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March 3, 2018

PUENTE DE AMISTAD INC  
6201 LEESBURG PIKE, #216  
FALLS CHURCH, VA 22044

Dear Client,

Enclosed is the 2017 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, 2017.

Your 2017 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

2017

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

**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 – 2017 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2016 overpayment credited to 2017 estimated tax

Table with 6 columns: Payment Quarters, Due Date, Date Paid, Amount Paid, Date Paid, Amount Paid. Rows include 1st-4th Quarter Payments and Additional Payments 1-4.

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.

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)

Form with label 'State(s) \*' and multiple empty lines for input.

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) 16763
Date PIN entered 03/03/2018

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)**

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <b>Yes</b>               | <b>No</b>                           |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use <b>electronic funds withdrawal of federal balance due</b> (EF only)?        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use <b>electronic funds withdrawal of Form 8868 balance due</b> (EF only)?      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Use <b>electronic funds withdrawal of amended return balance due</b> (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 2017, or tax year  
beginning \_\_\_\_\_, 2017, 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

2017

Keep for your records

Name(s) Shown on Return
PUENTE DE AMISTAD INC

Employer ID No.
20-4305589

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

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

Officer entered PIN
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. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

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 16763

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 2017 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) an acknowledgment 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. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

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

Officer's PIN 16763
Date 03/03/2018

Electronic Filing Information Worksheet

Keep for your records

2017

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

Part III - Paid Preparer Information

Firm Name: Jake Tyler CPA PC
Preparer Name: Jake Tyler
Address: 4815 S Sheridan Rd., Suite 104
City: Tulsa, State: OK, ZIP Code: 74145-5715
Preparer Social Security Number or PTIN: P00854034
Employer Identification Number: 45-1772647
Phone Number: (918) 663-0006, Fax Number: (918) 663-0013
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 State/City and checkboxes. Includes 'California State Exempt' and several empty rows.

Part V - Name Control

Name Control, enter here to override default PUEN