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UGDEN UT 84201-0034

In reply refer to: 0425587453
Feb. 21, 2017 LTR 2695C 0 R
42-1590355 201512 67 0
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100 BLACK MEN OF CANTON INC
PO BOX 202
CANTON MS 39046

021557

Taxpayer Identification Number: 42-1590355
Form: 990-EZ
Tax Period: Dec. 31, 2015
29492-021-11101-7

Dear Taxpayer:

We received your Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, for the tax period shown above and need additional information. When responding please send only the requested information ATTACHED BEHIND A COPY OF THIS LETTER. Do not send a complete copy of your return unless the requested information changes your original return.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you are not required to file Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at www.irs.gov.

☒ Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Please send the information to us within 30 days from the date of this letter. To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply.
2. Do not send a copy of your original return because it doesn't have the information we need.
3. Write your Employer Identification Number at the top of each form you send to us.
4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

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In addition to providing the missing or incomplete information, please include a reasonable cause explanation as to why the required information was not originally submitted with your return. Failure to provide both the missing or incomplete information and a reasonable cause explanation may result in penalties being charged to your account.

We don't consider your return filed until we have all the information we need to process it. The date we receive the information requested by this letter is the date we consider your return filed. The law provides a penalty of \$20 a day for filing an incomplete return. The maximum penalty may be as much as \$10,000 or five percent of the gross receipts for the year, whichever is less. If your organization has gross receipts exceeding \$1,000,000, the law provides a penalty of \$100 a day for filing an incomplete return. The maximum penalty may be as much as \$50,000.

If you wish to send the information by fax, our fax number is 801-620-6607. We will not be able to acknowledge receipt of your fax due to the high volume of faxes we receive. Do not send an additional copy of the information by mail. Doing so could delay the processing of your return.

Your fax cover sheet should contain the following information:

Date: 03-09-17
Attention: Reject Unit - Mail Stop 6121
Control number: 29492-021-11101-7

Your Name: Leroy Lacy
Your Employer Identification Number: 42-1590355
Tax Period: 2016
Number of Faxed Pages, including cover sheet: _____

If you have any questions, you may call toll free at 1-877-829-5500. If you prefer, you can write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, provide us your telephone number with the best hours we can contact you in case we need more information. Also, you should keep a copy of this letter for your records.

Your Telephone Number () _____ Hours _____


A copy of this letter and any referenced enclosures have been

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DECLARATION

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

Executive Director

Title

03-09-17
Date

