0.00	0.00	0.00	0.00
Miscellaneous Revenue:				
360 Investment Earnings	330.00	330.00	326.38	(3.62)
361 Rent			0.00	0.00
362 Special Assessments			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
365 Contributions and Donations			0.00	0.00
366 Refund of Prior Year's Expenditures			0.00	0.00
369 Other			144.35	144.35
Total Miscellaneous Revenue	330.00	330.00	470.73	140.73
Total Revenues	944,630.00	948,583.76	940,743.21	(7,840.55)
Expenditures:				
100 General Government:				
110 Legislative:				
111 Board of County Commissioners			0.00	0.00
112 Contingency				
Amount Transferred				
120 Elections			0.00	0.00
130 Judicial System			0.00	0.00
140 Financial Administration:				
141 Auditor			0.00	0.00
142 Treasurer			0.00	0.00
143 Finance Office			0.00	0.00
149 Other			0.00	0.00
150 Legal Services:				
151 State's Attorney			0.00	0.00
152 Public Defender			0.00	0.00
153 Court Appointed Attorney			0.00	0.00
154 Abused and Neglected Child Defense			0.00	0.00
159 Other Legal Services			0.00	0.00
160-170 Other General Government:				
161 General Government Building			0.00	0.00
162 Director of Equalization			0.00	0.00
163 Register of Deeds			0.00	0.00
164 Judgments			0.00	0.00
165 Veterans Service Officer			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
166	Predatory Animal		0.00	0.00
167	Disability Coordinator		0.00	0.00
168	Self-Insurance Plan		0.00	0.00
169	Other		0.00	0.00
170	Geographic Information System		0.00	0.00
171	Information Technology		0.00	0.00
172	Human Resources		0.00	0.00
	Total General Government	0.00	0.00	0.00
200	Public Safety:			
210	Law Enforcement:			
211	Sheriff		0.00	0.00
212	County Jail		0.00	0.00
213	Coroner		0.00	0.00
214	County-Wide Law Enforcement		0.00	0.00
215	Juvenile Detention		0.00	0.00
219	Other Law Enforcement		0.00	0.00
220	Protective and Emergency Services:			
221	Fire Protection		0.00	0.00
222	Emergency and Disaster Services		0.00	0.00
223	Flood Control		0.00	0.00
225	Communication Center		0.00	0.00
229	Other Protective and Emergency Services		0.00	0.00
	Total Public Safety	0.00	0.00	0.00
300	Public Works:			
310	Highways and Bridges:			
311	Highways, Roads and Bridges	937,325.00	937,325.00	73,688.72
320	Sanitation:			
321	Sewers		0.00	0.00
322	Solid Waste		0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
330 Transportation:				
331 Airport			0.00	0.00
332 Railroad			0.00	0.00
333 Other Transportation			0.00	0.00
340 Water System			0.00	0.00
390 Other Public Works			0.00	0.00
Total Public Works	937,325.00	937,325.00	863,636.28	73,688.72
400 Health and Welfare:				
410 Economic Assistance:				
411 Support of Poor			0.00	0.00
412 Public Welfare			0.00	0.00
413 Low Income Energy Assistance Program			0.00	0.00
415 Food Stamp Distribution			0.00	0.00
419 Other			0.00	0.00
420 Health Assistance:				
421 County Nurse			0.00	0.00
422 Health Services			0.00	0.00
423 Hospital			0.00	0.00
424 Ambulance			0.00	0.00
425 Board of Health			0.00	0.00
426 Women, Infants and Children			0.00	0.00
429 Other			0.00	0.00
430 Social Services:				
431 Day Care Centers			0.00	0.00
432 Child Support Enforcement			0.00	0.00
433 Care of Aged			0.00	0.00
434 Domestic Abuse			0.00	0.00
439 Other			0.00	0.00
440 Mental Health Services:				
441 Mentally Ill			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
442 Developmentally Disabled			0.00	0.00
443 Drug Abuse			0.00	0.00
444 Mental Health Centers			0.00	0.00
445 Mental Illness Board			0.00	0.00
449 Other			0.00	0.00
Total Health and Welfare	0.00	0.00	0.00	0.00
500 Culture and Recreation:				
510 Culture:				
511 Public Library			0.00	0.00
512 Historical Museum			0.00	0.00
513 County Monuments			0.00	0.00
514 Historical Sites			0.00	0.00
515 Memorial Day Expense			0.00	0.00
516 Arts			0.00	0.00
519 Other			0.00	0.00
520 Recreation:				
521 Recreational Programs			0.00	0.00
522 Parks			0.00	0.00
523 Exhibition Building			0.00	0.00
524 County Fair			0.00	0.00
525 Senior Center			0.00	0.00
529 Other			0.00	0.00
Total Culture and Recreation	0.00	0.00	0.00	0.00
600 Conservation of Natural Resources:				
610 Soil Conservation:				
611 County Extension			0.00	0.00
612 Soil Conservation Districts			0.00	0.00
613 Rodent Control			0.00	0.00
614 Predator Control Districts			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
615 Weed Control			0.00	0.00
616 Grasshopper and Pest Control			0.00	0.00
619 Other			0.00	0.00
620 Water Conservation:				
621 Geological Survey			0.00	0.00
622 Weather Modification			0.00	0.00
623 Water Conservation Districts			0.00	0.00
624 Drainage Commissions			0.00	0.00
629 Other			0.00	0.00
Total Conservation of Natural Resources	0.00	0.00	0.00	0.00
700 Urban and Economic Development:				
710 Urban Development:				
711 Planning and Zoning			0.00	0.00
712 Urban and Rural Development			0.00	0.00
719 Other			0.00	0.00
720 Economic Development:				
721 Tourism, Industrial or Recreational Development			0.00	0.00
729 Other			0.00	0.00
Total Urban and Economic Development	0.00	0.00	0.00	0.00
750 Intergovernmental Expenditures			0.00	0.00
800 Debt Service			0.00	0.00
850 Payments to Local Education Agencies			0.00	0.00
890 Capital Outlay			0.00	0.00
Total Expenditures	937,325.00	937,325.00	863,636.28	73,688.72
Excess of Revenues Over (Under) Expenditures	7,305.00	11,258.76	77,106.93	65,848.17
Other Financing Sources (Uses):				
371 Transfers In			0.00	0.00
911 Transfers Out			0.00	0.00

SUPPLEMENTARY INFORMATION
 OGLALA LAKOTA COUNTY
 BUDGETARY COMPARISON SCHEDULE - MODIFIED CASH BASIS
 ROAD AND BRIDGE FUND
 For the Year Ended December 31, 2024

	Budgeted Amounts		Actual Amounts	Variance with Final Budget Positive (Negative)
	Original	Final		
372 Long-Term Debt Issued			0.00	0.00
373 Insurance Proceeds			0.00	0.00
374 Sale of County Property			0.00	0.00
912 Payments to Refunded Debt Escrow Agent			0.00	0.00
915 Discount on Bonds Issued			0.00	0.00
Total Other Financing Sources (Uses)	0.00	0.00	0.00	0.00
(913) 376 Special Items			0.00	0.00
(914) 375 Extraordinary Items			0.00	0.00
Net Change in Fund Balances	7,305.00	11,258.76	77,106.93	65,848.17
Fund Balance - beginning, as previously reported	3,053,059.11	3,053,059.11	3,053,059.11	0.00
Restatement due to (See Note__)	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00
Fund Balance - beginning, as restated	3,053,059.11	3,053,059.11	3,053,059.11	0.00
FUND BALANCE - ENDING	3,060,364.11	3,064,317.87	3,130,166.04	65,848.17

OGJALA LAKOTA COUNTY

[illegible]

OGJALA LA KOTA COUNTY

	Bal Fund	Frg Fund	Spouse Abuse Fund	M & P Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Fund	Total Other
															Governmental Funds
Total Miscellaneous Revenue															
Total Revenues:	960.17	6,087.77	110.08	4,172.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,944.00
Expenditures:															
General Government:															
100 Legislative Services															0.00
110 Board of County Commissioners															0.00
120 Elections															0.00
130 Judicial System															0.00
Financial Administration:															0.00
140 Finance Office															0.00
142 Treasurer															0.00
Other:															0.00
149 Finance Office															0.00
Legal Services:															0.00
150 Public Defender															0.00
152 Public Defender															0.00
Court Appointed Attorney															0.00
153 Court Appointed Attorney															0.00
Abused and Neglected Child Defense															0.00
154 Abused and Neglected Child Defense															0.00
Other General Government:															0.00
160 General Government Building															0.00
Director of Equalization															0.00
161 Director of Equalization															0.00
Register of Deeds															0.00
162 Register of Deeds															0.00
Veterans Service Officer															0.00
165 Veterans Service Officer															0.00
Predatory Animal															0.00
166 Predatory Animal															0.00
Disability Coordinator															0.00
167 Disability Coordinator															0.00
Life Insurance Plan															0.00
Other:															0.00
168 Other															0.00
Geographic Information System															0.00
Information Technology															0.00
Human Resources															0.00
171 Human Resources															0.00
Total General Government	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,950.00
Public Safety:															0.00
Law Enforcement:															0.00
200 Law Enforcement															0.00
Coroner															0.00
210 Coroner															0.00
County Jail															0.00
212 County Jail															0.00
County-Wide Law Enforcement															0.00
214 County-Wide Law Enforcement															0.00
Juvenile Detention															0.00
215 Juvenile Detention															0.00
Protective and Emergency Services:															0.00
220 Protective and Emergency Services															0.00
Fire Protection															0.00
221 Fire Protection															0.00
Emergency and Disaster Services															0.00
222 Emergency and Disaster Services															0.00
Blackboard Computer															0.00
223 Blackboard Computer															0.00
Other Protective and Emergency Services															0.00
225 Other Protective and Emergency Services															0.00
Total Public Safety	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Public Works:															0.00
300 Public Works															0.00
Highways and Bridges															0.00
310 Highways, Roads and Bridges															0.00
Sanitation:															0.00
320 Sanitation															0.00
321 Sanitation															0.00
322 Sanitation															0.00
323 Sanitation															0.00
Transportation:															0.00
330 Transportation															0.00
Airport															0.00
331 Airport															0.00
Railroad															0.00
332 Railroad															0.00
Water and Sewerage															0.00
340 Water and Sewerage															0.00
Water Supply Works															0.00
340 Water Supply Works															0.00
Other Public Works															0.00
390 Other Public Works															0.00
Total Public Works	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health and Welfare:															0.00
400 Health and Welfare															0.00
Economic Assistance:															0.00
410 Economic Assistance															0.00
Support of Poor															0.00
411 Support of Poor															0.00
Public Welfare															0.00
412 Public Welfare															0.00
Low Income Energy Assistance Program															0.00
413 Low Income Energy Assistance Program															0.00
Food Stamp Subsidies															0.00
419 Food Stamp Subsidies															0.00
Other:															0.00
420 Other															0.00
Health Assistance:															0.00
421 Health Assistance															0.00
County Nurse															0.00
421 County Nurse															0.00
Health Services															0.00
423 Health Services															0.00
Hospital															0.00
423 Hospital															0.00
Board of Health															0.00
424 Board of Health															0.00
Maternity, Infants and Children															0.00
425 Maternity, Infants and Children															0.00
Other:															0.00
429 Other															0.00
Social Services:															0.00
431 Social Services															0.00
Day Care Centers															0.00
431 Day Care Centers															0.00
Child Support Enforcement															0.00
432 Child Support Enforcement															0.00
Domestic Abuse															0.00
434 Domestic Abuse															0.00
Other:															0.00
439 Other															0.00
Mental Health Service:															0.00
441 Mental Health Service															0.00
Nursing Home															0.00
441 Nursing Home															0.00
Family Trashed															0.00
442 Family Trashed															0.00
Drug Abuse															0.00
443 Drug Abuse															0.00
Mental Health Centers															0.00
444 Mental Health Centers															0.00
Mental Illness Board															0.00
445 Mental Illness Board															0.00
Total Health and Welfare	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	960.17	6,087.77	110.08	4,172.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,944.00

[illegible]

ASSETS:		
101	Cash and Cash Equivalents	273
106	Cash with Fiscal Agent	374
107	Investments	275
107.1	Restricted Cash and Cash Equivalents	276
107.2	Restricted Investments	277
	TOTAL ASSETS	
	FUND BALANCES:	
	Nonspendable	
	Restricted	
	Committed	
	Assigned	
	Unassigned	
	TOTAL FUND BALANCES	

[illegible]

Re: [EXT] Scan From Copier

From Ganje, Sue <Sue.Ganje@state.sd.us>
Date Mon 5/19/2025 3:16 PM
To Lance Russell <lance_russell@yahoo.com>

Got it, I assume this would be at the regular June meeting?

Thanks,

Sue Ganje
County Auditor
Fall River/Oglala Lakota County
605-745-5130

From: Lance Russell <lance_russell@yahoo.com>
Sent: Monday, May 19, 2025 1:42 PM
To: Ganje, Sue <Sue.Ganje@state.sd.us>
Subject: Fw: [EXT] Scan From Copier

Please place in the next Commission Meeting Packet.

Thank you,

Lance S. Russell
Attorney at Law
Russell Law Office P.L.L.C.
lance_russell@yahoo.com
605-745-3228

Mailing Address:
P.O. Box 184
Hot Springs, SD 57747

Office Location (deliveries/overnight mail):
141 S. Chicago St.
Hot Springs, SD 57747

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----- Forwarded Message -----

From: Kropp, Steve <steve.kropp@state.sd.us>
To: Lance Russell <lance_russell@yahoo.com>
Sent: Monday, May 19, 2025 at 01:04:15 PM MDT
Subject: RE: Scan From Copier

Lance,

Just let me know what s discussed and what the county's concerns or thoughts are about the site.

I envision our office calling Steve Blair at the AG's office to talk about this issue once we get some more information regarding the county's thoughts or concerns.

In theory when you have a solid waste facility or transfer station that is operated on land/property by someone else, both parties would have to sign the application to operate a site (whether that's for a new site or a renewal of an existing site). So in this case, the city of Batesland would be the land owner and the tribe would be the operator. Any new site would need to get both county planning and zoning approval and county commission approval via a county resolution. So if a county didn't want a particular solid waste facility, they could deny granting county approval for a site.

Steven

From: Lance Russell <lance_russell@yahoo.com>
Sent: Monday, May 12, 2025 11:17 AM
To: Kropp, Steve <Steve.Kropp@state.sd.us>
Subject: Re: [EXT] Scan From Copier

Steve:

Thank you for the email. Yes, we did discuss, but mostly I just updated them on what I found on my site visit and what we had discussed. I asked that they have the matter on the next month's agenda and that I would again report any additional information that I had acquired by that time. Unfortunately, the member of the County Commission who is also a member of the Tribal Land Fill Committee was not present on Thursday; therefore, we did not have his insight in the discussion.

I will let you know if there are additional developments on our end, and I look forward to any information you may be able to provide.

Sincerely,

Lance S. Russell
Attorney at Law
Russell Law Office P.L.L.C.
lance_russell@yahoo.com
605-745-3228

Mailing Address:
P.O. Box 184
Hot Springs, SD 57747

Office Location (deliveries/overnight mail):
141 S. Chicago St.
Hot Springs, SD 57747

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On Monday, May 12, 2025 at 10:02:20 AM MDT, Kropp, Steve <steve.kropp@state.sd.us> wrote:

Good morning Mr. Russell,

I was curious to know how last week's county commission meeting went regarding the Batesland site.

I'm wondering if there are any concerns or thoughts from the county commission level that you could share. I updated my administrator late last week about the situation and he's also wondering is there something that the county commission wants done or what their interest in.

Any information that you could provide would be appreciated. I envision our office contacting Steve Blair at the AG's office to get his opinion about the situation.

Thanks,
Steven

From: Lance Russell <lance_russell@yahoo.com>
Sent: Wednesday, May 7, 2025 4:55 PM
To: Kropp, Steve <Steve.Kropp@state.sd.us>
Subject: Fw: [EXT] Scan From Copier

Steve:

Thank you for speaking with me this afternoon. Please find attached the deeds/documents provided to my by the Oglala Lakota County Auditor that were gathered by the Oglala Lakota County Register of Deeds. As discussed, I am the Oglala Lakota County State's Attorney and the Oglala Lakota County Commission brought this situation to my attention. Please advise if you require any additional.

Thank you,

Lance S. Russell
Attorney at Law
Russell Law Office P.L.L.C.
lance_russell@yahoo.com
605-745-3228

Mailing Address:
P.O. Box 184
Hot Springs, SD 57747

Office Location (deliveries/overnight mail):
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Hot Springs, SD 57747

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----- Forwarded Message -----

From: Ganje, Sue <sue.ganje@state.sd.us>
To: Lance Russell <lance_russell@yahoo.com>
Sent: Wednesday, April 9, 2025 at 10:21:45 AM MDT
Subject: Fw: Scan From Copier

Here are the docs on how Batesland came to own the solid waste site outside of Batesland.

I have heard that Edgemont did not allow the public to witness the hand count of the Mayor race. If you haven't heard that, you may.

Thanks,

Sue Ganje
County Auditor
Fall River/Oglala Lakota County
605-745-5130

From: copier@frcounty.org <copier@frcounty.org>
Sent: Wednesday, April 9, 2025 10:10 AM
To: Ganje, Sue <Sue.Ganje@state.sd.us>
Subject: [EXT] Scan From Copier

See Attached File

TASKalfa 3553ci
[00:17:c8:ac:f9:f9]
