



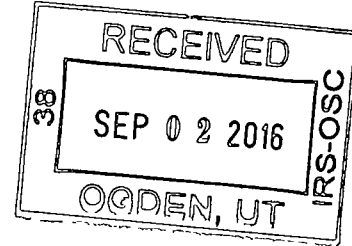
See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



OGDEN UT 84201-0034

In reply refer to: 0425874017  
July 29, 2016 LTR 2695C 0 R  
84-1145675 201512 67  
Input Op: 0425874017 00026094  
BODC: TE

JACKSON COUNTY COUNCIL ON AGING  
PO BOX 861  
WALDEN CO 80480



032001

Taxpayer Identification Number: 84-1145675  
Form: 990-EZ  
Tax Period: Dec. 31, 2015  
29492-177-26501-6

REC'D REJECT CORR SEP 06 2016

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](http://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](http://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.

0425874017  
July 29, 2016 LTR 2695C O-R  
84-1145675 201512 67  
Input Op: 0425874017 00026095

JACKSON COUNTY COUNCIL ON AGING  
PO BOX 861  
WALDEN CO 80480

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: \_\_\_\_\_  
Attention: Reject Unit - Mail Stop 6121  
Control number: 29492-177-26501-6

Your Name: \_\_\_\_\_  
Your Employer Identification Number: \_\_\_\_\_  
Tax Period: \_\_\_\_\_  
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 \_\_\_\_\_

0425874017  
July 29, 2016 LTR 2695C O R  
84-1145675 201512 67  
Input Op: 0425874017 00026096

JACKSON COUNTY COUNCIL ON AGING  
PO BOX 861  
WALDEN CO 80480



We apologize for any inconvenience we have caused, and thank you  
for your cooperation.

032001

Sincerely yours,

A handwritten signature in black ink that reads "Brent R. Wadsworth".

Brent R. Wadsworth  
Dept. Manager, ICO ERS/Rejects

Enclosures:  
Copy of this letter  
Envelope

0425874017  
July 29, 2016 LTR 2695C 0 R  
84-1145675 201512 67  
Input Op: 0425874017 00026097

JACKSON COUNTY COUNCIL ON AGING  
PO BOX 861  
WALDEN CO 80480



DECLARATION

032001

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.

Lorraine Vandagriff, Pres  
Signature of officer or trustee

8-29-16  
Date

Ad of Directors  
Title