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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	ar year 2016 or tax year beginning , a	and ending				
Na	me of four	ndation			A Empl	oyer identification number	
т.	ОНИ	PATRICK ALBRIGHT FOUNDATION			55	-0707906	
		street (or P O box number if mail is not delivered to street address)	T R	pom/suite		hone number (see instructions	
		JACKSON AVENUE				4-485-3786	,
	•	state or province country, and ZIP or foreign postal code ERSBURG WV 26101			C If exe	mption application is pending	check here
			rn of a former public ch	antv	D 1 Fa	oreign organizations, check he	re 🕨 🗍
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return Amended	•	 ,	l	oreign organizations meeting th	
		Address change Name cha			1	5% test, check here and attach	
Н С	heck ty	ype of organization X Section 501(c)(3) exempt private	 _		F If nav	ate foundation status was term	under
			e private foundation		,	n 507(b)(1)(A), check here	► □
		ket value of all assets at J Accounting method		rual	F If the	foundation is in a 60-month ter	mination
وححو		ear (from Part II, col. (c), Other (specify)			ſ	section 507(b)(1)(B), check hi	. 1 - 1
	ne 16) 🕽		be on cash basis)				
<u>े P</u>	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) blot m		(a) Advisted and	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes
111	1				estantian		(cash basis only)
	2	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch. B			######################################		
<u></u>	3	Interest on savings and temporary cash investments	Transfer of the state of the	واستياسه وورعه وأياطاره	odionale ad an action.	and the second s	
, ' '	4	Dividends and interest from securities	12,835		12,835		
153	5a	Gross rents					
- 7	Ь	Net rental income or (loss)					
١٩٩	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-3,096				
Revenue 4.7	b	Gross sales price for all assets on line 6a 83,762		数据编		Participation of the Participa	
Å.	7	Capital gain net income (from Part IV, line 2)			0		
_	8	Net short-term capital gain				0	
	9	Income modifications		A THIRD			
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)		是发展发展			
	11	Other income (attach schedule)		ļ			
	12	Total. Add lines 1 through 11	9,739		12,835	0	
ဟ္	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages		 			
Je.	15	Pension plans, employee benefits	<u></u>	 		RE	EIVED
_	16a	Legal fees (attach schedule)	2 000				
ā	b	Accounting fees (attach schedule) STMT 2	2,800	 		8 NO/	2 2 2017 S
Ę,	C	Other professional fees (attach schedule)		 			2 2 2011
it	17	Taxes (attach schedule) (see instructions) STMT 3	382				
Ę,	18	Depreciation (attach schedule) and depletion	302			- L OG	DEN LIT
Έ	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
pu	22	Printing and publications					
Operating and Administrative Ex	23	Other expenses (att sch) STMT 4	45	<u> </u>			
ij	24	Total operating and administrative expenses.					
<u>ra</u>	1	Add lines 13 through 23	3,227		0	0	0
þe	25	Contributions, gifts, grants paid					40,000
-	26	Total expenses and disbursements. Add lines 24 and 25	43,227		0	0	40,000
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-33,488			TO STATE OF	生"节的并引作
	b	Net investment income (if negative, enter -0-)				THE PROPERTY OF	
	ے ا	Adjusted net income (if negative, enter -0-)		A Section of		ı 0	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

16,369

40,000

7

7 Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	green has general pr	ALBRIGHT FOUNDALL		1101906		Page 6
Pa	art VII B Statements Regarding	Activities for Which Form	n 4720 May Be Ro	equired (conti	nued)	
5a	During the year did the foundation pay or inc	ur any amount to		_		
	(1) Carry on propaganda, or otherwise atten	npt to influence legislation (section	4945(e))?	\ _ \	∕es X No	
	(2) Influence the outcome of any specific pu	blic election (see section 4955), or t	to carry on,	_		
	directly or indirectly, any voter registratio	n drive?		\ \\	∕es X No	
	(3) Provide a grant to an individual for travel	, study, or other similar purposes?			res 🏻 No	
	(4) Provide a grant to an organization other	than a charitable, etc , organization	described in			
	section 4945(d)(4)(A)? (see instructions)			\ \ \	res X No	
	(5) Provide for any purpose other than religi	ous, chantable, scientific, literary, o	r educational			
	purposes, or for the prevention of cruelty	to children or animals?		\ <u> </u>	∕es X No	
þ	If any answer is "Yes" to 5a(1)–(5), did any of	f the transactions fail to qualify und	er the exceptions desc	cribed in		
	Regulations section 53 4945 or in a current r	iotice regarding disaster assistance	(see instructions)?		N/A	5b
	Organizations relying on a current notice reg	arding disaster assistance check he	ere		▶ []	
C	If the answer is "Yes" to question 5a(4), does	the foundation claim exemption fro	om the tax	/- 🗀		
	because it maintained expenditure responsib	ılıty for the grant?		N/A 🗌	es No	
	If "Yes," attach the statement required by Re	gulations section 53 4945–5(d)				
6a	Did the foundation, during the year, receive a	ny funds, directly or indirectly, to pa	ay premiums		E	
	on a personal benefit contract?				es X No	
b	Did the foundation, during the year, pay pren	nums, directly or indirectly, on a per	rsonal benefit contract	?		6b X
_	If "Yes" to 6b, file Form 8870			г.	. .	
	At any time during the tax year, was the foun				es X No	
	If "Yes," did the foundation receive any proce				N/A	7b
μa		ers, Directors, Trustees, F	oundation Mana	gers, nignly r	aid Employe	es,
4 1	and Contractors	ing manager and their sampen	enation (see instructi			
	ist all officers, directors, trustees, founda	non managers and their compen	sation (see instruction	ons).	(d) Contributions to	T
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and addre	ess	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	other allowances
		MARTONY	DDECTDENT AN		Component	
	ERESA L. CAVI	MADISON	PRESIDENT AN	o		
	2 NAUTILUS DRIVE #207	WI 53705	1.00 VICE PRESIDE			
	SEPH P. ALBRIGHT, JR.	PARKERSBURG WV 26101	1.00	,	o	0
_12	03 JACKSON AVENUE	WV 20101	1.00			<u>°</u>
						
2	Compensation of five highest-paid emplo	yees (other than those included	on line 1 – see instru	uctions). If none,	enter	·
	HORE.			<u> </u>	(d) Contributions to	1
	(a) Name and address of each employee paid r	nore than \$50 000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expense account,
	(a) Name and address of each employee paid	1012 41411 \$00,000	devoted to position	(c) componed and	plans and deferred compensation	other allowances
NO.	NE					
	•••					
			1			
						
			1]
_						
ota	I number of other employees paid over \$50,00	0			>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the riorganizations and other beneficianes served, conferences convened, research papers produced, etc.	number of	Expenses
1 N/A		
2	ļ	
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions	5)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
1 41/44	ĺ	
2		
All albert and an explanate Control and a second a second and a second		
All other program-related investments. See instructions 3		

▶

Total. Add lines 1 through 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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39,872

5

6

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

<u>Forn</u>	1 990-PF (2016) JOHN PATRICE	K ALBRIGHT 1	FOUNDATION	55-07079	006	Page
P	art XIII Undistributed Income	e (see instructions)		·	
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part X	(I,	Corpus	Years prior to 2015	2015	2016
	line 7				James 17	20,984
2	Undistributed income, if any, as of the en-	d of 2016				
а	· · · ·					
b	· · · · · · · · · · · · · · · · · · ·					
3	Excess distributions carryover, if any, to 2	2016				
a	From 2011					
b	From 2012					
C	From 2013					
d		14 126				
e		14,136	1			
4	Total of lines 3a through e	. VII	14,136			
4	Qualifying distributions for 2016 from Part line 4 > \$ 40,000	I XII,				
a						
	Applied to undistributed income of prior ye			00-01-01-01-01-01-01-01-01-01-01-01-01-0		
Ü	(Election required – see instructions)	5415				
c	Treated as distributions out of corpus (Ele	ection	TOTAL CAREFORNIA A ACCORDAN			
Ĭ	required – see instructions)	.000				
ď				March and Control of the Control of		20,984
e	Remaining amount distributed out of corp.	us	19,016			
5	Excess distributions carryover applied to 2					and the second of the second o
	(If an amount appears in column (d), the s					
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	t line 5	33,152			
b	Prior years' undistributed income Subtract	ct c				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribu	ıted				
	income for which a notice of deficiency ha					
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions			PROPERTY OF STREET		
е	Undistributed income for 2015 Subtract li	ne				
	4a from line 2a Taxable amount – see instructions					
f	Undistributed income for 2016 Subtract lii	nos				
•	4d and 5 from line 1. This amount must be					
	distributed in 2017	•				0
7	Amounts treated as distributions out of co	rous	C AND DESCRIPTION OF THE CASE OF			
	to satisfy requirements imposed by section	•				
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions)			三等的		
8	Excess distributions carryover from 2011	not		NY STATE OF STATE OF	7. 大字·数·证据》	
	applied on line 5 or line 7 (see instructions	s)				可認識學的學
9	Excess distributions carryover to 2017			连通过,	如為一個人	
	Subtract lines 7 and 8 from line 6a		33,152			
10	Analysis of line 9			を という はいか	经算主经行政等	The state of the s
а	Excess from 2012	L		美国建筑		
þ	Excess from 2013	 	經濟(大震)	"是是这个意思!		
С	Excess from 2014					
ď	Excess from 2015	14,136			A. S. A.	
_е	Excess from 2016	19,016	The state of the s	在原理的主要"被"的对	5 年上刊 "美頭"屬	医神经性 医毛毛病 在一种的

Forn	1 990-PF (2016) JOHN PATRICK	ALBRIGHT I	OUNDATION_	<u>55-0707</u>	906	Page 10
ΞP;	art-XIV Private Operating Fou	u <mark>ndations</mark> (see in:	structions and Part	t VII-A, question 9)	
1a	If the foundation has received a ruling or o	letermination letter tha	t it is a private operating	9		-
	foundation, and the ruling is effective for 2	016, enter the date of	the ruling	•		
b	Check box to indicate whether the foundar	tion is a private operati	ng foundation describe	d in section	1942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for					
	each year listed			}	1	
b	85% of line 2a				 	
c	Qualifying distributions from Part XII,				1	
•	line 4 for each year listed					
~	· ·			 	 	
q	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
6	Qualifying distributions made directly					
	for active conduct of exempt activities		1	i		
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		İ			
	alternative test relied upon					
a	"Assets" alternative test – enter					
	(1) Value of all assets	- <u>-</u> -				<u></u>
	(2) Value of assets qualifying under			ĺ		
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3	-				
	of minimum investment return shown in			ļ		
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
_	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					<u>_</u>
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in		{	}	1	
	section 4942(j)(3)(B)(III)	·				
	(3) Largest amount of support from		{	}	1	
	an exempt organization		ļ		 	
	(4) Gross investment income			<u> </u>	105.000	
҈₽a	Supplementary Inform			he foundation ha	id \$5,000 or more i	n assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Mai	=				
а	List any managers of the foundation who h	nave contributed more	than 2% of the total cor	ntnbutions received by	the foundation	
	before the close of any tax year (but only i	f they have contributed	more than \$5,000) (Se	ee section 507(d)(2))		
	N/A					
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	(or an equally large p	ortion of the	
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greater	interest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	olarship, etc., Progran	ns:		
	Check here ▶ X if the foundation only	makes contributions to	preselected chantable	organizations and do	es not accept	
	unsolicited requests for funds. If the found	ation makes gifts, gran	its, etc. (see instruction	s) to individuals or org	anizations under	
	other conditions, complete items 2a, b, c,		•	•		
a	The name, address, and telephone number		the person to whom ap	plications should be a	ddressed	
-	N/A					
	The form in which applications should be	submitted and informat	ion and materials they	should include		
-	N/A					
С С	Any submission deadlines					
_	N/A					
d	Any restrictions or limitations on awards, s	uch as by geographica	al areas, chantable field	s, kinds of institutions,	or other	
	factors					
	NI / N					

3 Grants and Contributions Paid During the	Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year UNIVERSITY OF COLORADO REGENT ADMIN CENTER, STE BOULDER CO 80309		ACTIVE	RESEARCH	40,000
		}		
Tabl			▶ 3a	40,000
Total b Approved for future payment				
N/A				
Total			▶ 3b	
				222 DE

1 - 1 - 1 - 1 - 1 - 1 - 1	Income Producing		.014	31013	00	Page 12
Enter gross amounts unless otherwise	f Income-Producing /		ed business income	Evoludo	d by section 512, 512, or 514	<u> </u>
	e indicated	(a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue						(See instructions)
a				 		
b				 		<u> </u>
c						
d						
ef	· · · · · · · · · · · · · · · · · · ·			1		
g Fees and contracts from gove	ornment agencies		 	 		
2 Membership dues and assessme	-			 		
3 Interest on savings and temporary				1 -		
Dividends and interest from secur				14	12,835	
5 Net rental income or (loss) from re				ASPE		
a Debt-financed property				F 2 EW 81 30-32	20 11 21 11 21 22 11 24 21 22 11 11 11 11 11 11 11 11 11 11 11	Tables (10 m) and a minimal manifold frame.
b Not debt-financed property						
6 Net rental income or (loss) from p	personal property					
7 Other investment income	,					
8 Gain or (loss) from sales of asset	s other than inventory			18	-3,096	
9 Net income or (loss) from special	events					
0 Gross profit or (loss) from sales o	of inventory					
1 Other revenue a						
b						
c						
d						
e				\$*6325GE	0.730	
Subtotal Add columns (b), (d), ar					9,739	9,739
13 Total Add line 12, columns (b), (c					13	9,139
See worksheet in line 13 instructions Part XVI B Relationsh	ip of Activities to the	Accomplishm	ent of Exempt Pi	irnoses		
	each activity for which incor					
	f the foundation's exempt pu					·)
N/A		· · · · · · · · · · · · · · · · · · ·	<u></u>			
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-					 _	
						
						
						
						
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orm 990)-PF (201:	e) QHI	N PATE	SICK AL	BRIGH.	r rc	UNDAT	ION	55-	0707906			Pac	ge <u>1</u> 3
Part >			_	-	insfers T	o and	Transac	ctions	and Relati	onships Witl	Noncha	ritable		
1 Did			Organiza			- (-1)-						207.22	V	
								-	organization de				Yes	No
			Joue (other	than section	1 50 1(0)(3) 0	rganiza	alions) or in	secuor	527, relating to	o politicai				
_	anization													
a Tra	insfers fro	m the repor	rting founda	ation to a non	charitable e	xempt	organizatior	n of				200		
(1)	Cash											1a(1)		X
(2)	Other as	sets										1a(2)		X
b Oth	er transa	ctions												
(1)	Sales of	assets to a	noncharital	ble exempt o	rganization							1b(1)		X
				ncharitable ex	-	nzation						1b(2)		X
				or other asse								1b(3)		X
				or office asse	15									X
		sement arra	-									1b(4)		
		loan guara			_							1b(5)		X
				mbership or f								1b(6)		X
c Sha	aring of fa	cilities, equi	ipment, mai	ılıng lısts, oth	er assets, o	r paid e	employees					1c		<u> </u>
d If th	ne answei	to any of th	ne above is	"Yes," compl	lete the follo	wing so	chedule Co	lumn (b	o) should alway	s show the fair m	arket			
valu	ue of the	goods, othe	r assets, or	services give	en by the re	porting	foundation	If the f	oundation recei	ved less than fail	market			
valu	ue in any	transaction	or sharing a	arrangement,	, show in co	lum <u>n</u> (c	f) the value	of the	joods, other as	sets, or services	received			
(a) Lin	e no	(b) Amoun	it involved	(c) Name	e of nonchantat	le exemp	t organization		(d) Des	enption of transfers tra	insactions and	shanng arrangemen	ts	
A\I												-		
	-	·												
														
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											,			
0- 1-11					45									
		•		•					npt organizatio	ns			. T v	No
				ode (other th	ian section t	001(c)(3)) or in sec	tion 52	(7			∐ Y€	s A	סאו
b If "Y			llowing sch	edule				— r						——
) Name of orga	inization		(p)	Type of o	rganization	<u> </u>		(c) Descrip	tion of relationsh	ıp		
N/I	<u> </u>													
												 		
													_	
	Under pen	alties of penjury	, I declare tha	t I have examine	ed this return, in	cluding a	accompanying	schedule	s and statements, a	and to the best of my	knowledge and	belief, it is true,		
	correct, an	d complete De	eclaration of pr	eparer (other tha	an taxpayer) ış	based or	all information	n of which	preparer has any	knowledge	May the	IRS discuss this re	turn	
ian											, ,	preparer shown be		_
Sign		1		1	1							structions)?	Yes [] No
lere		[]	1/1	1114	#		1	111.	-/1-	N 2222	 TD::::::::::::::::::::::::::::::::	7 VID	7 011	
l		Josep	nov	My M	Z			7111	3///		IDENT	AND TRE	ASU	
	\$/90	ture of officer of	rtrustee					Date		Title				
	PnnvTyp	e preparer's na	ıme				Preparer's si	gnature			1	Date	Check	[] a
منحا	1												self-em	ployed
aid	RANDO	LPH A.	PRESTO	N, CPA			RANDOL	PH_A	PRESTON	, CPA		11/06/17		
reparer	Firm's na	ame ▶	MCDON	OUGH,	EDDY,					A.C.	PTIN	P00840	848	
lse Only	Firm's ac			X 184	··						Firm's EIN ▶	55-060	353	5
				RSBURG	, wv	261	02-01	84			Phone no	304-42		

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Description	tion		How Received				•
Whom D Sold Acq	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
14.264 SHRS ITC HLDGS CORP	RP		PURCHASE	· (· ·	ú
4/US/IS 15.843 SHRS KINDER MORGAN INC COM	N INC CO	4/02/16 ÷ WW	612 > PURCHASE	A 0 T 0			
2.144 SHRS BAXALTA INC COM	, MO	4/05/16	273 PURCHASE	462			-189
		4/05/16	85	69			16
3.942 SHRS BAXTER INTL		4/05/16	PURCHASE 159	192			-33
58.016 SHRS KAYNE ANDERSC	ANDERSON ENERGY	3Y 4/05/16	PURCHASE 445	799			-354
6.098 SHRS ISHARES MSCI			PURCHASE				
0.802 SHRS ADVANSIX INC COM		4/02/16	2U3 PURCHASE	F 7 72			
183 832 SHBS BAXTER INTL INC	ر	10/06/16	11 PIIRCHASE	v			ហ
CAUC		3/31/16	7,383	7,203			180
184.594 SHRS BAXALTA INC COM		3/31/16	PURCHASE 7,293	5,821			1,472
200 SHRS TERADATA CORP DEL COM		91/18/8	PURCHASE 5.088	8.339			-3,251
213.744 SHRS WAL-MART STORES INC COM	ORES INC	COM COM 3/31/16	PURCHASE				3 122
265.944 SHRS ISHARES MSCI	H	0 1 / 1 0 / 0	PURCHASE	_			1
3/31/16	ONT NA	3/31/16 SOM	8,881 PURCHASE	11,678			-2,797
		3/31/16	4,881	8,956			-4,075
SHRS	SON ENER	⟨GY 3/31/16	PURCHASE 3,361	10,882			-7,521
706.161 SHRS ITC HLDGS CORP	ORP	3/31/16	PURCHASE 30,261	20,003			10,258
6.046 SHRS WAL-MART STORES INC COM 4/05/16	ES LNC	JOM 4/05/16	PURCHASE 409	423			-14

-3,096

Form	Inte	rest and Penalty \	Norksheets			
990-PF	For calendar year 2016, or tax ye		, and end	na		2016
ame		ar ocganing	, and cha	ing	Taxpayer	dentification Number
70101 53 85 7	- AV 3.7.0.7.0				}	
JOHN PATRI	CK ALBRIGHT FOUNDAT	LION ate Payments and Fai	luro to Eilo Marka	hoot	55-07	07906
	interest on La	ne rayments and rai	iure to riie works			
	Description	Amount	Balance	No. of Days	Rate	Late Interest
TAX ON RET		128	128			
INTEREST 5			128	46	4.00	
INTEREST 7 INTEREST 1	0/1-9/30		129 130	92 46	$\frac{4.00}{4.00}$	
FAILURE TO			131		4.00	
						
						
						
					 -	
						
						
						
						
						
						
Total interest on I Total failure to file		RESSED ON RET	URN		-	
	Fa	ailure to Pay Penalty	Worksheet	No. of	•	
MAY TOD DE	Description	Amount	Balance	Month		FTP Penalty
TAX FOR PE	NALTY 5/15-11/15		12	<u>86</u>	-	
					-	
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					- -	
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Total failure to pay penalty