efile	e GRAPHIC pri	nt - DC	NOT PROCESS	As Filed Data -			DLN:	93393318031502
	990-T		<b>Exempt Orga</b>	nization Bus	iness Inc	ome Tax Ret	urn	OMB No. 1545-0047
Form	990-i		and	proxy tax unde	er section 6	033(e))		2021
		Foi	r calendar year 2021 or	other tax year beginnin	g <u>04-01-2021</u>	and ending 03-31	-2022	2021
	ment of the Treasury 1 Revenue Service	►Do	►Go to www.irs.go not enter SSN numbers	ov/Form990T for ins s on this form as it may				Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b> [	Check box if address changed.	Print	Name of organization Virginia G Piper Char	n ( $\square$ Check box if na itable Trust	me changed and	see instructions.)	<b>D</b> Em <sub>1</sub> 86-624	ployer identification number 17076
<b>✓</b>	xempt under section 501( c3 ) 408(e)	or Type	Number, street, and 1202 East Missouri A	room or suite no. If a venue	P.O. box, see in	structions.		rup exemption number instructions)
	408A	G . D	Phoenix, AZ 850142					Check box if an amended return.
G Ch	neck organization t		k value of all assets at	t end or year		,549,315		
	neck if filing only to			<u>`</u>	· ,	☐ Other trust		
	- :		ation filing a consolida	orm 8941 Claim				
								· · · · ·
			d Schedules A (Form secondaria)	•		<b>&gt;</b>		<b>.</b>
	= :		•	· -	· ·	absidiary controlled <u>c</u>	group?	· ► ∐ Yes ☑ No
			l identifying number of /irginia G Piper Charita		on 🕨	Tale	anhone numb	per ► (480) 948-5853
	ie books are in car		.202 East Missouri Ave			Tele	sprione name	Jei 🕨 (400) J40 3033
			Phoenix, AZ 85014292					
Pai			d Business Taxab					
1	Total of unrelated instructions)		ss taxable income com	•	ed trades or bus	sinesses (see	. 1	0
2	Reserved .						. 2	
3	Add lines 1 and 2						. 3	0
4	Charitable contrib	outions (	see instructions for lin	nitation rules) .			. 4	0
5	Total unrelated be	usiness t	taxable income before	net operating losses.	Subtract line 4 f	rom line 3	. 5	0
6	Deduction for net	operati	ng loss. See instruction	ns 🔧			. 6	0
7			ss taxable income befo	•		A deduction.		
_	Subtract line 6 fro						. 7	0
8	•		ally \$1,000, but see in	·	ŕ		. 8	0
9			duction. See instruction				. 9	
10			ines 8 and 9				. 10	0
11			<b>able income.</b> Subtraction		-	,	1 1	0
Par	t III Tax Com						.	
1		•	as corporations. Mul	 tiply Part I. line 11 by	21% (0.21)		<b>▶ 1</b>	
2	Trusts taxable a	at tru <u>st</u>	rates. See instruction	s <u>fo</u> r tax computation	. Income tax on	the amount on		
_			Tax rate schedule or	∟ Schedule D (Forn	n 1041)       •   •		<b>2</b>	0
3	Proxy tax. See in						► 3	
4	Other tax amount							
5	Alternative minim		` ',				. 5	
6		•	acility income. See in				. 6	
7			h 6 to line 1 or 2, which ice, see instructions.	chever applies Cat. No.			. 7	Form <b>990-T</b> (2021)
ror Pa	sperwork Reduction	I ACT NOT	ice, see instructions.	Cat. No.	TIZAII			rorm <b>990-1</b> (2021)

	990-T (202	,					Page <b>2</b>
Part	Ta	x and Payments					
1a	Foreign ta	x credit (corporations attach Form 1118	; trusts attach Form 1116)	1a			
b	Other cred	lits (see instructions)		<b>1</b> b	0		
		ısiness credit. Attach Form 3800 (see in	,	1c	0		
d	Credit for	prior year minimum tax (attach Form 88	301 or 8827)	1d			
е	Total cre	dits. Add lines 1a through 1d				1e	0
2		ne 1e from Part II, line 7	<u>.</u> <u>.</u>	<u>.</u>		2	0
3	Other amo	ounts due. Check if from: 🔲 Form 4255	☐ Form 8611 ☐ Form 8	8697 🗌 Form 886	6		
		☐ Other (atta	ch statement)			3	0
4		. Add lines 2 and 3 (see instructions). $\ \Box$ 94. Enter the tax amount here	Check if includes tax previ	iously deferred unde	er	4	0
5		et 965 tax liability paid from Form 965-A	Part II column (k)			5	
		A 2020 overpayment credited to 2021		6a			
	•	nated tax payments. Check if section 64		6b			
		' '	o(g) election applies ▶ □	6c			
	•	ganizations: Tax paid or withheld at sou		6d			
	_	thholding (see instructions)		6e			
		- ,		6f			
		small employer health insurance premiu		"			
g		lits, adjustments, and payments:	orm 2439 Total ▶				
_				6g	0	_	_
7		ments. Add lines 6a through 6g			:_	7	0
8		tax penalty (see instructions). Check if			▶⊔	8	
9		If line 7 is smaller than the total of lines			🕨	9	
10	Overpayr	nent. If line 7 is larger than the total of	lines 4, 5, and 8, enter amo	ount overpaid	🕨	10	
11		amount of line 10 you want: <b>Credited t</b>			efunded▶	11	
Part	t IV St	atements Regarding Certain Act	ivities and Other Info	rmation (see inst	tructions)		
2 3 4 5	During the If "Yes," s Enter the Enter avai on Schedu Post-2017	Foreign Bank and Financial Accounts. If tax year, did the organization receive a see instructions for other forms the organ amount of tax-exempt interest received lable pre-2018 NOL carryovers here.  le A (Form 990-T). Don't reduce the NO NOL carryovers. Enter available Busines	a distribution from, or was it nization may have to file. or accrued during the tax you 2,761,745. It carryover shown here by a services Activity Code and post-20	the grantor of, or to ear	ransferor to, a  \$ 455  post-2017 NOI ted on Part I,  Don't reduce	L carryover shown line 4.	No No
	snown bei	ow by any NOL claimed on any Schedule  Business activity code	A, Part II, line 1/ for the ta	ax year. See instruct Available post-2017		rer	
9011	01	<u> </u>	\$	<u> </u>		6,970,148	
			\$				
			\$				
			\$				
		ganization change its method of account	• '				No
b		es," has the organization described the o	change on Form 990, 990-E	Z, 990-PF, or Form 1	L128? If "No,'	explain in Part V	
Par	t V Su	pplemental Information					
Provid	de the expl	anation required by Part IV, line 6b. Also	, provide any other addtion	al information. See i	instructions.		
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration o					
c:~		it is true, correct, and complete. Declaration o	preparer (other than taxpayer)	is based on an informa-	don or writer pri	eparer has any knowled	ige.
Sig	l k		I .		ı	14 II TDG II II	1
Hei	re 📗 c	AREY CHAMBERS	2022-11-14 CFO			May the IRS discuss the with the preparer show	
	F   5	ignature of officer	Date Title			(see instructions)? ✓	
		<u> </u>	Preparer's signature	Date	<u> </u>	IPTIN	
D-:		Diane Kirmaci	r reparer a signature	Date	Check ☐ if self-employed	P01578407	
Paic		Firm's name CROWELLS			<del>                                     </del>		
	parer	Firm's name ► CROWE LLP			Firm's EIN ►	27-0251000	
Use	Only	Firm's address ► 575 Market Street Suite 3	300		Phone no. (4:	15) 576-1100	
		San Francisco, CA 94105	5829		,		
		Jan Francisco, CA 94103	3027		<u> </u>	Form 0	<b>90-T</b> (2021)
						1011113	(2021)

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393318031502							
TV 2024 Imaginal applications	in C Cours Colo								
TY 2021 IncomeLossPartnershipSCorpSch									

Name: Virginia G Piper Charitable Trust

**EIN:** 86-6247076

**Software ID:** 21012671

		Software	version:	202174.3	
Total gross receipts	Cotal gross recei	ite			

PASS-THROUGH INVESTMENT INCOME (LOSS)

Software V	ersion:	2021v4.3	

458

Gain or loss

-663,865

Share of deductions

-663,407

# Total share of gross income: -663,407 Total share of deductions: 458

Total gain or loss: -663,865

TY 2021 InterestSchedule	
Name:	Virginia G Piper Charitable Trust
EIN:	86-6247076

DLN: 93393318031502

Software Version: 2021v4.3

IRC Section Number Interest description Interest amount

PASS-THROUGH INTEREST EXPENSE 3,142

Total Interest Amount: 3,142

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Software ID:** 21012671

#### TY 2021 OtherDeductionSchedule

Name: Virginia G Piper Charitable Trust

**EIN:** 86-6247076

**Software ID:** 21012671

Software Version: 2021v4.3

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Lobbying amount:

Accounting amount:

**Investment management** 

amount: Advertising and promotion

amount:
Insurance amount:

**Occupancy amount:** 

Travel amount:

Information technology amount:

Office expenses amount:

 Other type of deduction
 Other type deduction amount

 PROFESSIONAL FEES
 13,400

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393318031502
TY 2021 Post2017NOLSchedu	le	
Name:	Virginia G Piper Charitable Trust	
EIN:	86-6247076	

Software ID: 21012671

Software Version: 2021v4.3										
Activity code	Schedule A reference number for this instance	Total number of Schedule As included	Post-2017 NOL carried forward from prior year	Total Post-2017 NOL Activities Included on Schedule A	Post-2017 Carried Over to Subsequent Tax Years					
901101	1	1	7,655,464	0	7,655,464					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393318031502
TY 2021 Pre2018NOLSchedul	e	
Name:	Virginia G Piper Charitable Trust	
EIN:	86-6247076	
Software ID:	21012671	
Software Version:	2021v4.3	
Pre-2018 NOL carried forward from prior year:	2,761,745	
Pre-2018 NOL Included in NOL deduction:	2,761,745	
Pre-2018 NOL Activities Included on Schedule A		
Activity code	Post-2017 Carried Over to Subsequent Tax Years	
Total Pre-2018 NOL Activities Included on Schedule A:	0	
Total Pre-2018 NOLs Applied:	0	
Balance remaining after total Pre- 2018 applied:	2,761,745	
Pre-2018 NOL Expiring Current		

Year: 0

**Subsequent Tax Years:** 2,761,745

**Pre-2018 Carried Over to** 

efil	e GRAPHIC print	- DO NOT PROCESS	As Filed I	Data	ı - T								DLN:	933933180315	02
SC	HEDULE A	Unre	lated Bu	sin	ess	Ta	xabl	e Ir	ncor	ne				OMB No. 1545-0047	<del>,</del>
(Fo	rm 990-T)	From	an Unre	late	ed 1	Γrac	de o	r Bu	sine	ess				2021	
			/=								-			2021	
	tment of the Treasury al Revenue Service	►Go to www.irs ►Do not enter SSN numb											3).	Open to Public Inspection 501(c)(3) Organizations (	n for Only
A Name of the organization Virginia G Piper Charitable Trust  B Employer identification 86-6247076					ation	number									
<b>c</b> (	Inrelated business ac	ctivity code (see instructio	ns) ▶ 901101	D	Seque	ence:			1			of		1	
E (	Describe the unrelate	d trade or business <b>&gt;</b> Inv	estment Activit	ies											
Pa	rt I Unrelated	Trade or Business Ir	ncome				(A) In	icome		(	(B) E	xpense	s	(C) Net	
1a	Gross receipts or sa	ales	0												
b	Less returns and allow	vances	0 <b>c</b> Balan	ce ►	1c				0						
2	Cost of goods sold	(Part III, line 8)			2				0						
3	Gross profit. Subtra	act line 2 from line 1c .			3				0						0
4a		ome (attach Sch D (Form tions)			4a				0						0
b	Net gain (loss) (For	m 4797) (attach Form 47	97) (see instructi	ons)	4b				0						0
c	Capital loss deducti	on for trusts			4c	<b>%</b> ∫		-:	3,000					-3,	.000
5	` ,	a partnership or an S cor			5	<b>9</b>		-66	3,865					-663,	.865
6	Rent income (Part I	(V)			6				0				0		0
7	Unrelated debt-fina	nced income (Part V)			7				0				0		0
8		royalties, and rents from /I)			8				0				0		0
9	Investment income organizations (Part	of section 501(c)(7), (9), VII)	or (17)		9				0				0		0
10	Exploited exempt a	ctivity income (Part VIII)			10				0				0		0
11	Advertising income	(Part IX)			11				0				0		0
12	Other income (see	instructions; attach stater	ment)		12				0						0
13	Total. Combine line	es 3 through 12			13			-66	6,865				0	-666,	865
Pai		ns Not Taken Elsewh with the unrelated bus			ons f	or lin	nitatio	ns on	dedu	ction	s) D	eductio	ns m	ust be directly	
1	Compensation of of	ficers, directors, and trust	tees (Part X) .										1		0
2	Salaries and wages												2		0
3	Repairs and mainte	nance											3		0
4	Bad debts												4		0
5	Interest (attach sta	tement) (see instructions	) <b>%</b> J										5	3,	142
6													6	1,	.802
7	Depreciation (attac	h Form 4562) (see instruc	ctions)					7				0			
8	Less depreciation c	laimed in Part III and else	where on retur	n				8a				0	8b		0
9	Depletion												9		107
10		ferred compensation plans											10		0
11	Employee benefit p	rograms											11		0

12

13

14

15

16

17

18

Schedule A (Form 990-T) 2021

0

0

13,400

18,451

-685,316

-685,316

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

Excess exempt expenses (Part VIII)

Other deductions (attach statement)

Total deductions. Add lines 1 through 14

Deduction for net operating loss (see instructions)

Excess readership costs (Part IX)

12 13

14

15 16

17

Sched	dule A (Form 990-T) 2021				Page <b>2</b>
Part	Cost of Goods Sold Enter m	nethod of inventory valu	uation ▶		
1	Inventory at beginning of year			1	0
2	Purchases			2	0
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement	:)		4	
5	,			5	0
6	Total. Add lines 1 through 5			6	0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6				0
9	Do the rules of section 263A (with respect to pr				Yes <b>⊻</b> No
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with	Real Property)	
1	Description of property (property street address	s, city, state, ZIP code). Cl	neck if a dual-use (see	instructions)	
	A 🖳				
	В 🗌				
	c ∐				
	D L				
-	Rent received or accrued	A	В	С	D
2	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds 50% or if the rent is based on profit				
	or income)				
C	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter h	ere and on Part I, line	6, column (A) . ▶ _	0
4	Deductions directly connected with the income		T	T	
•	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through	ah D. Enter here and on Pa	ort I line 6 column (R)		0
	<u></u>		art 1, line 0, column (b)		
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ac	ldress, city, state, ZIP cod	e). Check if a dual-use	(see instructions)	
	A				
	в 📙				
	<u> </u>				
	D ∐		ъ Т	•	
-	Cross income from or allocable to debt	Α	В	С	D
4	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
	allocable to debt-financed property (attach				
_	statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,,,	70	70	70
8	Total gross income (add line 7, columns A thr	ough D). Enter here and c	on Part I, line 7, column	n(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6	- ,	, ,		
10	<b>Total allocable deductions.</b> Add line 9, colum	nns A through D. Enter her	e and on Part I, line 7,	column (B) ▶	0
11	Total dividends-received deductions include	ed in line 10			0
	Total dividends received deductions include			<del>-</del>	A (Form 990-T) 2021
				- Sileadic i	· · · · · · · · · · · · · · · · · · ·

	dule A (Form 990-T) 2021									Page 3
Par	t VI Interest, Annuit	ties, Roya	Ities, and R	ents fro	m Control	led Orga	anizations	s (see instruction	ons)	
						Exe	empt Contro	lled Organization	s	
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		<b>4.</b> Total of specified payments made		5. Part of column that is included in the controlling organization's gross income		<b>6.</b> Deductions directly connected with income in column 5
(1)								<u> </u>		
(2)										
(3)										
(4)										
			Nor	nexempt C	Controlled Or	ganizatior	ıs			
	<b>7.</b> Taxable income	ince	et unrelated ome (loss) instructions)		. Total of spe payments m			ncluded in the connected with gorganization's income in column		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)	ı .									
	t VII Investment Inc  1. Description of income	ome of a		(c)(7),	(9), or (1) 3. Deduction	7) Orgai tions directinected	nization (s	column (A) 0 see instructions 4. Set-asides tach statement)	5)	5. Total deductions and set-asides
					(attach	statemen <sup>-</sup>	t)		(	add columns 3 and 4)
(1)									-	
(2) (3)										
(4)									+	
	I-		Add amounts in Enter here and line 9, colum	on Part I,	1					add amounts in column 5. Enter here and on Part I, line 9, column (B)
Tota	ls		ty Incomo	Othor Ti	han Advor	ticina T	ncomo (sc	o instructions)		
			ty Income,	Other II	IIaii Auvei	tising I	iconie (se	e mstructions)		
1	Description of exploited act			·	1	D 1 T 1	10			•
2 3	Gross unrelated business in Expenses directly connecte						•	` '	2	0
	column (B)								3	0
4	Net income (loss) from unr lines 5 through 7		or business. S			_	, ,	e 	4	0
5	Gross income from activity	that is not u	unrelated busin	ess incom	ne				5	0
6	Expenses attributable to inc	come entere	ed on line 5						6	0
7	Excess exempt expenses. S here and on Part II, line 12								7	0

	dule A (Form 990-T) 2021				Page <b>4</b>
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting <b>A</b>	two or more periodicals	s on a consolidated basi	S.	
	B □				
	c □				
	D□				
Enter	r amounts for each periodical listed above in the o	corresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B	)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .				
а	Add line 8, columns A through D. Enter the grea	eter of the columns tota	l or zero here and on Pa	rt II, line 13 ►	0
Pa	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)					
	I. Enter here and on Part II, line 1				0
	rt XI Supplemental Information (see i				
		, , , , , , , , , , , , , , , , , , ,			
				Schedul	e A (Form 990-T) 2021

efile	GRAPHIC	orint - DO NOT PROCESS As I	Filed Data -		D	LN: 9	93393318031502
SCH	EDULE D	Canit	al Caina an	d I 00000			OMB No. 1545-0092
(Form	1041)	Саріт	al Gains and	a Losses			
9	,	► Attach to Fe	orm 1041. Form 52	227, or Form 990-T.			2021
Departm	ent of the Treasury	▶ Use Form 8949 to list y	our transactions f	or lines 1b, 2, 3, 8b, 9			2021
Internal	Revenue Service	► Go to www.irs.gov/F1	041 for instruction	ns and the lastest infor	mation.		
Name	of estate or tr	ust			Employer	ident	tification number
					86-624707	76	
Not	<b>a:</b> Form 522	27 filers need to complete only	Parts I and II		1 00 02 17 07		_
		any investment(s) in a qualified opport		e tax vear?			
		n 8949 and see its instructions for addi		, L Yes			
		erm Capital Gains and Loss				ructi	ions)
		now to figure the amounts to enter on			(g)	uct.	(h) Gain or (loss)
	nes below.		(d) Proceeds	(e) Cost	Adjustments to		Subtract column (e)
Thic f	orm may be ea	sier to complete if you round off cents	(sales price)	(or other basis)	or loss from Foi 8949, Part I, lii		from column (d) and combine the result
	ole dollars.	sier to complete if you round on cents			column (g)		with column (g)
1a		hort-term transactions reported -B for which basis was reported					
		for which you have no					
	•	see instructions). However, if					
		report all these transactions , leave this line blank and go					
	to line 1b	, leave this line blank and go					0
	Totals for all t	ransactions reported on Form(s) 8949					
16	with <b>Box A</b> ch						0
	Totals for all t	ransactions reported on Form(s) 8949					
-	with <b>Box B</b> ch						0
3	Totals for all t	ransactions reported on Form(s) 8949					
	with <b>Box C</b> ch	ecked	3,74	45 4		0	3,741
4	Short-term ca	pital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	-4
5	Net short-term	n gain or (loss) from partnerships, S co	porations, and other	r estates or trusts		5	
6		pital loss carryover. Enter the amount,	if any, from line 9 of	the 2020 Capital Loss			(0)
	Carryover Wor					6	(0)
7		rm capital gain or (loss). Combine lir			nd on line	7	3,737
Do wh							, ,
		erm Capital Gains and Losse	es—Assets Hei	a more inan one	_	istru	
	istructions for i nes below.	now to figure the amounts to enter on	(d)	(e)	(g) Adjustments to	gain	(h) Gain or (loss) Subtract column (e)
	ies below.		Proceeds	Cost	or loss from For	rm(s)	from column (d) and
	orm may be ea ole dollars.	sier to complete if you round off cents	(sales price)	(or other basis)	8949, Part II, li column (q)		combine the result with column (g)
	ole dollars.				column (g)	,	with column (g)
8a		ong-term transactions reported					
		-B for which basis was reported					
		l for which you have no see instructions). However, if					
		report all these transactions					
		, leave this line blank and go					
	to line 8b						0
8b	Totals for all t with <b>Box D</b> ch	ransactions reported on Form(s) 8949 lecked					
							0
9	Totals for all t with <b>Box E</b> ch	ransactions reported on Form(s) 8949 ecked					0
10	Totals for all t	ransactions reported on Form(s) 8949					
_0	with <b>Box F</b> ch			0 548,381		0	-548,381
11	Long-term cap	ital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	18824		11	-6
12		gain or (loss) from partnerships, S corp				12	
13	Capital gain di	stributions				13	
14	Gain from For					14	130,134
15	Long-term cap	ital loss carryover. Enter the amount, i	f any, from line 14 o	f the 2020 Capital Loss			
	Carryover Wor					15	( 5,094,122)
16	Net long-terr	n capital gain or (loss). Combine line	es 8a through 15 in c	column (h). Enter here ar	nd on line		
		3) on the back				16	-5,512,375
For Pa	perwork Reduc	tion Act Notice, see the Instructions for F	orm 1041	Cat. No. 11376V		School	ule D (Form 1041) 2021

efil	e GRAPHIC pri	nt - DO NOT PROCESS As Filed Data -	DLN:	93393318031502
	3800	General Business Credit		OMB No. 1545-0895
Form	3000	General Business Credit		2021
	ment of the Treasury d Revenue Service	<ul><li>Go to www.irs.gov/Form3800 for instructions and the latest information.</li><li>You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return</li></ul>		Attachment Sequence No. <b>22</b>
	e(s) shown on retu		Ide	ntifying number
virgii	ia G Piper Charita	DIE TRUSC	I 86-	6247076
Pa		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) tructions and complete Part(s) III before Parts I and II)		
1	General business	credit from line 2 of all Parts III with box A checked	1	0
2	Passive activity o	redits from line 2 of all Parts III with box B checked 2 0		
3	Enter the applica	ble passive activity credits allowed for 2021. See instructions	3	
4		general business credit to 2021. Enter the amount from line 2 of Part III with box C tructions for statement to attach	4	0
	Check this box if	the carryforward was changed or revised from the original reported amount		· · · · <b>-</b>
5		eral business credit from 2022. Enter the amount from line 2 of Part III with box D	_	_
_	checked. See ins		5 6	0
6 Da		and 5	0	
7	Regular tax before			
	<ul> <li>Individuals. E</li> <li>16, and Schee</li> <li>Corporations.</li> <li>applicable line</li> <li>Estates and tr</li> <li>and 1b, plus a</li> </ul>	Inter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line dule 2 (Form 1040), line 2  Enter the amount from Form 1120, Schedule J, Part I, line 2; or the end of your return	7	0
8	<ul> <li>Corporations.</li> </ul>	num tax:  nter the amount from Form 6251, line 11	8	0
9	Add lines 7 and 8	3	9	0
10a	Foreign tax credi	t   10a		
b	Certain allowable	credits (see instructions) 10b		
C	Add lines 10a an	d 10b	10c	0
11	Net income tax	Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax	. Subtract line 10c from line 7. If zero or less, enter -0 12		
13	Enter 25% (0.25) o	f the excess, if any, of line 12 over \$25,000. See instructions 13		
14	<ul> <li>Corporations.</li> </ul>	nter the amount from Form 6251, line 9 Enter -0		
15	Enter the greater	of line 13 or line 14	15	
16	Subtract line 15	from line 11. If zero or less, enter -0	16	0
17		r of line 6 or line 16	17	0
	C corporations: reorganization.	See the line 17 instructions if there has been an ownership change, acquisition, or		
For F	aperwork Reduc	ction Act Notice, see separate instructions. Cat. No. 12392F		Form <b>3800</b> (2021)

Add lines 22 and 24

Add lines 17 and 26

See instructions

Add lines 30, 33, 34, and 35

Enter the smaller of line 29 or line 36

Credit allowed for the current year. Add lines 28 and 37.

Corporations, Form 1120, Schedule J. Part I, line 5c . Estates and trusts. Form 1041, Schedule G, line 2b

Individuals. Schedule 3 (Form 1040), line 6

instructions) as indicated below or on the applicable line of your return:

26

28

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Subtract line 19 from line 11. If zero or less, enter -0-

Subtract line 17 from line 20. If zero or less, enter -0-

Subtract line 13 from line 11. If zero or less, enter -0-

Subtract line 28 from line 27. If zero or less, enter -0-

Combine the amounts from line 3 of all Parts III with box A, C, or D checked

Enter the applicable passive activity credit allowed for 2021. See instructions

Enter the general business credit from line 5 of all Parts III with box A checked

Enter the applicable passive activity credits allowed for 2021. See instructions

and line 6 of Part III with box G checked. See instructions for statement to attach

Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked

Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked

Report the amount from line 38 (if smaller than the sum of Part I, line 6 and Part II, lines 25 and 36, see

Check this box if the carryforward was changed or revised from the original reported amount

Passive activity credits from line 5 of all Parts III with box B checked

Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25

Passive activity credit from line 3 of all Parts III with box B checked

21

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Page 2

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1,110

Form 3800 (2021)

art II	Allowable Cre	edit (Continued)

	_	anomable elea	it (continued	/								
Note: If	you a	re not required	to report any	amounts on	lines 22 or	24 below,	skip lines	18 through	25 and	d enter	-0- on	line

18	Multiply line 14 by 75% (0.75). See instructions										18	
												1
19	Enter the greater of line 13 or line 18										10	

20

23

Form 3800 (2021) Page 3 Name(s) shown on return Identifying number Virginia G Piper Charitable Trust 86-6247076 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved П F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from ▶ 🗸 (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved 1b . . . . . . . . . . . c Increasing research activities (Form 6765) **1**c 0 **d** Low-income housing (carryforward only) (see instructions) 0 1d Disabled access (Form 8826) (see instructions for limitation) 1e 0 Renewable electricity, refined coal, and Indian coal production (Form 8835) 0 1f Indian employment (Form 8845) 0 **1**g Orphan drug (Form 8820) 0 1h New markets (Form 8874) 1i 0 Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . . 0 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 0 Low sulfur diesel fuel production (Form 8896) 0 1m Distilled spirits (Form 8906) 0 1n Nonconventional source fuel (carryforward only) 0 10 Energy efficient home (Form 8908) 0 **1**p 0 Energy efficient appliance (carryforward only) . 0 Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 0 15 Enhanced oil recovery credit (carryforward only) 1t 0 Mine rescue team training (Form 8923) 1u 0 Agricultural chemicals security (carryforward only) 0 1ν Employer differential wage payments (Form 8932) 0 1w Carbon dioxide sequestration (Form 8933) 1x 0 Qualified plug-in electric drive motor vehicle (Form 8936) 1у 0 0 Qualified plug-in electric vehicle (carryforward only) 1z aa Employee retention (Form 5884-A) 0 1aa 0 bb General credits from an electing large partnership (carryforward only) 1bb zz Other. Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions) 177 0 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 0 Enter the amount from Form 8844 here and on the applicable line of Part II 3 0 0 4a Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) 26 4b Biofuel producer (Form 6478) 0 4c Low-income housing (Form 8586) 4d 0 4e 0 Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 4f 0 Qualified railroad track maintenance (Form 8900) 0 4g 0 Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i 16

4j

4z

5

Employer credit for paid family and medical leave (Form 8994)

. . . . . . . . . . . . . . . .

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

0

Form 3800 (2021) Page 3 Name(s) shown on return Identifying number Virginia G Piper Charitable Trust 86-6247076 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved В F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved **1**b . . . . . . . . . . . c Increasing research activities (Form 6765) **1**c **d** Low-income housing (carryforward only) (see instructions) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . . 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1 p Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (carryforward only) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1ν Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у Qualified plug-in electric vehicle (carryforward only) . 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (carryforward only) 1bb zz Other. Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) 4b 46-0715295 Biofuel producer (Form 6478) 4c Low-income housing (Form 8586) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i 46-0715295 8 Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 10 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Form 3800 (2021) Page 3 Name(s) shown on return Identifying number Virginia G Piper Charitable Trust 86-6247076 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). 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Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) 23 4b 81-0693286 Biofuel producer (Form 6478) 4c Low-income housing (Form 8586) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i 81-0693286 Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 25 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 25 Form 3800 (2021) Page 3 Name(s) shown on return Identifying number Virginia G Piper Charitable Trust 86-6247076 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity E Reserved В F Reserved General Business Credit From a Passive Activity C General Business Credit Carryforwards Eligible Small Business Credit Carryforwards **H** Reserved General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) (c) If claiming the credit | Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III from a pass-through amount is needed for each pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) Reserved **1**b . . . . . . . . . . . c Increasing research activities (Form 6765) **1**c **d** Low-income housing (carryforward only) (see instructions) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) **1**g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions for . . . . . . . . . . . . . . . . 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) 1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1 p Energy efficient appliance (carryforward only) Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 15 Enhanced oil recovery credit (carryforward only) 1t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1ν Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1у Qualified plug-in electric vehicle (carryforward only) . 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (carryforward only) 1bb zz Other. Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions) 177 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) 4b 20-8495564 Biofuel producer (Form 6478) 4c Low-income housing (Form 8586) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f Qualified railroad track maintenance (Form 8900) 4g Small employer health insurance premiums (Form 8941) 4h Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) 4j . . . . . . . . . . . . . . . . 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

	1 3800 (2021)			Page <b>3</b>
	e(s) shown on return nia G Piper Charitable Trust		Identifying number 86-6247076	
Pa	General Business Credits or Eligible Small Business Credits (	see in		
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity <b>E</b> Reserved			
В	General Business Credit From a Passive Activity F 🔲 Reserved			
С	☐ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	S
D	General Business Credit Carrybacks H Reserved			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi all Parts III with box A or B checked. Check here if this is the consolidated Part III	rst an a	additional Part III combini	ing amounts from
	(a) Description of credit		(b)	(c)
	e: On any line where the credit is from more than one source, a separate Pareeded for each pass-through entity.	rt III		Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	<b>1</b> b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	1 Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	<b>1</b> p		
q		1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
V	righted and the means occurred (carry, or mand only)	1v		
v		1w		
×		1x		
У		1y		
z	( , , , , , , , , , , , , , , , , , , ,	1z		
	a Employee retention (Form 5884-A)  b General credits from an electing large partnership (carryforward only)	1aa		
	z Other. Oil and gas production from marginal wells (Forms 8904) and certain other	1bb		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $$ . $$ .	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	26-1418666	6
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		6
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		6

orm	3800 (2021)			Page <b>3</b>
	e(s) shown on return nia G Piper Charitable Trust		Identifying number	
Pai	t III General Business Credits or Eligible Small Business Credits (	see in	86-6247076 structions)	
Com	plete a separate Part III for each box checked below (see instructions).		,	
Α	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity <b>F</b> Reserved			
С	☑ General Business Credit Carryforwards	all Bus	iness Credit Carryforward	s
D	General Business Credit Carrybacks <b>H</b> Reserved		,	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ng amounts from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III	• •		· · · · ▶ ∐
	<ul> <li>(a) Description of credit</li> <li>e: On any line where the credit is from more than one source, a separate Pareded for each pass-through entity.</li> </ul>	rt III	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Charley, chicar the Eliv	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	l		
	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
, ,	Low sulfur diesel fuel production (Form 8896)	11		
'n		1m 1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (carryforward only)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
v	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
	b General credits from an electing large partnership (carryforward only)	1bb		
z	z Other. Oil and gas production from marginal wells (Forms 8904) and certain other credits (see instructions)			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		U
<i>3</i> 4а		4a		
b.u	Work opportunity (Form 5884)	4b		386
c	Biofuel producer (Form 6478)	4c		300
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		330
g	Qualified railroad track maintenance (Form 8900)	4g		330
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		299
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		95
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,110
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,110

Department of the Treasury

Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

DLN: 93393318031502 OMB No. 1545-0172

Attachment

)		► Go to WW	/W.Irs.gov/Form4562 to	or instructions	and the late	est information.		Sequence No. 179
	e(s) shown on return			Busines	s or activity	to which this form	relate	s Identifying number
ııgıı	nia G Piper Charitable Tru	ist		901101				86-6247076
Pa	rt I Election T	o Expense Ce	rtain Property Under	Section 179				
			ed property, complete				1	T
1	·						1	1,050,000
2			ed in service (see instruction				2	0
3			before reduction in limitat	•	•		3	2,620,000
4			from line 2. If zero or less	•			4	0
5			line 4 from line 1. If zero o				5	1,050,000
6				(b) Cost (bus				1,030,000
_	(a)	Description of pr	operty	only	)	(c) Elected co	<u> </u>	
PA	SS-THROUGH INVESTM	IENTS			1		1	
_								
7			n line 29				U	<u>'</u> !
8			rty. Add amounts in colum				8	1
9			r of line 5 or line 8 · · ·				9	1
.0	•		line 13 of your 2020 Forn				10	0
1	instructions.	ation. Enter the s	maller of business income	(not less than z	ero) or line :	o. See	11	0
<b>.</b> 2							12	0
13			nes 9 and 10, but don't ent 022. Add lines 9 and 10, le		16 11 . <b>y</b> ·		1	_
			v for listed property. In					
			wance and Other De	<u> </u>		e listed property. S	See ins	structions.)
	•		ified property (other than	<u> </u>				,
	tax year. See instruct	•					14	0
<b>.</b> 5	Property subject to se		lection · · · ·				15	0
							16	0
			on't include listed prope					
				ection A				
.7	MACRS deductions for	r assets placed in	service in tax years begin		1		17	0
8.	If you are electing to	group any assets	placed in service during th	ne tax year into	one or more	general asset		•
	accounts, check here					▶ □		
	Section R—Ass	ate Diacod in So	rvice During 2021 Tax Y	lear Heing the	General De	preciation Syste		
	Section B—Asse	Traced III Se	(c) Basis for	car osing the	Ceneral De	preciation byste		
(	(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convei	ntion (f) Meth	od	(g)Depreciation deduction
9a	3-year property					<u> </u>		
b	5-year property							
	7-year property							
	10-year property							
	15-year property							
	20-year property 25-year property	-		25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i N	Nonresidential real			39 yrs.	ММ	S/L		
	property			•	ММ	S/L		
	Section (	C—Assets Place	d in Service During 202	1 Tax Year Usi	ng the Alte	rnative Deprecia	tion S	ystem
	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year	(Coc inciment)	000 )	40 yrs.	MM	S/L		
		y (See instructi	•					<u> </u>
			28				21	0
			.4 through 17, lines 19 and	-		∠1. Enter here	22	
		•	irn. Partnerships and S cor	•	nstructions		22	0
			ervice during the current years are a re-	ear, enter the	.   23		0	

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, Part V recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed?  $\square$  Yes  $\square$  No **24b** If "Yes," is the evidence written?  $\square$  Yes  $\square$  No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L S/L -0 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 0 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . . . . . 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 . . . . . . . . . . . Yes Yes No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . . . . . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. **Amortization** Part VI (b) (e) (f) (c) (d) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year

begins

**42** Amortization of costs that begins during your 2021 tax year (see instructions):

**43** Amortization of costs that began before your 2021 tax year . . . . . . . . . . . .

**44 Total.** Add amounts in column (f). See the instructions for where to report . . .

percentage

### **Additional Data**

**Software ID:** 21012671

**Software Version:** 2021v4.3

**EIN:** 86-6247076

Name: Virginia G Piper Charitable Trust

Line 12 - Section 179 Expense Deduction Note: SUMMARY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93393318031502

Social security number or taxpayer identification number

OMB No. 1545-0074

Department of the

Internal Revenue Service

Name(s) shown on return

Treasury

## Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

ʻirginia G Piper Charitable Trust					86-	6247076	
efore you check Box A, B, or C belo tatement will have the same inform roker and may even tell you which	ation as Form 1				ement(s) fi	rom your broker.	
Part I Short-Term. Transact long-term transactions Note: You may aggree and for which no adjusto report these transactions.	cions involving s, see page 2. gate all short- stments or coo	term transact les are requir	ions reported on ed. Enter the tot	Form(s) 1099-E	showing	basis was repo	rted to the IRS
ou must check Box A, B, or C be orm 8949, page 1, for each applica omplete as many forms with the sa	ble box. If you h	nave more shor	more than one box t-term transactions	applies for your s than will fit on thi	hort-term is page for	transactions, com one or more of th	olete a separate e boxes,
☐ (A) Short-term transactions rep ☐ (B) Short-term transactions rep ☑ (C) Short-term transactions no	oorted on Form(	s) 1099-B show	ing basis <b>wasn't</b> r	•		ove)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter a enter a	, if any, to gain or loss. n amount in column (g), code in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the resul with column (g)
hort-term gain/loss from investments	VARIOUS		3,745	(0)		0	3,74
hort-term Ordinary gain/loss from vestments	VARIOUS		0	(4)		0	-
? Totals. Add the amounts in colum (subtract negative amounts). Ente include on your Schedule D, line checked), line 2 (if Box B above Box C above is checked).	er each total her <b>1b</b> (if <b>Box A</b> ab is checked), or	re and ove is <b>line 3</b> (if	3,745	(4)		0	3,74

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Form 8949 (2021)				Atta	achment Se	quence No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and SSN or tax /irginia G Piper Charitable Trust	payer identification n	o. not required if sho	own on other side	ocial security number		entification number 247076	
Before you check Box D, E, or F belo statement will have the same inform proker and may even tell you which	ation as Form 1						
Part II Long-Term. Transacti		capital assets	s you held more	than 1 year are	generally l	long term (see	instructions).
For short-term transac		•		- ( ) 1000 B			
<b>Note:</b> You may aggreg and for which no adjust							
to report these transac				als directly on s	circuaic D	, iiiic oa, you c	irem e required
<b>You must check Box D, E, or F be</b> form 8949, page 2, for each applical complete as many forms with the sa	low. Check on ble box. If you b	ly one box. If	more than one box				
(D) Long-term transactions rep	orted on Form(s	s) 1099-B show	ing basis was repo	rted to the IRS (se	e <b>Note</b> abo	ve)	
(E) Long-term transactions rep	orted on Form(s	s) 1099-B show	ing basis <b>wasn't</b> re	eported to the IRS			
(F) Long-term transactions not	reported to you	ı on Form 1099	-B				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i>	If you enter an enter a co	if any, to gain or loss. amount in column (g), ade in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e) from column (d)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	and combine the result with column (g)
ong-term gain/loss from investments	VARIOUS		0	(548,375)		0	-548,375
ong-term ordinary gain/loss from nvestments	VARIOUS		0	(6)		0	-6
2 Totals, Add the amounts in solum		and (h)					
2 Totals. Add the amounts in colum (subtract negative amounts). Enter include on your Schedule D, line s checked), line 9 (if Box E above Box F above is checked)	er each total her Bb (if Box D ab	re and ove is <b>line 10</b> (if	0	(548,381)		0	-548,381
<b>Note:</b> If you checked Box D above b adjustment in column (g) to correct						ount of the adjus	tment.
						Fo	rm <b>8949</b> (2021)