

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Puentes de Salud

D Employer identification number
-*3303

E Telephone number
215-454-8000

G Gross receipts \$ 558,576

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.puentesdesalud.org **H(c) Group exemption number** ▶

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 2008 **M State of legal domicile:** PA

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)	9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	11	
	6	Total number of volunteers (estimate if necessary)	322	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	377,740	424,974
	9	Program service revenue (Part VIII, line 2g)	30,605	133,334
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	268	268
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,076	0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	409,689	558,576
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)	302,626	466,817
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,762	217,338
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	477,388	684,155
19		Revenue less expenses. Subtract line 18 from line 12	-67,699	-125,579
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	1,249,053
	21	Total liabilities (Part X, line 26)	69,941	36,129
	22	Net assets or fund balances. Subtract line 21 from line 20	1,179,112	1,053,533

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 Date: _____
 Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Cynthia Bergvall, CPA Preparer's signature: Cynthia Bergvall, CPA Date: 07/27/18 Check if PTIN self-employed *****

Firm's name ▶ Bee, Bergvall & Co. Firm's EIN ▶ **-***9044
 PO Box 754
 Firm's address ▶ Warrington, PA 18976-0754 Phone no. 215-343-2727

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