



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	201,902	22 194,916
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	201,902	25 194,916
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,902	27 194,916

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

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

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 _____

(Grants \$) If this amount includes foreign grants, check here

29 _____

(Grants \$) If this amount includes foreign grants, check here ►

30 _____

(Grants \$) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here □

32 Total program service expenses (add lines 28a through 31a)

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

(a) Name and title _____ hours per week _____ compensation _____
(Forms W-2/1099-MSIC) contributions to employee benefit plans and _____
(e) Estimated amount of other compensation _____

devoted to position _____
(if not paid, enter -0-)

0425867059
July 15, 2016 LTR 2695C 0 R
46-0379893 201512 67
Input Op: 0425867059 00031742

SOUTH DAKOTA ACADEMY OF PHYSICIAN
ASSISTANTS
PO BOX 46
FORT PIERRE SD 57532

DECLARATION

035814
Under penalties of perjury, I declare that I have
examined the return identified in this letter, including
any accompanying schedules and statements, and to the
best of my knowledge and belief, it is true, correct and
complete. I understand that this declaration will become
a permanent part of that return.



Signature of officer or trustee

8/15/16

Date

past President

Title