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0425876270
Jan. 20, 2017 LTR 2694C 0 R
93-6014702 201606 67
Input Op: 0425876270 00021237

THE ARC OF BENTON COUNTY INC
414 NW 4TH ST
CORVALLIS OR 97330



DECLARATION

010135

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.

Jane S. Hall
Signature of authorized individual
Executive Director
Title

1-27-17
Date

OGDEN UT 84201-0034

OMB Clearance No.: 1545-0047

In reply refer to: 0425876270
Jan. 20, 2017 LTR 2694C 0 R
93-6014702 201606 67
Input Op: 0425876270 00021234
BODC: TE

THE ARC OF BENTON COUNTY INC
414 NW 4TH ST
CORVALLIS OR 97330



010135

Taxpayer identification number: 93-6014702
Form: 990
Tax period: June 30, 2016
Document locator number: 29493-366-11300-6

Dear Taxpayer:

We received your Form 990, Return of Organization Exempt From Income Tax, for the tax period listed above and need additional information. Please send only the requested information and attach it behind a copy of this letter. Don't send a copy of your return unless the information we request changes the original return.

Schedule B is missing or incomplete. Schedule B, Schedule of Contributors, is normally a required attachment for organizations that file a Form 990 and received contributions of \$5,000 or more from any contributor. You must complete and attach Schedule B or certify you're not required to file it. You can find instructions for filing Schedule B in the Form 990 and Schedule B instructions.

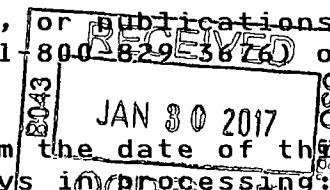
Check here if the organization isn't required to attach Schedule B. You must also sign the declaration at the end of this letter.

You can get any of the forms, instructions, or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-5876) or visiting our website at www.irs.gov/formspubs.

Send us the information within 30 days from the date of this letter, using the enclosed envelope. 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 organization's 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.

In addition to providing the missing or incomplete information, include a reasonable cause explanation as to why you didn't submit the required information with your return, if applicable. We may charge you a penalty if you fail to provide both the missing or incomplete information and a reasonable cause explanation.



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We don't consider your return filed or complete 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. The amounts in this paragraph may be increased by inflation adjustments as required by law.

If you want to send the information by fax, our fax number is 855-309-9361. We won't be able to acknowledge the receipt of your fax due to the high volume of faxes we receive. Don't send an additional copy by mail. Doing so could delay the processing of your form.

Please include a cover sheet with the following information:

Date: _____

Attention: Reject Unit

Mail Stop 6121

Control number: 29493-366-11300-6

Your name: _____

Your employer identification number: _____

Tax period: _____

Number of pages: _____

If you have questions, you can call us 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.

When you write, include a copy of this letter and provide in the spaces below your telephone number and hours we can reach you. Keep a copy of this letter for your records.

Telephone number () _____ Hours _____

Thank you for your cooperation.

0425876270

Jan. 20, 2017 LTR 2694C O R

93-6014702 201606 67

Input Op: 0425876270 00021236

THE ARC OF BENTON COUNTY INC
414 NW 4TH ST
CORVALLIS OR 97330



010135

Sincerely yours,

Karen E. Peat

Karen Peat
Department Manager, ICO/ERS/Rejects

Enclosures:
Copy of this letter
Envelope