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March 12, 2017

Puente De Amistad, Inc.,
6201 Leesburg Pike, #216
Falls Church, VA 22044

Dear Client,

Enclosed is the 2016 U.S. Form 990-N, Electronic Notice for Tax-Exempt Organization not Required to File Form 990 or 990-EZ, for Puente De Amistad, Inc., for the tax year ending December 31, 2016.

Your 2016 U.S. Form 990-N, Electronic Notice for Tax-Exempt Organization not Required to File Form 990 or 990-EZ, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Jake Tyler

990-EZ, 990, 990-T and 990-PF
Information Worksheet

2016

Part I – Identifying Information

Employer Identification Number . 20-4305589

Name Puente De Amistad, Inc.,

Doing Business As _____

Address 6201 Leesburg Pike Room/Suite . 216

City Falls Church State . . . VA ZIP Code . . . 22044

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (918) 724-3065 Extension _____

Fax _____ E-Mail Address . . . _____

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|--|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input checked="" type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | Corporation/Association | <input type="checkbox"/> 527 Organization |
| | Or Trust | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . _____
- Short year — Beginning date . . _____ Ending date . . . _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2016 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2015 overpayment credited to 2016 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/18/16</u>				
2nd Quarter Payment	<u>06/15/16</u>				
3rd Quarter Payment	<u>09/15/16</u>				
4th Quarter Payment	<u>12/15/16</u>				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Manela _____ Diez

Officer's Title President _____

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing:

- File the federal return electronically
- File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 39421

Date PIN entered 03/12/2017

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Electronic Filing of Amended Return:

- Check this box to file **amended return** electronically
- Check this box to file the state and/or city amended return(s) electronically

* Select the state and/or city amended return(s) to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- | | | |
|--------------------------|-------------------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use electronic funds withdrawal of amended return balance due (EF only)? |

Bank Information

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Payment date for amended returns _____

Balance due amount for amended returns _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation . . . _____

Part X – Return Preparer

- Enter preparer code from Firm/Preparer Info (See Help) . . . JHT
- QuickZoom** to Firm/Preparer Info ▶ _____
-
- QuickZoom** to Form 990-EZ, Pages 1 through 4 ▶ _____
- QuickZoom** to Form 990, Page 1 ▶ _____
- QuickZoom** to Form 990-PF, Page 1 ▶ _____
- QuickZoom** to Form 990-T, Page 1 ▶ _____
- QuickZoom** to Form 990-N, e-PostCard ▶ _____
- QuickZoom** to Client Status ▶ _____

**Electronic Notice (e-Postcard) for
Tax-Exempt Organization Not Required to File
Form 990 or 990-EZ**

**For Electronic Filing Only
DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU**

Small tax-exempt organization with gross receipts of \$50,000
or less is required to use this form per enactment of the
Pension Protection Act of 2006 (PPA)

For calendar year 2016, or tax year
beginning _____, 2016, ending _____,

Part I – Identifying Information

Name of Organization Puente De Amistad, Inc.,
Address 6201 Leesburg Pike
Room/Suite 216
City Falls Church
State VA
ZIP Code 22044

Employer Identification Number . . . 20-4305589

Part II – Required Information

A Check this box to verify that organization's annual receipts are normally \$50,000 or less
Note: Not eligible to file Form 990-N if gross receipts are more than \$50,000

B Other Names Organization is Doing Business As

C Website: . . . _____

D Principal Officer of the Organization Manela Diez
Person Business
Address 6201 Leesburg Pike #216
City Falls Church State . VA ZIP Code . . 22044
Foreign Country _____

E Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed
electronically with the Internal Revenue Service. There will be no
paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.

IRS e-file Authentication Statement

2015

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Employer ID Number. Row 1: Puente De Amistad, Inc., 20-4305589

A - Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer(s) entered PIN(s) ... ERO entered Officer's PIN ...

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) ... EFIN 735935 Self-Select PIN 39421

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

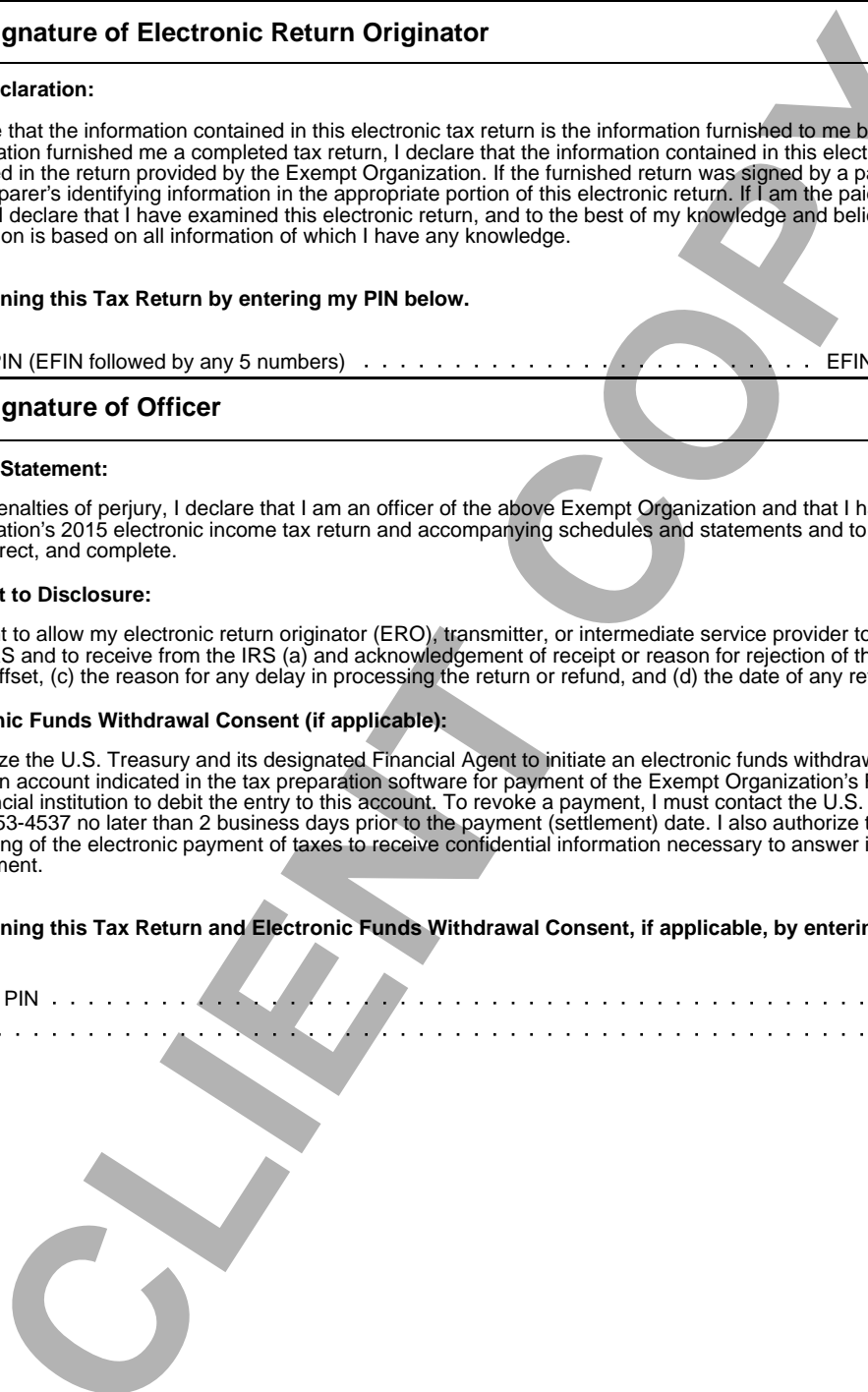
I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's Federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN ... 39421 Date ... 03/12/2017



Electronic Filing Information Worksheet

Keep for your records

2016

Name(s) shown on return
Puente De Amistad, Inc.,

Identifying number
20-4305589

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return 735935

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return

ERO Name Jake Tyler CPA PC ERO Electronic Filers Identification Number (EFIN) 735935
ERO Address 4815 S Sheridan Rd., Suite 104 ERO Employer Identification Number 45-1772647
City Tulsa State OK ZIP Code 74145-5715 ERO Social Security Number or PTIN
Country

Part III - Paid Preparer Information

Firm Name Jake Tyler CPA PC Preparer Social Security Number or PTIN P00854034
Preparer Name Jake Tyler Employer Identification Number 45-1772647
Address 4815 S Sheridan Rd., Suite 104 Phone Number (918) 663-0006 Fax Number (918) 663-0013
City Tulsa State OK ZIP Code 74145-5715
Country Preparer E-mail Address jake@jaketylercpa.com

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for checkboxes and State/City. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default PUEN