

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Puentes de Salud Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1700 South Street City or town, state or province, country, and ZIP or foreign postal code Philadelphia PA 19146	D Employer identification number 26-1973303 E Telephone number 215-454-8000 G Gross receipts\$ 442,948
F Name and address of principal officer: Steven Larson, MD 1700 South Street Philadelphia PA 19146		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: www.puentesdesalud.org		L Year of formation: 2008 M State of legal domicile: PA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	688,645	430,057
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,755	12,623
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	228	268
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	732,628	442,948
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	179,241	205,762
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,424	538,859
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	448,665	744,621
19 Revenue less expenses. Subtract line 18 from line 12	283,963	-301,673	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	727,067	439,065
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		727,067	439,065

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Steven Larson, MD Type or print name and title	Date Executive Director
	Print/Type preparer's name Cynthia R. Bergvall, CPA	
Paid Preparer Use Only	Preparer's signature Cynthia R. Bergvall, CPA	Date 11/09/17
	Check <input type="checkbox"/> if self-employed	PTIN P00133440
	Firm's name Bee, Bergvall & Co. PO Box 754 Warrington, PA 18976-0754	Firm's EIN 23-2749044 Phone no. 215-343-2727

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No