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BROWNSMITHWALLACE.COM

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD.
SAINT LOUIS, MO 63106

GREAT RIVERS COMMUNITY CAPITAL:

ENCLOSED ARE YOUR COMPLETED INCOME TAX RETURNS FOR THE YEAR ENDED DECEMBER 31, 2019 WHICH INCLUDE FEDERAL FORM 1120 AND ALL STATE FORMS.

2019 U.S. CORPORATION INCOME TAX RETURN

2019 CALIFORNIA CORPORATION INCOME TAX RETURN

2020 CALIFORNIA ESTIMATED TAX VOUCHERS

2019 KANSAS CORPORATION INCOME TAX RETURN

2019 MISSOURI CORPORATION INCOME TAX RETURN

2019 RHODE ISLAND CORPORATION INCOME TAX RETURN

2019 MICHIGAN CORPORATION INCOME TAX RETURN

2019 ST. LOUIS CORPORATION INCOME TAX RETURN

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE RECOMMEND THAT YOU SEND THE RETURNS TO THE TAXING AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN RECEIPT. PLEASE RETAIN THE RECEIPT AS A PROOF OF TIMELY FILING.

INSTRUCTIONS FOR FILING THE ABOVE FORMS ARE FURNISHED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THIS OPPORTUNITY TO SERVE YOU. IF

YOU HAVE ANY QUESTIONS REGARDING THE RETURNS, PLEASE DO NOT
HESITATE TO CALL.

VERY TRULY YOURS,

BROWN SMITH WALLACE, LLP

2019 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0 Less: payments and credits \$ 89,760 Plus: other amount \$ 0 Plus: interest and penalties \$ 0 OVERPAYMENT \$ 89,760
Overpayment	Credited to your estimated tax \$ 0 Other amount \$ 0 Refunded to you \$ 89,760
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-C TO OUR OFFICE. WE WILL TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS, AND NO FURTHER ACTION IS REQUIRED.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-C TO US BY OCTOBER 15, 2020.
Special Instructions	

CORPORATION
Two-Year Comparison

2019

Name GREAT RIVERS COMMUNITY CAPITAL	Employer Identification Number 43-1862691
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Description	Prior Year	Current Year	Increase (Decrease)
INCOME:			
INTEREST	1,115,529.	1,024,883.	-90,646.
GROSS RENTS	35,644.	34,927.	-717.
NET GAIN (LOSS) FROM FORM 4797	-21,465.	-110,010.	-88,545.
OTHER INCOME	940,374.	725,282.	-215,092.
TOTAL INCOME	2,070,082.	1,675,082.	-395,000.
DEDUCTIONS:			
BAD DEBTS	1,204,498.	964,926.	-239,572.
RENTS	5,017.	5,254.	237.
TAXES AND LICENSES	16,871.	14,626.	-2,245.
INTEREST	271,749.	334,253.	62,504.
DEPRECIATION	12,119.	10,091.	-2,028.
OTHER DEDUCTIONS	721,618.	836,279.	114,661.
TOTAL DEDUCTIONS	2,231,872.	2,165,429.	-66,443.
TAXABLE INCOME:			
TAXABLE INCOME BEFORE NOL DEDUCTION AND SPECIAL DEDUCTIONS	-161,790.	-490,347.	-328,557.
TAXABLE INCOME	-161,790.	-490,347.	-328,557.
TAX COMPUTATION:			
TAX BEFORE CREDITS	0.	0.	0.
TAX AFTER CREDITS	0.	0.	0.
TOTAL TAX	0.	0.	0.
PAYMENTS AND CREDITS:			
PRIOR YEAR OVERPAYMENT CREDITED TO CURRENT YEAR	33,458.	89,760.	56,302.
ESTIMATED TAX PAYMENTS	56,302.	0.	-56,302.
TOTAL PAYMENTS AND CREDITS	89,760.	89,760.	0.
BALANCE DUE OR REFUND:			
OVERPAYMENT	89,760.	89,760.	0.
OVERPAYMENT APPLIED TO ESTIMATED TAX	89,760.	0.	-89,760.
AMOUNT REFUNDED	0.	89,760.	89,760.

CORPORATION
Two-Year Comparison

2019

Name GREAT RIVERS COMMUNITY CAPITAL	Employer Identification Number 43-1862691
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Description	Prior Year	Current Year	Increase (Decrease)
SCHEDULE M-2:			
BALANCE AT BEGINNING OF YEAR - UNAPPROPRIATED RETAINED EARNINGS	1,101,127.	1,379,625.	278,498.
NET INCOME (LOSS) PER BOOKS	278,665.	295,365.	16,700.
OTHER DECREASES	167.	0.	-167.
BALANCE AT END OF YEAR - UNAPPROPRIATED RETAINED EARNINGS	1,379,625.	1,674,990.	295,365.
SCHEDULE M-3:			
INTEREST INCOME	1,115,529.	1,024,883.	-90,646.
INCOME STATEMENT GAIN/LOSS ON DISPOSITION OF ASSETS	-21,465.	-110,010.	-88,545.
OTHER INCOME (LOSS) ITEMS WITH DIFFERENCES	1,060,000.	1,154,997.	94,997.
TOTAL INCOME (LOSS) ITEMS	2,154,064.	2,069,870.	-84,194.
U.S. CURRENT INCOME TAX EXPENSE	103,000.	110,000.	7,000.
STATE AND LOCAL CURRENT INCOME TAX EXPENSE	3,601.	1,200.	-2,401.
INTEREST EXPENSE	271,749.	334,253.	62,504.
CHARITABLE CONTRIBUTION OF CASH AND TANGIBLE PROPERTY	563.	654.	91.
OTHER AMORTIZATION OR IMPAIRMENT WRITE-OFFS	36,549.	0.	-36,549.
DEPRECIATION	11,631.	10,547.	-1,084.
BAD DEBT EXPENSE	1,474,498.	1,064,926.	-409,572.
OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES	17,110.	4,256.	-12,854.
TOTAL EXPENSE/DEDUCTION ITEMS	1,918,701.	1,525,836.	-392,865.
OTHER ITEMS WITH NO DIFFERENCES	43,302.	-248,669.	-291,971.
1120 SUBGROUP RECONCILIATION TOTALS	278,665.	295,365.	16,700.
RECONCILIATION TOTALS	278,665.	295,365.	16,700.

Form **8879-C**

IRS e-file Signature Authorization for Form 1120

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or tax year beginning _____, 2019, ending _____, 20____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879C for the latest information.

2019

Name of corporation **GREAT RIVERS COMMUNITY CAPITAL** Employer identification number **43-1862691**

Part I Tax Return Information (Whole dollars only)		
1	Total income (Form 1120, line 11)	1,675,082.
2	Taxable income (Form 1120, line 30)	-490,347.
3	Total tax (Form 1120, line 31)	
4	Amount owed (Form 1120, line 35)	
5	Overpayment (Form 1120, line 36)	89,760.

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2019 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BROWN SMITH WALLACE LLP** to enter my PIN **62691** as my signature on the corporation's 2019 electronically filed income tax return.
ERO firm name do not enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2019 electronically filed income tax return.

Officer's signature _____ Date _____ Title **CHIEF OPERATING OFFI**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **43387801367**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2019)

LHA

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or tax year beginning

, ending

EXTENSION GRANTED TO 10/15/20

2019

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

- A Check if:**
- 1a Consolidated return (attach Form 851)
 - b Life/nonlife consolidated return
 - 2 Personal holding co. (attach Sch. PH)
 - 3 Personal service corp. (see instructions)
 - 4 Schedule M-3 attached

Name
GREAT RIVERS COMMUNITY CAPITAL

Number, street, and room or suite no. If a P.O. box, see instructions.
1023 N. GRAND BLVD.

City or town, state or province, country, and ZIP or foreign postal code
SAINT LOUIS, MO 63106

B Employer identification number
43-1862691

C Date incorporated
04/22/1999

D Total assets (see instructions)
\$ 16,728,586.

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1 a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest SEE STATEMENT 1	5	1,024,883.
	6 Gross rents	6	34,927.
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	-110,010.
10 Other income (attach statement) SEE STATEMENT 2	10	725,282.	
11 Total income. Add lines 3 through 10	11	1,675,082.	

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	
	15 Bad debts	15	964,926.
	16 Rents	16	5,254.
	17 Taxes and licenses SEE STATEMENT 3	17	14,626.
	18 Interest (see instructions)	18	334,253.
	19 Charitable contributions SEE STATEMENT 4 AND SEE STATEMENT 5	19	0.
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	10,091.
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Reserved for future use	25	
	26 Other deductions (attach statement) SEE STATEMENT 6	26	836,279.
	27 Total deductions. Add lines 12 through 26	27	2,165,429.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-490,347.
	29a Net operating loss deduction (see instructions)	29a	
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-490,347.
	31 Total tax (Schedule J, Part I, line 11)	31	0.
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32	
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33	89,760.
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	89,760.
37 Enter amount from line 36 you want: Credited to 2020 estimated tax ▶ Refunded ▶	37	89,760.	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ **CHIEF OPERATING OFFICER** Yes No

Paid Print/Type preparer's name: **ROBERT W. HAGGERTY** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00836888**

Preparer Use Only Firm's name: **BROWN SMITH WALLACE LLP** Firm's EIN: **43-1001367**

Firm's address: **6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141** Phone no.: **314.983.1200**

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		see instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Section 965(a) inclusion		see instructions	
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. See instructions		0.
3	Base erosion minimum tax amount (attach Form 8991)		
4	Add lines 2 and 3		0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0.

Part II - Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13	89,760.
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	89,760.
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	89,760.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	89,760.

Schedule K Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2 See the instructions and enter the: a Business activity code no. ▶ <u>624100</u> b Business activity ▶ <u>INDIV & FAMILY SERVI</u> c Product or service ▶ <u>COMMUNITY DEVELOPMEN</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation ▶ <u>JUSTINE PETERSEN HOUSING & REINVESTMENT</u> <u>43-1769074</u>	X	
4 At the end of the tax year: a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____	X	
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____		X
5 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization
(iv) Maximum Percentage Owned in Profit, Loss, or Capital		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ ▶ \$ _____		

Schedule K Other Information (continued from page 4)		Yes	No
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____		X
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions If "Yes," complete and attach Schedule UTP.		X
15a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b	If "Yes," did or will the corporation file required Form(s) 1099?	X	
16	During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19	During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20	Is the corporation operating on a cooperative basis?		X
21	During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions ► \$ _____		X
22	Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) If "Yes," complete and attach Form 8991.		X
23	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," to any, complete and attach Form 8990.		
25	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter amount from Form 8996, line 14 ► \$ _____		

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		957,298.		845,758.
2a Trade notes and accounts receivable	1,717,826.		4,235,193.	
b Less allowance for bad debts	()	1,717,826.	()	4,235,193.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.) STMT 7		1,920,103.		2,155,703.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.) STMT 8		533,969.		908,938.
10a Buildings and other depreciable assets	374,308.		471,800.	
b Less accumulated depreciation	(108,995.)	265,313.	(119,543.)	352,257.
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (att. stmt.) STMT 9		9,107,796.		8,230,737.
15 Total assets		14,502,305.		16,728,586.
Liabilities and Shareholders' Equity				
16 Accounts payable		107,099.		273,631.
17 Mortgages, notes, bonds payable in less than 1 year		81,502.		28,145.
18 Other current liabilities (att. stmt.) STMT 10		24,028.		31,042.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		3,882,334.		5,567,434.
21 Other liabilities (att. stmt.) STMT 11		8,346,157.		8,471,784.
22 Capital stock: a Preferred stock				
b Common stock	10,000.	10,000.	10,000.	10,000.
23 Additional paid-in capital		671,560.		671,560.
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated		1,379,625.		1,674,990.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		14,502,305.		16,728,586.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	295,365.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books	110,000.	Tax-exempt interest \$	
3 Excess of capital losses over capital gains		STMT 14	1,089,690.
4 Income subject to tax not recorded on books this year (itemize):			
SEE STATEMENT 12	92,868.	8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation	
a Depreciation \$	456.	b Charitable contributions	
b Charitable contributions \$	654.		
c Travel and entertainment \$		9 Add lines 7 and 8	1,089,690.
STMT 13	100,000.	10 Income (page 1, line 28) - line 6 less line 9	-490,347.
6 Add lines 1 through 5	599,343.		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	1,379,625.	5 Distributions: a Cash	
2 Net income (loss) per books	295,365.	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
4 Add lines 1, 2, and 3	1,674,990.	7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	1,674,990.

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

OMB No. 1545-0123

▶ Attach to Form 1120.

Name GREAT RIVERS COMMUNITY CAPITAL	Employer identification number (EIN) 43-1862691
---	---

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
JUSTINE PETERSEN HOUSING & REINVESTMENT	43-1769074	TAX-EXEMPT	UNITED STATES	100.00%

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

**SCHEDULE M-3
(Form 1120)**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

**Net Income (Loss) Reconciliation for Corporations
With Total Assets of \$10 Million or More**

▶ Attach to Form 1120 or 1120-C.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name of corporation (common parent, if consolidated return) GREAT RIVERS COMMUNITY CAPITAL	Employer identification number 43-1862691
--	--

Check applicable box(es): (1) Non-consolidated return (2) Consolidated return (Form 1120 only)
 (3) Mixed 1120/L/PC group (4) Dormant subsidiaries schedule attached

Part I Financial Information and Net Income (Loss) Reconciliation (see instructions)

1 a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?

- Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.
 No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?

- Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.
 No. Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?

- Yes. Complete lines 2a through 11 with respect to that income statement.
 No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2 a Enter the income statement period: Beginning _____ Ending _____

b Has the corporation's income statement been restated for the income statement period on line 2a?

- Yes. (If "Yes," attach an explanation and the amount of each item restated.)
 No.

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?

- Yes. (If "Yes," attach an explanation and the amount of each item restated.)
 No.

3 a Is any of the corporation's voting common stock publicly traded?

- Yes.
 No. If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock

--	--	--	--	--

c Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting common stock

--	--	--	--	--	--	--	--	--

4 a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	295,365.
b Indicate accounting standard used for line 4a (see instructions): (1) <input type="checkbox"/> GAAP (2) <input type="checkbox"/> IFRS (3) <input type="checkbox"/> Statutory (4) <input type="checkbox"/> Tax-basis (5) <input type="checkbox"/> Other (specify) _____		
5 a Net income from nonincludible foreign entities (attach statement)	5a	()
b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6 a Net income from nonincludible U.S. entities (attach statement)	6a	()
b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7 a Net income (loss) of other includible foreign disregarded entities (attach statement)	7a	
b Net income (loss) of other includible U.S. disregarded entities (attach statement)	7b	
c Net income (loss) of other includible entities (attach statement)	7c	
8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9 Adjustment to reconcile income statement period to tax year (attach statement)	9	
10 a Intercompany dividend adjustments to reconcile to line 11 (attach statement)	10a	
b Other statutory accounting adjustments to reconcile to line 11 (attach statement)	10b	
c Other adjustments to reconcile to amount on line 11 (attach statement)	10c	
11 Net income (loss) per income statement of includible corporations. Combine lines 4 through 10	11	295,365.

Note: Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	16,728,586.	14,372,036.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) OTHER

OMB No. 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return GREAT RIVERS COMMUNITY CAPITAL	Business or activity to which this form relates OTHER DEPRECIATION	Identifying number 43-1862691
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	7,060.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01 / 19	86,987.	27.5 yrs.	MM	S/L	3,031.
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,091.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, 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? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

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.

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
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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
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?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

7

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

STATEMENT 15			244,500.		354,510.	-110,010.

11 Loss, if any, from line 7

11 ()

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17 **-110,010.**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126	29a			
b	Enter the smaller of line 24 or 29a	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Income (Loss) From Other Rental Activities

1 Show the kind and location of each rental property.

A RESIDENTIAL RENTAL PROPERTY

B _____

C _____

D _____

Rental Income	Properties			
	A	B	C	D
2 Gross rents	2	34,927.		
Rental Expenses				
3 Advertising	3			
4 Auto and travel	4			
5 Cleaning and maintenance	5			
6 Commissions	6			
7 Insurance	7			
8 Legal and other professional fees	8			
9 Interest	9			
10 Repairs	10			
11 Taxes	11			
12 Utilities	12			
13 Wages and salaries	13			
14 Depreciation	14			
15 Other (list) ▶ <u>STMT 16</u>	15	14,863.		

16 Total expenses for each property. Add lines 3 through 15	16	14,863.		
17 Total gross rents. Add gross rents from line 2, columns A through D	17			34,927.
18 Total expenses. Add total expenses from line 16, columns A through D	18			14,863.
19 Net gain (loss) from Form 4797, Part II, line 17, from disposition of property from other rental activities	19			
20 Net income (loss) from other rental(s)	20			20,064.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Great Rivers Community Capital
1023 N. Grand Blvd.
Saint Louis, MO 63106

Employer Identification Number: 43-1862691

For the Year Ending December 31, 2019

Great Rivers Community Capital is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

FORM 1120	INTEREST INCOME	STATEMENT	1
DESCRIPTION		US	OTHER
INTEREST INCOME			1,024,883.
TOTAL TO FORM 1120, LINE 5			1,024,883.

FORM 1120	OTHER INCOME	STATEMENT	2
DESCRIPTION			AMOUNT
GRANT REVENUE			159,759.
LOAN PROCESSING FEES			565,440.
OTHER INCOME			83.
TOTAL TO FORM 1120, LINE 10			725,282.

FORM 1120	TAXES AND LICENSES	STATEMENT	3
DESCRIPTION			AMOUNT
LICENSE AND PERMITS			13,426.
CALIFORNIA TAXES - BASED ON INCOME			800.
RHODE ISLAND TAXES - BASED ON INCOME			400.
TOTAL TO FORM 1120, LINE 17			14,626.

	CURRENT YEAR CONTRIBUTIONS	STATEMENT	4
DESCRIPTION			AMOUNT
CHARITABLE CONTRIBUTIONS			654.
TOTAL CURRENT YEAR CONTRIBUTIONS			654.

CONTRIBUTIONS

STATEMENT 5

CURRENT YEAR CONTRIBUTIONS:

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT	
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOOD INVENTORY CONTRIBUTIONS SUBJECT TO 15% LIMIT	
QUALIFIED CONTRIBUTIONS SUBJECT TO 10% LIMIT	654

CONTRIBUTION SUBJECT TO LIMITATION:

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2014	
FOR TAX YEAR 2015	
FOR TAX YEAR 2016	
FOR TAX YEAR 2017	
FOR TAX YEAR 2018	563

TOTAL CARRYOVER	563
CURRENT YEAR CONTRIBUTIONS	654

TOTAL CONTRIBUTIONS AVAILABLE	1,217
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS CONTRIBUTIONS	1,217
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ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
------------------------------	---

FORM 1120	OTHER DEDUCTIONS	STATEMENT	6
DESCRIPTION		AMOUNT	
ADMIN EXPENSES		639,832.	
INSURANCE		5,840.	
MISCELLANEOUS EXPENSE		7,743.	
OFFICE SUPPLIES		93,205.	
OTHER RENT & ROYALTY EXPENSES		14,863.	
PROFESSIONAL SERVICES		74,796.	
TOTAL TO FORM 1120, LINE 26		836,279.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED INTEREST	206,160.	168,451.	
DUE FROM/TO AFFILIATE	1,609,493.	1,881,218.	
FEDERAL ACCRUED TAXES OVERPAYMENT	89,760.	89,760.	
PREPAID INSURANCE	-540.	1,044.	
STATE ACCRUED TAXES OVERPAYMENT	15,230.	15,230.	
TOTAL TO SCHEDULE L, LINE 6	1,920,103.	2,155,703.	

SCHEDULE L	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
112-114 N BYERS	145,037.	0.	
147 HABECKING DR	0.	21,692.	
1725 MARCUS AVE	47,306.	0.	
1934 PALM	23,664.	25,146.	
2234 HEBERT 63107	0.	14,788.	
2604 PARK AVE	0.	228,418.	
3018-3020 BELT	0.	41,285.	
306 N 88TH	28,401.	32,340.	
3512 OAKDALE	43,988.	44,903.	
3901 SAINT LOUIS AVE/2901 VANDE	58,918.	61,404.	
551 N 88TH	27,129.	28,807.	
5780 MCPHERSON	0.	349,753.	
6128 SHERRY	20,679.	0.	
6829 VIRGINIA	49,249.	0.	
6903 EDISON	89,598.	0.	

GREAT RIVERS COMMUNITY CAPITAL		43-1862691
8014 WASHINGTON ST	0.	60,402.
TOTAL TO SCHEDULE L, LINE 9	533,969.	908,938.

SCHEDULE L	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
NMTC COSTS	100,827.	70,579.
NOTE RECEIVABLE - LONG TERM	9,005,194.	8,160,158.
SECURITY DEPOSIT	1,775.	0.
TOTAL TO SCHEDULE L, LINE 14	9,107,796.	8,230,737.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	10
------------	---------------------------	-----------	----

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	24,028.	31,042.
TOTAL TO SCHEDULE L, LINE 18	24,028.	31,042.

SCHEDULE L	OTHER LIABILITIES	STATEMENT	11
------------	-------------------	-----------	----

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES	195,000.	305,000.
DUE TO/DUE FROM	8,151,157.	8,166,784.
TOTAL TO SCHEDULE L, LINE 21	8,346,157.	8,471,784.

SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT	12
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DESCRIPTION	AMOUNT
TAXABLE GRANTS	92,868.
TOTAL TO SCHEDULE M-1, LINE 4	92,868.

SCHEDULE M-1	OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN	STATEMENT	13
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DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	100,000.
TOTAL TO SCHEDULE M-1, LINE 5	100,000.

SCHEDULE M-1	OTHER INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS RETURN	STATEMENT	14
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DESCRIPTION	AMOUNT
CDFI GRANT REVENUE	1,088,106.
PREPAID INSURANCE	1,584.
TOTAL TO SCHEDULE M-1, LINE 7	1,089,690.

FORM 4797	ORDINARY GAINS AND LOSSES	STATEMENT	15
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DESCRIPTION OF PROPERTY	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR ALLOWED	COST OR BASIS	GAIN OR LOSS
112-114 N BYERS	VARIOUS	01/08/19	30,000.		147,257.	-117,257.
6829 VIRGINIA	VARIOUS	02/28/19	85,000.		56,424.	28,576.
1725 MARCUS	VARIOUS	03/29/19	18,500.		49,792.	-31,292.
6128 SHERRY	VARIOUS	04/16/19	5,000.		20,531.	-15,531.
8581 PARK LANE	VARIOUS	12/26/19	106,000.		80,506.	25,494.
TOTALS TO FORM 4797, LINE 10			244,500.		354,510.	-110,010.

OTHER RENTAL EXPENSES

STATEMENT 16

PROPERTY: RESIDENTIAL RENTAL PROPERTY

DESCRIPTION

AMOUNT

OTHER EXPENSES

14,863.

TOTAL TO RENTAL SCHEDULE, LINE 15

14,863.

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 800.00 Less: payments and credits \$ 870.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 OVERPAYMENT \$ 70.00
Overpayment	Credited to your estimated tax \$ 70.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE FTB. DO NOT MAIL A COPY OF THE RETURN.
Return must be mailed on or before	RETURN FORM 8453-C TO US BY OCTOBER 15, 2020.
Special Instructions	

2020 ESTIMATED TAX FILING INSTRUCTIONS

CALIFORNIA FORM 100-ES

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106																											
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>800</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>70</td></tr><tr><td>Less amount already paid on 2020 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>730</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 730</td><td>JULY 15, 2020</td></tr><tr><td>No. 2</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 3</td><td>\$ NOT APPLICABLE</td><td></td></tr><tr><td>No. 4</td><td>\$ NOT APPLICABLE</td><td></td></tr></tbody></table>	Total Estimated Tax	\$	800	Less credit from prior year	\$	70	Less amount already paid on 2020 estimate	\$	0	Balance due	\$	730	Installment	Amount	Due Date	No. 1	\$ 730	JULY 15, 2020	No. 2	\$ NOT APPLICABLE		No. 3	\$ NOT APPLICABLE		No. 4	\$ NOT APPLICABLE	
Total Estimated Tax	\$	800																										
Less credit from prior year	\$	70																										
Less amount already paid on 2020 estimate	\$	0																										
Balance due	\$	730																										
Installment	Amount	Due Date																										
No. 1	\$ 730	JULY 15, 2020																										
No. 2	\$ NOT APPLICABLE																											
No. 3	\$ NOT APPLICABLE																											
No. 4	\$ NOT APPLICABLE																											
Make check payable to	FRANCHISE TAX BOARD																											
Mail voucher and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531																											
Special Instructions																												

Form at bottom of page.

Installment 1 - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day. If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2020 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

WORKSHEET FOR COMPUTATION OF ESTIMATED TAX (Complete and retain for your files)

Table with 9 rows for tax computation: 1. Estimated Income, 2. Tax - Amount on line 1 X, 3. Tax Credits, 4. Balance (subtract line 3 from line 2), 5. Other taxes, 6. Total estimated tax, 7. Overpayment on prior year return, 8. Amount already paid, 9. Net estimated tax. Includes MINIMUM TAX LIABILITY and values like 800, 70, 730.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE Caution: The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

2020

Corporation Estimated Tax

Installment 1 CALIFORNIA FORM 100-ES

3637018 GREA 43-1862691 000000000000 20 FORM 1 TYB 01-01-2020 TYE 12-31-2020 GREAT RIVERS COMMUNITY CAPITAL

1023 N GRAND BLVD SAINT LOUIS MO 63106

EST TAX AMT 730. QSUB TAX AMT Amount of Payment 730.

3637018 GREA 43-1862691 000000000000 19
 TYB 01-01-2019 TYE 12-31-2019
 GREAT RIVERS COMMUNITY CAPITAL

1023 N GRAND BLVD
 SAINT LOUIS MO 63106

Schedule Q Questions (continued on Side 2)

A FINAL RETURN? • Dissolved Surrendered (withdrawn) Merged/Reorganized IRC Section 338 sale QSub election
 Enter date (mm/dd/yyyy) • _____

B 1. Is income included in a combined report of a unitary group? • Yes No

If "Yes," indicate: Wholly within CA (R&TC 25101.15)
 Within and outside of CA

2. Is there a change in the members listed in Schedule R-7 from the prior year? • Yes No

3. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____

4. Is form FTB 3544 attached to the return? • Yes No

C 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • Yes No

(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	-490,347	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2	400	00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3	800	00
	4 Interest on government obligations	• 4		00
	5 Net California capital gain from Side 6, Schedule D, line 11	• 5		00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6		00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7		00
	8 Other additions. Attach schedule(s)	• 8		00
	9 Total. Add line 1 through line 8	• 9	-489,147	00

State Adjustments (cont)	10 Intercompany dividend elimination. Attach Schedule H (100)	• 10		00		
	11 Dividends received deduction. Attach Schedule H (100)	• 11		00		
	12 Additional depreciation allowed under CA law. Attach form FTB 3885	• 12		00		
	13 Capital gain from federal Form 1120, line 8	• 13		00		
	14 Charitable Contributions SEE STATEMENT 1	• 14		00		
	15 Other deductions. Attach schedule(s)	• 15		00		
	16 Total. Add line 10 through line 15	• 16			00	
17 Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	• 17		-489,147	00		
CA Net Income	18 Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	• 18		-177	00	
	19 Net operating loss (NOL) deduction. See instructions	• 19		00		
	20 EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instrs.	• 20		00		
	21 Disaster loss deduction. See instructions	• 21		00		
	22 Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	• 22		-177	00	
Taxes	23 Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	• 23		800	00	
	24 Credit name _____ code • _____ amount ▶	• 24		00		
	25 Credit name _____ code • _____ amount ▶	• 25		00		
	26 To claim more than two credits, see instructions	• 26		00		
	27 Add line 24 through line 26	• 27			00	
	28 Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	• 28		800	00	
	29 Alternative minimum tax. Attach Schedule P (100). See instructions	• 29			00	
	30 Total tax. Add line 28 and line 29	• 30		800	00	
	Payments	31 Overpayment from prior year allowed as a credit	• 31	870	00	
		32 2019 Estimated tax payments. See instructions	• 32		00	
33 2019 Withholding (Form 592-B and/or 593). See instructions		• 33		00		
34 Amount paid with extension of time to file tax return		• 34		00		
35 Total payments. Add line 31 through line 34		• 35		870	00	
Refund or Amount Due	36 Use tax. This is not a total line. See instructions	• 36		00		
	37 Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	• 37		870	00	
	38 Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	• 38			00	
	39 Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	• 39			00	
	40 Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	• 40		70	00	
	41 Amount of line 40 to be credited to 2020 estimated tax	• 41		70	00	
	42 Refund. Subtract line 41 from line 40	• 42		0	00	
	See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
	42a. • Routing number _____ 42b. • Type _____ 42c. • Account number _____					
	43 a Penalties and interest	• 43a			00	
b • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.						
44 Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	• 44			00		

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • Yes No
- F Principal business activity code. (Do not leave blank): • 624100
 Business activity INDIV & FAMILY SERVICES
 Product or service COMMUNITY DEVELOPMENT

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 04/22/1999

Where: • State MO Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 01/01/2014

I First return? • Yes No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

- (1) Sole proprietorship (2) Partnership (3) Joint venture (4) Corporation (5) Other
- (Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: • _____

K At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? **STATEMENT 2** • Yes No
 2. Of another corporation owned by this corporation? • Yes No
 3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • Yes No
- If 1 or 3 is "Yes," enter the country of the ultimate parent • **UNITED STATES**
- If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.
- If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • Yes No
If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • Yes No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) Within California (2) Outside of California, within the U.S. (3) Outside of the U.S.

P Location of principal accounting records 1023 N. GRAND BLVD., SAINT LOUIS, MO 63106

Q Accounting method: • (1) Cash (2) Accrual (3) Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • Yes No
If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • Yes No

T Is this corporation treated as a REMIC for California purposes? • Yes No

U Is this corporation a REIT for California purposes? • Yes No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • Yes No
If "Yes," enter the effective date of the election (mm/dd/yyyy)

W Is this corporation to be treated as a credit union? • Yes No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • Yes No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? N/A Yes No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? Yes No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • Yes No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • Yes No

CC 1. Did this corporation, or any corporation in a combined reporting group, receive any qualified health care service plan income that is excluded from gross income for state purposes (R&TC Section 24330)? • Yes No

2. Is this corporation's, or any corporation in a combined reporting group's, only source of income qualified health care service plan income that is excluded from gross income under R&TC Section 24330 for the taxable year? • Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CHIEF OPER	Date	• Telephone 314.533.2411
	Officer's email address (optional)			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN P00836888
	Firm's name (or yours, if self-employed) and address	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141		• Firm's FEIN 43-1001367
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 3			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		14,626	1,200 00

Schedule F Computation of Net Income. See instructions.

Income				
1	a) Gross receipts or gross sales			
	b) Less returns and allowance			
	c) Balance	•	1c	00
2	Cost of goods sold. Attach federal Form 1125-A (California Schedule V)	•	2	00
3	Gross profit. Subtract line 2 from line 1c	•	3	00
4	Total dividends. Attach federal Schedule C (California Schedule H (100))	•	4	00
5	a) Interest on obligations of the United States and U.S. instrumentalities	•	5a	00
	b) Other interest. Attach schedule	•	5b	1,024,883 00
6	Gross rents	•	6	34,927 00
7	Gross royalties	•	7	00
8	Capital gain net income. Attach federal Schedule D (California Schedule D)	•	8	00
9	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)	•	9	-110,010 00
10	Other income (loss). Attach schedule	•	10	725,282 00
11	Total income. Add line 3 through line 10	•	11	1,675,082 00
Deductions				
12	Compensation of officers. Attach federal Form 1125-E or equivalent schedule	•	12	00
13	Salaries and wages (not deducted elsewhere)	•	13	00
14	Repairs and maintenance	•	14	00
15	Bad debts	•	15	964,926 00
16	Rents	•	16	5,254 00
17	Taxes (California Schedule A). See instructions	•	17	14,626 00
18	Interest. Attach schedule	•	18	334,253 00
19	Charitable Contributions. Attach schedule	•	19	0 00
20	Depreciation. Attach fed Form 4562 & FTB 3885	•	20	10,091 00
21	Less depreciation claimed elsewhere on return	•	21a	00
		•	21b	10,091 00
22	Depletion. Attach schedule	•	22	00
23	Advertising	•	23	00
24	Pension, profit-sharing plans, etc.	•	24	00
25	Employee benefit plans	•	25	00
26	a) Total travel and entertainment			
	b) Deductible amounts	•	26b	00
27	Other deductions. Attach schedule	•	27	836,279 00
28	Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr	•	28	00
29	Total deductions. Add line 12 through line 28	•	29	2,165,429 00
30	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1	•	30	-490,347 00

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$	•	1	00
2	Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	•	2	00
3	Interest on tax attributable to installment: a) Sales of certain timeshares and residential lots	•	3a	00
	b) Method for nondealer installment obligations	•	3b	00
4	IRC Section 197(f)(9)(B)(ii) election	•	4	00
5	Credit recapture name:	•	5	00
6	Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	•	6	00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	<input checked="" type="radio"/>	1		00
2	Purchases	<input checked="" type="radio"/>	2		00
3	Cost of labor	<input type="radio"/>	3		00
4	a Additional IRC Section 263A costs. Attach schedule	<input type="radio"/>	4a		00
	b Other costs. Attach schedule	<input type="radio"/>	4b		00
5	Total. Add line 1 through line 4b		5		00
6	Inventory at end of year	<input checked="" type="radio"/>	6		00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2		7		00

Method of inventory valuation
 Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. Yes No
 Enter California seller's permit number, if any
 Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970
 If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO
 Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? Yes No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		<input checked="" type="radio"/> 957,298	<input type="radio"/>	<input type="radio"/> 845,758
2 a Trade notes and accounts receivable	1,717,826		<input type="radio"/> 4,235,193	
b Less allowance for bad debts	()	<input checked="" type="radio"/> 1,717,826	<input type="radio"/> ()	<input type="radio"/> 4,235,193
3 Inventories		<input type="radio"/>		<input type="radio"/>
4 Federal and state government obligations		<input type="radio"/>		<input type="radio"/>
5 Other current assets. Attach sch(s) STMT 7		1,920,103		2,155,703
6 Loans to stockholders/officers. Att sch		<input type="radio"/>		<input type="radio"/>
7 Mortgage and real estate loans		<input type="radio"/>		<input type="radio"/>
8 Other investments. Attach sch(s) STMT 8		<input checked="" type="radio"/> 533,969		<input type="radio"/> 908,938
9 a Buildings and other fixed depreciable assets	374,308		<input type="radio"/> 471,800	
b Less accumulated depreciation	(108,995)	<input checked="" type="radio"/> 265,313	<input type="radio"/> (119,543)	<input type="radio"/> 352,257
10 a Depletable assets		<input type="radio"/>		<input type="radio"/>
b Less accumulated depletion	()	<input type="radio"/>	()	<input type="radio"/>
11 Land (net of any amortization)		<input type="radio"/>		<input type="radio"/>
12 a Intangible assets (amortizable only)	<input type="radio"/>		<input type="radio"/>	
b Less accumulated amortization	<input checked="" type="radio"/> ()	<input type="radio"/>	<input checked="" type="radio"/> ()	<input type="radio"/>
13 Other assets. Attach sch(s) STMT 9		<input checked="" type="radio"/> 9,107,796		<input type="radio"/> 8,230,737
14 Total assets		<input checked="" type="radio"/> 14,502,305		<input type="radio"/> 16,728,586
Liabilities and Stockholders' Equity				
15 Accounts payable		<input checked="" type="radio"/> 107,099		<input type="radio"/> 273,631
16 Mortgages, notes, bonds payable in less than 1 year		<input checked="" type="radio"/> 81,502		<input type="radio"/> 28,145
17 Other current liabilities. Att. sch(s) STMT 10		<input checked="" type="radio"/> 24,028		<input type="radio"/> 31,042
18 Loans from stockholders. Att. sch(s)		<input type="radio"/>		<input type="radio"/>
19 Mortgages, notes, bonds payable in 1 year or more		<input checked="" type="radio"/> 3,882,334		<input type="radio"/> 5,567,434
20 Other liabilities. Attach sch(s) STMT 11		<input checked="" type="radio"/> 8,346,157		<input type="radio"/> 8,471,784
21 Capital stock: a Preferred stock		<input type="radio"/>		<input type="radio"/>
b Common stock	<input checked="" type="radio"/> 10,000	<input checked="" type="radio"/> 10,000	<input type="radio"/> 10,000	<input type="radio"/> 10,000
22 Paid-in or capital surplus. Attach reconciliation		<input checked="" type="radio"/> 671,560		<input type="radio"/> 671,560
23 Retained earnings - Appropriated. Att. sch.				
24 Retained earnings - Unappropriated		1,379,625		1,674,990
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity		14,502,305		16,728,586

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) Per Return.
If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

1 Net income per books	295,365	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax	110,000	a Tax-exempt interest \$	
3 Excess of capital losses over capital gains		b Other \$ 1,089,690	STMT 14
4 Taxable income not recorded on books this year (itemize)		c Total. Add line 7a and line 7b	1,089,690
STMT 12	92,868	8 Deductions in this return not charged against book income this year (itemize)	
5 Expenses recorded on books this year not deducted in this return (itemize)		a Depreciation \$	
a Depreciation \$ 456		b State tax refunds \$	
b State taxes \$		c Other \$	
c Travel and entertainment \$		d Total. Add line 8a through line 8c	
d Other \$ 100,000	STMT 13	9 Total. Add line 7c and line 8d	1,089,690
CONTR C/O 654		10 Net income per return. Subtract line 9 from line 6	-490,347
e Total. Add line 5a through line 5d	101,110		
6 Total. Add line 1 through line 5e	599,343		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

1 Balance at beginning of year	1,379,625	5 Distributions:	
2 Net income per books	295,365	a Cash	
3 Other increases (itemize)		b Stock	
		c Property	
		6 Other decreases (itemize)	
4 Total. Add line 1 through line 3	1,674,990	7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4	1,674,990

Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
3 Unused capital loss carryover from 2018					00
4 Net short-term capital gain (loss). Combine line 1 through line 3					00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions					00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
8 Net long-term capital gain (loss). Combine line 5 through line 7					00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)					00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)					00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2020					00

TAXABLE YEAR

Sales of Business Property

CALIFORNIA SCHEDULE

2019

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return GREAT RIVERS COMMUNITY CAPITAL	SSN, ITIN, CA SOS file no., California Corp. no., or FEIN 43-1862691
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Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year

Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23 <input checked="" type="radio"/>							1
2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input checked="" type="radio"/>							
<input checked="" type="radio"/>							
<input checked="" type="radio"/>							
3	Gain, if any, from federal Form 4684, line 39 <input checked="" type="radio"/>						3
4	IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37 <input checked="" type="radio"/>						4
5	IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) <input checked="" type="radio"/>						5
6	Gain, if any, from line 35, from other than casualty and theft <input checked="" type="radio"/>						6
7	Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: <input checked="" type="radio"/> IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Form 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.						7
8	Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions <input checked="" type="radio"/>						8
9	Subtract line 8 from line 7. If zero or less, enter -0- <input checked="" type="radio"/> S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Form 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.						9

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):							
<input checked="" type="radio"/>							
<input checked="" type="radio"/>							
<input checked="" type="radio"/>	STATEMENT 15			244,500		354,510	-110,010
11	Loss, if any, from line 7 <input checked="" type="radio"/>						11
12	Gain, if any, from line 7, or amount from line 8, if applicable. See instructions <input checked="" type="radio"/>						12
13	Gain, if any, from line 34 <input checked="" type="radio"/>						13
14	Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts) <input checked="" type="radio"/>						14
15	Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions <input checked="" type="radio"/>						15
16	Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts) <input checked="" type="radio"/>						16
17	Combine line 10 through line 16 <input checked="" type="radio"/>						17
18	For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.						
a	If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions <input checked="" type="radio"/>						18a
b	Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20 <input checked="" type="radio"/>						18b

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Form 540 and Form 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040 or 1040-SR), line 4	<input type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B	<input type="radio"/>	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C	<input type="radio"/>	21b	

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)
22 A <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D <input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relate the properties on lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23 Gross sales price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Cost or other basis plus expense of sale	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Depreciation (or depletion) allowed or allowable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Adjusted basis. Subtract line 25 from line 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total gain. Subtract line 26 from line 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 If IRC Section 1245 property:				
a Depreciation allowed or allowable from line 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 28a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a Additional depreciation after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by the smaller of line 27 or line 29a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the smaller of line 29c or line 29d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a Soil, water, and land clearing expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the smaller of line 27 or line 30b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 If IRC Section 1254 property:				
a Intangible drilling and development costs deducted after 12/31/76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 If IRC Section 1255 property:				
a Applicable percentage of payments excluded from income under IRC Section 126	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 32a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	<input type="radio"/>	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	<input type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input type="radio"/>	35	

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	<input type="radio"/>
37	Depreciation or recovery deductions. See instructions	<input type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions	<input type="radio"/>

2019

Apportionment and Allocation of Income

R

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2019 or fiscal year beginning month (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

GREAT RIVERS COMMUNITY CAPITAL

3637018

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.

Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.

Table with columns for line numbers, descriptions, and amounts. Includes sections for Net income, Nonbusiness Income, Business Income, and Nonbusiness Income Allocable to California.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

GREAT RIVERS COMMUNITY CAPITAL

3637018

California Business Income (Loss) subject to a separate apportionment formula.

28	California business income (loss) from a nonunitary partnership or LLC	•	28		00		
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	•	29		00		
30	California business income (loss) deferred from prior yrs. See General Information L	•	30		00		
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	•	31				00
Net Income (Loss) for California Purpose							
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	•	32				00
33	Net income (loss) for California purposes before contributions adjustment. Combine line 18b, 27, 31, and 32	•	33		-177		00
34	Contributions adjustment from Schedule R-6, line 15	•	34				00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	•	35		-177		00

Complete the applicable Schedules R-1 through R-7, starting on Side 3.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

GREAT RIVERS COMMUNITY CAPITAL

3637018

Schedule R-1 Apportionment Formula.

Part A Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) × 100
1 Sales: Gross receipts, less returns, and allowances			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable		•	
c Total other gross receipts	• 1,785,092		
(i) Sales from services		•	
(ii) Sales or other income from intangibles		•	
(iii) Sales from rental, leasing or licensing of tangible or real property		•	
(iv) Sales from other gross receipts		• 644	
d Sales from partnerships or LLCs treated as partnerships	•	•	
Total sales	• 1,785,092	• 644	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• .0361%

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) × 100
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property	•	•	• %
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll	•	•	• %
3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable			
c Total other gross receipts	•	•	
Total sales	•	•	• %
4 Total percent. Add the percentages in col (c)			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• %

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

GREAT RIVERS COMMUNITY CAPITAL

3637018

Schedule R-2 Sales and General Questionnaire. Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. COMMUNITY DEVELOPMENT BY PROVIDING INDIVIDUAL AND FAMILY SERVICES
2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest.
3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? [X] Yes [] No If "No," explain.
4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. [X] Yes [] No If "No," explain.
5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? [] Yes [X] No
b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions [] Yes [X] No
6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? [X] Yes [] No If "No," explain.
7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. [] Yes [X] No If "Yes," explain.
8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? [X] Yes [] No If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.
9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? [X] Yes [] No If "No," explain.

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

Table with 4 columns: (a) Total outside California, (b) Total within California, (c) Total outside and within California (a) + (b), and rows for Income from rents, Rental deductions, and Net income (loss) from rents.

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Table with 5 columns: Description of property sold, Real estate and other tangible assets (a) Gain (loss) from outside California, (b) Gain (loss) from within California, Intangible assets (c) Gain (loss) from outside California, (d) Gain (loss) from within California, Total (e) Gain (loss) (a) + (b) + (c) + (d).

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

GREAT RIVERS COMMUNITY CAPITAL

3637018

Schedule R-5 Computation of Interest Offset. Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. (California domiciliary only)

1 Total interest expense deducted	1		
2 Water's-edge foreign investment interest offset from Side 1, line 1b	2		
3 Balance. Subtract line 2 from line 1	3		
4 Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4)	4		
5 Nonbusiness interest income from Side 1, line 3	5		
6 Business interest income. Subtract line 5 from line 4	6		
7 Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and do not complete the rest of this schedule	7		
8 Total dividend income	8		
9 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10	9		
10 Net dividend income. Subtract line 9 from line 8	10		
11 Business dividend income	11		
12 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income	12		
13 Net business dividend income. Subtract line 12 from line 11	13		
14 Net nonbusiness dividend income. Subtract line 13 from line 10	14		
15 Total nonbusiness interest and dividend income. Add line 5 and line 14	15		
16 Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16	16		

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26. See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.

Schedule R-6 Contributions Adjustment. See General Information N.

1 Total contributions paid (current year and carryover amount)	1	1,217
2 Net income (loss) after state adjustments from Side 1, line 1c	2	-489,147
3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	3	
4 Contributions deducted on Form 100, Form 100W, or Form 100S	4	
5 Total. Add line 2 through line 4. If zero or less, enter -0-	5	0
6 Multiply line 5 by 10% (.10)	6	
7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	7	-177
8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	8	
9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	9	
10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	10	
11 Total. Add line 7 through line 10. If zero or less, enter -0-	11	0
12 Multiply line 11 by 10% (.10)	12	
Contributions Adjustment		
13 Enter the amount shown on line 10	13	
14 Amount of contributions allowable:		
a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12	14a	
b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	14b	
15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets	15	

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

3637018

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation
 S Corporation Exempt Organization Limited liability company (electing to be taxed as a corporation)

FEIN
43-1862691

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	177	00
2	2019 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	177	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	177	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	177	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0
---	--	-----------------------	---

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2							

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2018	Amount used in 2019	Available balance	Carryover to 2020
3 2019	DIS					col. (d) minus col. (f) See instructions.
4 2019	GEN	177				177
2019						
2019						
2019						

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

Table with Corporation name (GREAT RIVERS COMMUNITY CAPITAL) and California corporation number (3637018).

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property details (a-h).

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns (a-h) for depreciation details and 15 rows for property entries.

Part III Summary

Summary table with 3 rows for total expense, depreciation claimed, and adjustment.

Part IV Amortization

Table with 7 columns (a-g) for amortization details and 3 rows for total, claimed, and adjustment.

TAXABLE YEAR **2019** **California e-file Return Authorization for Corporations** FORM **8453-C**

Corporation name **GREAT RIVERS COMMUNITY CAPITAL** California Corporation No., CA SOS file no., or FEIN **3637018**

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	1	-489,147
2	Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	2	-177
3	Total tax (Form 100, line 30; Form 100S, line 29; Form 100W, line 30 or Form 100X, line 18)	3	800
4	Tax due (Form 100, line 39; Form 100S, line 38; Form 100W, line 36 or Form 100X, line 20)	4	
5	Overpayment (Form 100, line 40; Form 100S, line 39; Form 100W, line 37 or Form 100X, line 27)	5	70

Part II Settle the Account Electronically for Taxable Year 2019

6 Direct deposit of refund (For Forms 100, 100S, and 100W only.)

7 Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2020 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the corporation's banking information?)

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, Box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, Box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2019 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here **CHIEF OPERATING OFFIC**

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00836888
Must Sign	Firm's name (or yours if self-employed) and address BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO	Firm's FEIN 43-1001367	ZIP code 63141		

Under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
Must Sign	Firm's name (or yours if self-employed) and address _____	Firm's FEIN _____	ZIP code _____	

Income (Loss) From Rental Trade or Business - USING CALIFORNIA FIGURES

1 Show the kind and location of each rental property.

A RESIDENTIAL RENTAL PROPERTY

B _____

C _____

D _____

Rental Income	Properties			
	A	B	C	D
2 Gross rents	2	34,927.		
Rental Expenses				
3 Advertising	3			
4 Auto and travel	4			
5 Cleaning and maintenance	5			
6 Commissions	6			
7 Insurance	7			
8 Legal and other professional fees	8			
9 Interest	9			
10 Repairs	10			
11 Taxes	11			
12 Utilities	12			
13 Wages and salaries	13			
14 Depreciation	14			
15 Other (list) ▶ <u>STMT 16</u>	15	14,863.		
16 Total expenses for each property. Add lines 3 through 15	16	14,863.		
17 Total gross rents. Add gross rents from line 2, columns A through D	17			34,927.
18 Total expenses. Add total expenses from line 16, columns A through D	18			14,863.
19 Net gain (loss) from Form 4797, Part II, line 17, from disposition of property from rental trade or business	19			
20 Net income (loss) from active rental(s)	20			20,064.

FORM 100/100W	CONTRIBUTIONS	STATEMENT	1
NET INCOME AFTER STATE ADJUSTMENTS	-489,147		
DEDUCTION FOR DIVIDENDS RECEIVED	0		
NET INCOME ADJUSTED FOR CONTRIBUTION PURPOSES		-489,147	
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:			
5TH PRECEDING TAX YEAR	0		
4TH PRECEDING TAX YEAR	0		
3RD PRECEDING TAX YEAR	0		
2ND PRECEDING TAX YEAR	0		
1ST PRECEDING TAX YEAR	563		
TOTAL OF UNUSED CARRYOVER CONTRIBUTIONS		563	
CURRENT YEAR CONTRIBUTIONS		654	
COLLEGE ACCESS ADDBACK		0	
TOTAL AVAILABLE CONTRIBUTIONS LESS COLLEGE ACCESS ADDBACK		1,217	
10% OF NET INCOME AS ADJUSTED		0	
EXCESS CONTRIBUTIONS		1,217	
ALLOWABLE CONTRIBUTIONS DEDUCTION		0	

FORM 100/100W VOTING STOCK INFORMATION - QUESTION K.1 STATEMENT 2

NAME JUSTINE PETERSON HOUSING AND REINVESTMENT CORPORATION
ADDRESS 1023 N. GRAND BLVD.
CITY ST LOUIS
STATE MO ZIP CODE 63106
COUNTRY US
ID OR SSN 43-1769074
PERCENT OWNED 100.0000%

FORM 100/100W, SCHEDULE A TAXES DEDUCTED STATEMENT 3

(A) NATURE OF TAX AND (B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
LICENSE AND PERMITS	13,426.	
BASED ON INCOME CALIFORNIA	800.	800.
BASED ON INCOME RHODE ISLAND	400.	400.
TOTAL TO FORM 100/100W, SCHEDULE A	14,626.	1,200.

FORM 100/100W, SCHEDULE F INTEREST INCOME STATEMENT 4

DESCRIPTION	AMOUNT
INTEREST INCOME	1,024,883.
TOTAL TO FORM 100/100W, SCHEDULE F	1,024,883.

FORM 100/100W, SCHEDULE F OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
GRANT REVENUE	159,759.
LOAN PROCESSING FEES	565,440.
OTHER INCOME	83.
TOTAL TO FORM 100/100W, SCHEDULE F	725,282.

FORM 100/100W, SCHEDULE F	OTHER DEDUCTIONS	STATEMENT	6
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DESCRIPTION	AMOUNT
ADMIN EXPENSES	639,832.
INSURANCE	5,840.
MISCELLANEOUS EXPENSE	7,743.
OFFICE SUPPLIES	93,205.
OTHER RENT & ROYALTY EXPENSES	14,863.
PROFESSIONAL SERVICES	74,796.
TOTAL TO FORM 100/100W, SCHEDULE F	836,279.

FORM 100/100W, SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	7
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	206,160.	168,451.
DUE FROM/TO AFFILIATE	1,609,493.	1,881,218.
FEDERAL ACCRUED TAXES OVERPAYMENT	89,760.	89,760.
PREPAID INSURANCE	-540.	1,044.
STATE ACCRUED TAXES OVERPAYMENT	15,230.	15,230.
TOTAL TO FORM 100/100W, SCHEDULE L	1,920,103.	2,155,703.

FORM 100/100W, SCHEDULE L	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
112-114 N BYERS	145,037.	0.
147 HABECKING DR	0.	21,692.
1725 MARCUS AVE	47,306.	0.
1934 PALM	23,664.	25,146.
2234 HEBERT 63107	0.	14,788.
2604 PARK AVE	0.	228,418.
3018-3020 BELT	0.	41,285.
306 N 88TH	28,401.	32,340.
3512 OAKDALE	43,988.	44,903.
3901 SAINT LOUIS AVE/2901 VANDE	58,918.	61,404.
551 N 88TH	27,129.	28,807.
5780 MCPHERSON	0.	349,753.
6128 SHERRY	20,679.	0.
6829 VIRGINIA	49,249.	0.
6903 EDISON	89,598.	0.

8014 WASHINGTON ST	0.	60,402.
TOTAL TO FORM 100/100W, SCHEDULE L	533,969.	908,938.

FORM 100/100W, SCHEDULE L	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
NMTC COSTS	100,827.	70,579.
NOTE RECEIVABLE - LONG TERM	9,005,194.	8,160,158.
SECURITY DEPOSIT	1,775.	0.
TOTAL TO FORM 100/100W, SCHEDULE L	9,107,796.	8,230,737.

FORM 100/100W, SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	10
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	24,028.	31,042.
TOTAL TO FORM 100/100W, SCHEDULE L	24,028.	31,042.

FORM 100/100W, SCHEDULE L	OTHER LIABILITIES	STATEMENT	11
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES	195,000.	305,000.
DUE TO/DUE FROM	8,151,157.	8,166,784.
TOTAL TO FORM 100/100W, SCHEDULE L	8,346,157.	8,471,784.

FORM 100/100W, SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT 12
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DESCRIPTION	AMOUNT
TAXABLE GRANTS	92,868.
TOTAL TO FORM 100/100W, SCHEDULE M-1	92,868.

FORM 100/100W, SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	STATEMENT 13
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DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	100,000.
TOTAL TO FORM 100/100W, SCHEDULE M-1	100,000.

FORM 100/100W, SCHEDULE M-1	INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN	STATEMENT 14
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DESCRIPTION	AMOUNT
CDFI GRANT REVENUE	1,088,106.
PREPAID INSURANCE	1,584.
TOTAL TO FORM 100/100W, SCHEDULE M-1	1,089,690.

CA SCHEDULE D-1 PART II - OTHER ORDINARY GAIN AND LOSS STATEMENT 15

(A) DESCRIPTION	(B) DATE ACQ	(C) DATE SOLD	(D) SALES PRICE	(E) DEPRE- CIATION ALLOWED	(F) COST OR BASIS	(G) GAIN OR LOSS
112-114 N BYERS	VARIOUS	01/08/19	30,000.		147,257.	-117,257.
6829 VIRGINIA	VARIOUS	02/28/19	85,000.		56,424.	28,576.
1725 MARCUS	VARIOUS	03/29/19	18,500.		49,792.	-31,292.
6128 SHERRY	VARIOUS	04/16/19	5,000.		20,531.	-15,531.
8581 PARK LANE	VARIOUS	12/26/19	106,000.		80,506.	25,494.
TOTAL			244,500.		354,510.	-110,010.

CA OTHER RENTAL EXPENSES STATEMENT 16

PROPERTY: RESIDENTIAL RENTAL PROPERTY

DESCRIPTION	AMOUNT
OTHER EXPENSES	14,863.
TOTAL OTHER RENTAL EXPENSES	14,863.

2019 TAX RETURN FILING INSTRUCTIONS

KANSAS FORM K-120

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE KS DOR.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-C TO US BY OCTOBER 15, 2020.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE KS DOR.

EIN this entity

EIN Federal Consolidated Parent

**GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD.
SAINT LOUIS MO 63106**

431862691

A. Method Used to Determine Income of Corporation in Kansas

B. Business Activity Code

G. Type of Federal Return Filed:

1. Activity wholly within Kansas - Single entity

624100

1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS

2. Consolidated

3. Single entity apportionment method (K-120AS)

01012017

H. Have you submitted Form K-120EL?

4. Combined income method - Single corporation filing (Sch. K-121)

D. Date Business Discontinued in KS

I. Enter your original federal due date if other than 15th day of the 4th month after the end of the tax year.

5. Combined income method - Multiple corporation filing (Sch. K-121)

6. Qualified elective two-factor (K-120AS) Year qualified:

E. State and Month/Day/Year of Incorporation

J. Name or address has changed?

7. Common carrier mileage (Enclose mileage apportionment schedule)

MO 04221999

8. Alternative or separate accounting (Enclose letter of authorization and sch.)

F. State of Commercial Domicile **MO**

Filing an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2019.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income **-490347.00**

12. Nonbusiness income - Total company (Sch. req.)

2. Total state and municipal interest

13. Apportionable business income (Subtract line 12 from line 11)

-489147.00

3. Taxes on or measured by income or fees or payments in lieu of income taxes (Part IV, line 2)

1200.00

14. Avg percent to Kansas (Part VI, lines A, B, C, & E: if 100% enter 100.0000)

1.4484

A. **.0000** C. **1.4484**

B. **.0000**

4. Federal net operating loss deduction

15. Amount to Kansas (Multiply line 13 by line 14)

-7085.00

5. Other additions to federal taxable income (Sch. req.)

6. Total additions to federal taxable income (Add lines 2, 3, 4, & 5)

1200.00

16. Nonbusiness income - Kansas (Sch. req.)

7. Interest on U. S. government obligations (Part V, line 2)

17. Kansas Expensing Recapture (Sch. req.)

8. IRC Section 78 and 80% of foreign dividends (Sch. req.)

18. Kansas Expensing Deduction (Sch. req.)

9. Other subtractions from federal taxable income (Sch. req.)

19. Kansas net income before NOL deduction (Add lines 15, 16 and 17, then subtract line 18)

-7085.00

10. Total subtractions from federal taxable income (Add lines 7, 8, & 9)

20. Kansas net operating loss deduction (Sch. req.) **STMT 1**

11. Net income before apportionment (Add line 1 to line 6 and subtract line 10)

-489147.00

21. Combined report (Schedule K-121) or alternative/separate accounting income (Sch. req.)

PART I - NONREFUNDABLE CREDITS

- 1. Center for Entrepreneurship Credit (Enclose Schedule K-31; See instructions)
- 2. Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions)
- 3. Business and Job Development Credit - - **for carry forward use only** (Enclose Schedule K-34; See instructions)
- 4. Historic Preservation Credit (Enclose Schedule K-35; See instructions)
- 5. Disabled Access Credit (Enclose Schedule K-37; See instructions)
- 6. Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions)
- 7. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions)
- 8. Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions)
- 9. Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions)
- 10. Research and Development Credit (Enclose Schedule K-53; See instructions)
- 11. Venture Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
- 12. Seed Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
- 13. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)
- 14. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 15. Alternative-Fueled Motor Vehicle Property Credit (Enclose Schedule K-62; See instructions)
- 16. Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions)
- 17. Law Enforcement Training Center Credit - - **for carry forward use only** (Enclose Schedule K-72; See instructions)
- 18. Petroleum Refinery Credit - - **for carry forward use only** (Enclose Schedule K-73; See instructions)
- 19. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; See instructions)
- 20. Single City Port Authority Credit (Enclose Schedule K-76; See instructions)
- 21. Qualifying Pipeline Credit - - **for carry forward use only** (Enclose Schedule K-77; See instructions)
- 22. BioMass-to-Energy Credit - - **for carry forward use only** (Enclose Schedule K-79; See instructions)
- 23. Environmental Compliance Credit (Enclose Schedule K-81; See instructions)
- 24. Storage and Blending Equipment Credit - - **for carry forward use only** (Enclose Schedule K-82; See instructions)
- 25. Electric Cogeneration Facility Credit - - **for carry forward use only** (Enclose Schedule K-83; See instructions)
- 26. Declared Disaster Capital Investment Credit - - **for carry forward use only** (Enclose Schedule K-87; See instructions)
- 27. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
- 28. Total nonrefundable credits (Add lines 1 - 27. Enter total here and on line 26, page 2)**

REFUNDABLE CREDITS

- 29. Telecommunications Credit (Enclose Schedule K-36; See instructions)
- 30. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)
- 31. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)
- 32. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 33. Individual Development Account Credit (Enclose Schedule K-68; See instructions)
- 34. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
- 35. Total refundable credits (Add lines 29 - 34. Enter total here and on line 31, page 2)**

PART II

ADDITIONAL INFORMATION

1. Did the corporation file a Kansas Income Tax return under the same name for the preceding year? Yes No
If "no", enter previous name and EIN.

2. Enter the address of the corporation's principal location in Kansas.

3. The corporation's books are in care of:
Name LINDA CLARK
Address 1023 N. GRAND BLVD.
ST LOUIS MO 63106
Telephone 314.533.2411
4. List each estimated tax payment and credit forward amount claimed on this return.

Date	Amount	Date	Amount
5. Has your corporation been involved in any reorganization during the period covered by this return? Yes No
If "yes", enclose a detailed explanation.

6. If this is a final return for Kansas, please state the reason. If the corporation was liquidated or dissolved, state the IRC section under which the corporation was liquidated.

7. If your federal taxable income has been redetermined for any prior year(s) that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return (Form K-120 or K-120X, whichever is applicable).
 Revenue Agent's Report Net Operating Loss
 Amended Return
 Years ended _____
8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line:
 a. Sales Tax _____
 b. Compensating Use Tax _____
 c. Withholding Tax _____
 d. Other (specify) _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

Name of Corporation	Employer ID Number

PART IV SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes. (Include federal environmental tax; itemize)

STATE AND FOREIGN TAXES DEDUCTED ON FORM 1120, LINE 17	
	1,200.00
2. Total (Enter on line 3, page 1)	1,200.00
3. Total other taxes	13,426.00
4. Total taxes (Must equal line 17 of the federal return)	14,626.00

PART V SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (Describe type):

2. Total (Enter on line 7, page 1)	
3. Total other interest income	1,024,883.00
4. Total interest income (Must equal line 5 of the federal return)	1,024,883.00

K-120AS

037

151419

Rev. 7-19

KANSAS Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME

(Corporations using the combined income method must use Schedule K-121)

Page 5 of 6

For the taxable year beginning 01012019 , ending 12312019

Name as shown on Form K-120

Employer Identification Number (EIN)

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

PART VI

APPORTIONMENT FORMULA

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:					
Inventory					
Depreciable assets					
Land					
Other tangible assets (Enclose sch)					
Less: Construction in progress					
Total property to be averaged					
Ave owned property (Beg. + End ÷ 2)					
(2) Net annual rented property. Mult by 8					
TOTAL PROPERTY (Enter on line 14A, page 1)					A %

B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying.)	WITHIN KANSAS	TOTAL COMPANY	
(1) Compensation of officers			
(2) Wages, salaries and commissions			
(3) Payroll expense included in cost of goods sold			
(4) Payroll expense included in repairs			
(5) Other wages and salaries			
TOTAL PAYROLL (Enter on line 14B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)			B %

C. Sales (Gross receipts, less returns and allowances)	WITHIN KANSAS	TOTAL COMPANY	
(1) Sales delivered or shipped to purchasers in Kansas:			
(a) Shipped from outside Kansas			
(b) Shipped from within Kansas			
(2) Sales shipped from Kansas to:			
(a) The United States Government			
(b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272)			
(3) Dividends			
Interest	21,453.	1,024,883.	
Rents		34,927.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	4,403.	725,282.	
TOTAL SALES (Enter on line 14C, page 1)	25,856.	1,785,092.	C 1.4484%

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1) 1.4484%
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)	D(2) %
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 14, page 1)	E 1.4484%

NET OPERATING LOSS DEDUCTION				STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	LOSS ALLOWED	
12/31/18	2,684.00	0.	2,684.00	0.	
TOTAL KANSAS NOL TO FORM K-120, LINE 20				0.	

KS K-120AS		OTHER INCOME	STATEMENT	2
			WITHIN KANSAS	TOTAL COMPANY
OTHER RECEIPTS		4,403	725,282
SERVICE INCOME		0	0
TOTALS TO K-120AS		4,403	725,282

KANSAS	STATES IN WHICH CONDUCTING BUSINESS	STATEMENT	3
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STATES IN WHICH THIS CORPORATION IS DOING BUSINESS AND
FILING STATE CORPORATION INCOME, FRANCHISE RETURNS OR PRIVILEGE TAX:

CA, MO, RI, MI

2019 TAX RETURN FILING INSTRUCTIONS

MICHIGAN FORM 4891

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE MIDOR.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-C TO US BY JULY 31, 2020.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MIDOR.

2019 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

MM-DD-YYYY		MM-DD-YYYY	
1. Return is for calendar year 2019 or for tax year beginning:		and ending:	
2. Taxpayer Name (print or type) GREAT RIVERS COMMUNITY CAPITAL		3. Federal Employer Identification Number (FEIN) 43-1862691	
4. Street Address 1023 N. GRAND BLVD.			
City SAINT LOUIS		State MO	ZIP/Postal Code 63106
5. NAICS (North American Industry Classification System) Code 624100		6. If a Final Return, Enter Effective End Date	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)	
8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.			

Important: If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax. Short period filers, see instructions.

9. Apportionment Calculation - If any amount in line 9a through 9e is zero, enter zero. **All lines must be completed.**

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero) ...	9a.	1066	00
b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900)	9b.	0	00
c. Michigan sales. Add lines 9a and 9b	9c.	1066	00
d. Total sales of the corporation/UBG	9d.	1785092	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.	0	00
f. Total sales. Add lines 9d and 9e	9f.	1785092	00
g. Apportionment percentage. Divide 9c by 9f	9g.	.0597	%

10. a. Gross receipts from corporate activities (see instructions)	10a.	1785092	00
10. b. Apportioned gross receipts from FTEs	10b.		00
11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b	11.	1066	00

PART 1: CORPORATE INCOME TAX

All filers, see instructions. Unitary Business Group filers will complete lines 12 through 17, 19 through 24, and 27 through 31 with amounts reflecting the total of all UBG members.

12. Federal taxable income from federal Form 1120. (Amount includes agricultural activities. See instructions.)	12.	-490347	00
13. Domestic production activities deduction based on IRC § 199 reported on federal Form 8903, to the extent deducted from federal taxable income	13.		00
14. Miscellaneous (see instructions)	14.		00
15. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment	15a.		00
b. Gain/loss adjustment on sale of eligible depreciable asset(s) ...	15b.		00
c. Add lines 15a and 15b. If negative, enter as negative	15c.		00
16. Add lines 12, 13, 14 and 15c. If negative, enter as negative	16.	-490347	00
17. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero	17.	0	00
18. Business Income. All filers, subtract line 17 from line 16. If negative, enter as negative	18.	-490347	00

Additions to Business Income

19. Interest income and dividends derived from obligations or securities of states other than Michigan	19.		00
20. Taxes on or measured by net income including tax imposed under CIT	20.	1200	00
21. Any carryback or carryover of a federal net operating loss (enter as a positive number)	21.		00
22. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer	22.		00
23. Expenses from the production of oil and gas, and/or minerals (see instructions)	23.		00
24. Miscellaneous (see instructions)	24.		00
25. Total Additions to Income. Add lines 19 through 24	25.	1200	00
26. Corporate Income Tax Base After Additions. Add lines 18 and 25. If negative, enter as negative	26.	-489147	00

PART 1: CORPORATE INCOME TAX (Continued)

Subtractions from Business Income

27. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions)	27.		00
28. Dividends and royalties received from persons other than U.S. persons and foreign operating entities	28.		00
29. Interest income derived from United States obligations	29.		00
30. Income from the production of oil and gas, and/or minerals (see instructions)	30.		00
31. Miscellaneous (see instructions)	31.		00
32. Total Subtractions from Income. Add lines 27 through 31	32.		00
33. Corporate Income Tax Base. Subtract line 32 from line 26. If negative, enter as negative	33.	-489147	00
34. Apportioned Corporate Income Tax Base. Multiply line 33 by percentage on line 9g	34.	-292	00
35. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions)	35.		00
36. Total apportioned Corporate Income Tax Base. Add line 34 and line 35	36.	-292	00
37a. Available CIT business loss carryforward (see instructions). Enter as positive	37a.		00
37b. <input type="checkbox"/> Check if any loss on line 37a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
38. Subtract line 37a from line 36. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions)	38.	-292	00
39. Corporate Income Tax Before Credit. Multiply line 38 by 6% (0.06). If less than zero, enter zero	39.	0	00

PART 2: TOTAL CORPORATE INCOME TAX

40. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies	40.		00
41. Tax Liability after SBAC. Subtract line 40 from line 39. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instructions)	41.	0	00
42. Total Recapture of Certain Business Tax Credits from Form 4902	42.		00
43. Total Tax Liability. Add lines 41 and 42	43.	0	00

PART 3: PAYMENTS AND TAX DUE

UBGs include on lines 44 through 46 payments from all members as reported on Form 4897.

44. Overpayment credited from prior period return (MBT or CIT)	44.		00
45. Estimated tax payments	45.		00
46. Tax paid with request for extension	46.		00
47. Payment total. Add lines 44 through 46	47.		00
48. TAX DUE. Subtract line 47 from line 43. If less than zero, leave blank	48.		00
49. Underpaid estimate penalty and interest from Form 4899, line 38	49.		00
50. Annual Return Penalty (see instructions)	50.		00
51. Annual Return Interest (see instructions)	51.		00
52. PAYMENT DUE. If line 48 is blank, go to line 53. Otherwise, add lines 48 through 51	52.		00

PART 4: REFUND OR CREDIT FORWARD

53. Overpayment. Subtract lines 43, 49, 50 and 51 from line 47. If less than zero, leave blank (see instructions)	53.		00
54. CREDIT FORWARD. Amount on line 53 to be credited forward and used as an estimate for next CIT tax year	54.		00
55. REFUND. Subtract line 54 from line 53	55.		00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P00836888	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) BROWN SMITH WALLACE LLP	
Authorized Signer's Name (print or type)	Date	Preparer's Business Address and Telephone Number (print or type) 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141 314-983-1200	
Title CHIEF OPERATING OFFICER	Telephone Number 314-533-2411		

Return is due April 30 or on or before the last day of the 4th month after the close of the tax year.

WITHOUT PAYMENT. Mail return to:
Michigan Department of Treasury,
PO Box 30803, Lansing MI 48909

WITH PAYMENT. Pay amount on line 52. Mail check and return to: Michigan Department of Treasury,
PO Box 30804, Lansing MI 48909. Make check payable to "State of Michigan." Print taxpayer's FEIN, the tax year, and "CIT" on the front of the check. Do not staple the check to the return.

2019 TAX RETURN FILING INSTRUCTIONS

MISSOURI FORM MO-1120

FOR THE YEAR ENDING
DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 15,230.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 OVERPAYMENT \$ 15,230.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 15,230.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE MO DOR.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-C TO US BY OCTOBER 15, 2020.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE MO DOR.

MISSOURI DEPARTMENT OF
REVENUE
2019 Corporation Income Tax Return

Department Use Only
(MM/DD/YY)

Missouri Tax
I.D. Number

9	9	9	9	9	9	9	9	9	9

Missouri Corporation Income
Tax Return for 2019

Beginning
(MM/DD/YY)

0	1	0	1	1	9
---	---	---	---	---	---

Ending
(MM/DD/YY)

1	2	3	1	1	9
---	---	---	---	---	---

Federal Employer
I.D. Number

4	3	1	8	6	2	6	9	1
---	---	---	---	---	---	---	---	---

Charter
Number

0	0	4	6	8	7	7	3		
---	---	---	---	---	---	---	---	--	--

Corporation
Name

GREAT RIVERS COMMUNITY CAPITAL

Address

1023 N. GRAND BLVD.

City

SAINT LOUIS

State

MO

ZIP

63106



Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

- Consolidated MO Return
 Consolidated Federal and Separate Missouri Return
 Amended Return
 Name Change
 Address Change
 Final Return and Close Corporation Income Tax Account
 Bankruptcy
 1120C
 990T
 All Missouri source income is from an interest(s) in a partnership(s)
 Public Law 86-272

Computation of Income Tax

1.	Federal Taxable Income from Federal Form 1120, Line 30	1	-490,347	.00
2.	Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income SEE STATEMENT 1	2	1,200	.00
3.	Missouri modifications - Additions (complete Page 3, Part 1)	3		.00
4.	Total additions - Add Lines 2 and 3	4	1,200	.00
5.	Missouri modifications - Subtractions (complete Page 3, Part 2)	5		.00
6.	Balance - Line 1 plus Line 4 less Line 5	6	-489,147	.00
7.	Federal Income Tax - current year (complete Page 4, Part 3)	7		.00
8.	Taxable Income - all sources - Line 6 less Line 7	8	-489,147	.00
9.	Missouri Taxable Income - if all Missouri income, repeat Line 8. If not, complete Form MO-MS and enter apportionment method chosen and the applicable percentage below. Method <input type="checkbox"/> Percent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiply Line 8 by the percentage	9	-489,147	.00
10.	Missouri Dividends Deduction (see instructions before entering an amount)	10		.00
11.	Enterprise Zone or Rural Empowerment Zone Income Modification	11		.00
12.	Bring Jobs Home Deduction (see instructions before entering an amount)	12		.00
13.	Transportation Facilities Deductions: <input type="checkbox"/> Port Cargo Expansion <input type="checkbox"/> International Trade Facility <input type="checkbox"/> Qualified Trade Activities	13		.00
14.	Missouri Taxable Income - Line 9 less Lines 10, 11, 12, and 13	14	-489,147	.00

Tax	15. Corporation income Tax - 6.25% of Line 14	15		0	.00
	16. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)	16		0	.00
	17. Total Tax - Add Lines 15 and 16	17		0	.00

Credits and Payments	18. Tax credits - (attach Form MO-TC)	18			.00
	19. Estimated tax payments (include approved overpayments applied from previous year)	19		15,230	.00
	20. Payments with Form MO-7004	20			.00
	21. Amended Return Only: Tax paid with (or after) the filing of the original return	21			.00
	22. Subtotal - Add Lines 18 through 21	22		15,230	.00
	23. Amended Return Only: Overpayment, if any, as shown on original return or as later adjusted	23			.00
	24. Total - Line 22 less Line 23	24		15,230	.00

Refund or Tax Due	25. If Line 24 is more than Line 17, enter overpayment here	25		15,230	.00
	26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below	26			.00

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Fund	Soldiers Memorial Military Museum in St. Louis Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00

Refund or Tax Due	27. Overpayment to be applied to next filing period	27			.00
	28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund	28		15,230	.00
	29. If Line 24 is less than Line 17, enter underpayment here	29			.00
	30. Enter the total of the below on Line 30	30			.00

Interest .00 Penalty .00 MO-2220 .00

Refund or Tax Due	31. Total Due - Add Lines 29 and 30 (U.S. funds only) DOR Only	31			.00
	Total Due				

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Department Use Only		
<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> F

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff. Yes No

Signature	Signature of Officer	<input type="text"/>	Printed Name	<input type="text"/>
	Telephone Number	3 1 4 5 3 3 2 4 1 1	Date Signed (MM/DD/YY)	<input type="text"/>
	Preparer's Signature (Including Internal Preparer)	<input type="text"/>	Preparer's FEIN, SSN, or PTIN	P 0 0 8 3 6 8 8 8
	Telephone Number	3 1 4 9 8 3 1 2 0 0	Date Signed (MM/DD/YY)	<input type="text"/>



Part 1 - Missouri Modifications - Additions

1a. State and local bond interest (except Missouri)	1a		.00		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1	1b		.00	1	.00
2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041 , Page 2, Part 1, Line 19 or Form MO-1065 , Line 17)				2	.00
3. Net operating loss modification (Section 143.431.4, RSMo) (Do not enter NOL carryover)				3	.00
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo				4	.00
5. Total - Add Lines 1 through 4. Enter here and on Page 1, Line 3				5	.00

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations (must attach a detailed schedule)	1a		.00		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1	1b		.00	1	.00
2. Federally taxable - Missouri exempt obligations				2	.00
3. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)				3	.00
4. Previously taxed income				4	.00
5. Amount of any state income tax refund included in federal taxable income				5	.00
6. Capital gain exclusion from the sale of low income housing project				6	.00
7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 20 or Form MO-1065, Line 18)				7	.00
8. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)				8	.00
9. Subtraction Modification offsetting previous Addition Modification from a Net Operating Loss (NOL) deduction from an applicable year (Section 143.121.2(4), RSMo)				9	.00
10. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)				10	.00
11. Build America and Recovery Zone Bond Interest				11	.00
12. Missouri Public-Private Partnerships Transportation Act				12	.00
13. Total - Add Lines 1 through 12. Enter here and on Page 1, Line 5				13	.00



MO-1120	CORPORATION INCOME TAXES DEDUCTED	STATEMENT	1
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DESCRIPTIONAMOUNT

CALIFORNIA TAXES - BASED ON INCOME
RHODE ISLAND TAXES - BASED ON INCOME

800.
400.

TOTAL TO FORM MO-1120, PAGE 1, LINE 2

1,200.

2019 TAX RETURN FILING INSTRUCTIONS

RHODE ISLAND FORM RI-1120C

FOR THE YEAR ENDING
DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 400.00 Less: payments and credits \$ 400.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE RI DIVISION OF TAX.
Return must be mailed on or before	RETURN FEDERAL FORM 8879-C TO US BY OCTOBER 15, 2020.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE RI DIVISION OF TAX.

EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:

To be used by a corporation, an LLC or partnership for requesting an automatic extension of time for filing Rhode Island Form RI-1120C, RI-1120S or RI-1065.

Automatic six (6) month extension for filers of Form RI-1120C (except for filers with a June 30 fiscal year end), Form RI-1120S or Form RI-1065 (LLC, LLP, LP, Partnership, SMLLC).

Automatic seven (7) month extension for June 30 year end filers of Form RI-1120C.

TO BE EFFECTIVE:

1. Payment of the full amount of the tax reasonably estimated to be due must be submitted with this request.
2. This form must be completed and filed before the date prescribed for payment of the tax.
3. This form must be signed by a person authorized to represent the corporation in this matter.

NOTE:

The extension of time is limited to: 1) The date requested, or 2) The date on which a certificate of good standing is required to be issued, whichever is earlier.

ONLINE PAYMENT

Your extension payment can be made online. For more information, visit:

<https://www.ri.gov/taxation/business/index.php>

If you make your payment online, you do not need to send in this extension request form.

976801 01-23-20

CUT HERE

RI-7004

**STATE OF RHODE ISLAND
AUTOMATIC EXTENSION REQUEST FOR RI-1120C, RI-1120S and RI-1065 FILERS
DIVISION OF TAXATION - DEPT #88 - PO BOX 9702 - PROVIDENCE, RI 02940-9702**

CTX01201943186269100

**GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD.
SAINT LOUIS, MO 63106**

FEDERAL EMPLOYER IDENTIFICATION NUMBER
43186269100

RI-7004

For the Taxable Year Ending:	<u>12/31/19</u>	
ESTIMATED TAX CURRENT YEAR		400.
AMOUNT PAID AND CREDITED TO DATE		
AMOUNT DUE WITH EXTENSION		400.

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

AMOUNT ENCLOSED **\$** 4 0 0 . 0 0

1019 _____
Signature of officer or agent.



19110110190101

Federal employer identification number
431862691

RI Secretary of State ID number
000894304

For the taxable year from 01/01/2019 through 12/31/2019



Name
GREAT RIVERS COMMUNITY CAPITAL

Address 1
1023 N. GRAND BLVD.

Address 2

City, town or post office
SAINT LOUIS

State ZIP code
MO 63106

E-mail address

NAICS code
624100

Initial Return	Short Year	Pro-Forma	Final Return	Amended Return
Address Change	1120F	Combined Return*	*If a combined return, how many companies are included in this return: _____	

A	Gross Receipts	A	
B	Depreciable Assets	B	471800 00
C	Section 965(a) Inclusion from Federal Form 1120, Schedule C, line 15	C	

Schedule A - Computation of Tax Attach a complete copy of all pages and schedules of the federal return including all K-1's

1	Federal taxable income (see instructions)	1	-490347 00
2	Total Deductions from page 3, Schedule B, line 1h	2	
3	Total Additions from page 3, Schedule C, line 1e	3	400 00
4	Adjusted taxable income. Line 1 less line 2 plus line 3	4	0 00
5	Rhode Island Apportionment Ratio from page 5, Schedule H, line 2. Carry to six (6) decimal places	5	0.000092
6	Apportioned Rhode Island taxable income. Multiply line 4 times line 5	6	0 00
7	Research and development adjustments (see instructions, attach schedule)	7	
8a	Pollution control and hazardous waste adjustment (see instructions)	8a	
	b Capital investment deduction (see instructions)	8b	
9	Total adjustments. Add lines 7, 8a and 8b	9	
10a	Rhode Island adjusted taxable income. Subtract line 9 from line 6	10a	0 00

Check if a Jobs Growth Tax is being reported on line 14b.

Due on or before the 15th day of the 4th month following the close of the taxable year

Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908



19110110190102

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

10b Rhode Island adjusted taxable income from page 1, Schedule A, line 10a	10b	
11 Rhode Island income tax. Multiply line 10b times 7% (0.07)	11	400 00
12 Rhode Island Credits from Schedule B-CR 2019 - Business Credit Schedule, line 21	12	
13 Tax. Subtract line 12 from line 11, but not less than the minimum tax of \$400.00	13	400 00
14a Recapture of credits	14a	
b Jobs Growth Tax	14b	
15 Total tax due. Add lines 13, 14a and 14b	15	400 00
16 Payments made on 2019 declaration of estimated tax	16	
17a Other payments	17a	400 00
b Rhode Island pass-through withholding. Attach RI-1099PT(s) (This amount should equal the total Pass-Through withholding amount from page 3, Schedule D, line 1f)	17b	
18a TOTAL PAYMENTS. Add lines 16, 17a and 17b	18a	400 00
b Previously processed overpayments (if filing an amended return)	18b	
c NET PAYMENTS. Subtract line 18b from line 18a	18c	400 00
19 Net tax due. Subtract line 18c from line 15	19	0 00
20a Late payment interest	20a	
b Late payment penalty	20b	
c Underestimating interest	20c	
d Late filing penalty	20d	
e Total interest and penalty amounts. Add lines 20a, 20b, 20c and 20d	20e	0 00
21 Total due with return. Add lines 19 and 20e (Please use Form RI-1120V)	21	0 00
22 Overpayment. Subtract lines 15 and 20e from line 18c	22	
23 Amount of overpayment to be credited to 2020	23	
24 Amount of overpayment to be refunded. Subtract line 23 from line 22	24	



19110110190103

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule B - Deductions to Federal Taxable Income

Table with 2 columns: Description and Line Number. Rows include: 1 a Net operating loss deduction (see instructions - attach schedule) 1a; b Special deductions 1b; c Exempt dividends and interest from page 4, Schedule F, line 10 1c; d Foreign dividend gross-up (s78) US 1120, Schedule C, line 18 1d; e Bonus depreciation and Section 179 expense adjustment 1e; f Discharge of business indebtedness claimed as income on Federal return and previously included as RI income under American Recovery and Reinvestment Act of 2009 under RIGL §44-66-1 1f; g Modification for Tax Incentives for Employers under RIGL §44-55-4.1. Attach Form RI-107 1g; h TOTAL DEDUCTIONS. Add lines 1a through 1g. Enter here and on RI-1120C, page 1, Schedule A, line 2 1h

Schedule C - Additions to Federal Taxable Income

Table with 3 columns: Description, Line Number, and Amount. Rows include: 1 a Interest (see instructions) 1a; b Rhode Island corporate taxes (see instructions) 1b 400 00; c Bonus depreciation 1c; d Intentionally left blank 1d; e TOTAL ADDITIONS. Add lines 1a through 1c. Enter here and on RI-1120C, page 1, Schedule A, line 3 ... 1e 400 00

Schedule D - Pass-through Withholding

Table with 3 columns: Name, Federal Employer Identification Number, and Pass-through Withholding Amount. Rows include: 1 a; b; c; d; e; f Total Pass-through withholding (add lines 1a thru 1e) Enter total here and on Page 2, line 17b



19110110190104

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule E - General Information

- 1 a Location of principal place of business in Rhode Island **1023 N. GRAND BLVD., SAINT LO**
- b Location of corporation's books and records **1023 N. GRAND BLVD., SAINT LO**
- c List states to which you are liable for income or excise taxes for the taxable year ... **CA, MO, KS, MI**
- d State and date of incorporation **MO 04/22/1999**
- e President _____ Treasurer _____
- 2 a Salaries and wages paid or incurred in Rhode Island 2a
- b Salaries and wages paid or incurred everywhere 2b
- 3 a Total RI average net book value of assets 3a
- b Total everywhere average net book value of assets 3b

Schedule F - Exempt Dividends and Interest

- 1 Dividends received from shares of stock of any payer liable for RI taxes as outlined in Chapters 11, 13, & 14 (attach schedule) 1
- 2 Amount of such dividends included in Special Deductions, Schedule B, line 1b 2
- 3 Balance of Exempt Dividends. Line 1 less line 2 3
- Foreign Dividends included on lines 14, 16b, 16c & 20**
- 4 More than 20% owned _____ X 65% 4
- 5 Less than 20% owned _____ X 50% 5
- 6 100% owned _____ X 100% 6
- 7 Interest on obligations of public service corporations liable for Rhode Island Gross Earnings Tax 7
- 8 Interest on certain obligations of the US (attach schedule) 8
- 9 Interest on obligations of US possessions and other interest exempt under Rhode Island Law (attach schedule) 9
- 10 Total. Add lines 3 through 9. Enter here and on page 3, Schedule B, line 1c 10

Schedule G - Federal Taxable Income (US 1120, page 1, line 28)

Enter amount for year that ended:	2019	2018	2017	2016	2015
	-490347 00	-161790 00	273056 00		



19110110190105

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule H - Apportionment

Check if utilizing an alternative allocation apportionment calculation allowed under 44-11-14.1 through 44-11-14.6

Column A
Rhode Island

Column B
Everywhere

1 a	Gross receipts	<table border="0"> <tr> <td rowspan="2">}</td> <td>Rhode Island Sales</td> <td>.....</td> <td>1a</td> <td></td> <td></td> </tr> <tr> <td>Sales Under 44-11-14(a)(2)(i)(B)</td> <td>...</td> <td></td> <td></td> <td></td> </tr> </table>	}	Rhode Island Sales	1a			Sales Under 44-11-14(a)(2)(i)(B)	...					
}	Rhode Island Sales		1a											
	Sales Under 44-11-14(a)(2)(i)(B)	...													
b	Dividends	1b												
c	Interest	1c	105 00	1024883 00										
d	Rents	1d	0 00	34927 00										
e	Royalties	1e												
f	Capital gains	1f												
g	Ordinary income	1g												
h	Other income	1h	60 00	725282 00										
i	Income exempt from federal taxation	1i												
j	Total. Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h and 1i	1j	165 00	1785092 00										
2	Ratio in Rhode Island, line 1j, Column A divided by line 1j, Column B. Calculate to six (6) decimal places. Enter here and on page 1, Schedule A, line 5	2		0.000092										

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	ROBERT BOYLE		314.533.2411
Paid preparer signature	Print name	Date	Telephone number
	ROBERT W. HAGGERTY		314.983.1200
Paid preparer address	City, town or post office	State	ZIP Code
6 CITYPLACE DRIVE, SU	ST LOUIS	MO	63141
			PTIN
			P00836888

May the Division of Taxation contact your preparer? YES

2019 TAX RETURN FILING INSTRUCTIONS

ST. LOUIS FORM E-234

FOR THE YEAR ENDING
DECEMBER 31, 2019

Prepared for	GREAT RIVERS COMMUNITY CAPITAL 1023 N. GRAND BLVD. SAINT LOUIS, MO 63106
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	GREGORY F.X. DALY COLLECTOR OF REVENUE 1200 MARKET STREET, ROOM 410 ST. LOUIS, MO 63103-2841
Return must be mailed on or before	OCTOBER 15, 2020
Special Instructions	

**CITY OF ST. LOUIS
EARNINGS TAX RETURN**

CALENDAR
YEAR
2019

TAXABLE YEAR BEGINNING 01/01/19 AND ENDING 12/31/19

FOR OFFICE USE ONLY

TYPE OF RETURN: DAYTIME TELEPHONE #: 314.533.2411

FEIN OR SSN #: 43-1862691

E-2 INDIVIDUAL (LLC, 1099-Misc., Schedule C)

E-3 PARTNERSHIP (LLC, Trust)

E-4 CORPORATION (LLC, Sub S or C)

PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

E-MAIL: _____

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD.
SAINT LOUIS, MO 63106

- Check applicable boxes: (1) Due month change
(2) Amended return (3) Change in address
(4) Account terminated

DATE & REASON (REQUIRED): _____

TO WHOM SOLD OR TRANSFERRED: _____

ADDRESS OF NEW OWNER: _____

PLEASE PRINT YOUR NAME AND ADDRESS IN THE SPACE ABOVE IF NOT ALREADY PROVIDED.
Please see the instruction sheet for additional information.

VERIFIED BY

AUDITED BY

SECTION A - NET PROFIT

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions (less Returns and Allowances)	1.		00
2. Cost of Goods Sold (attach itemized list)	2.		00
3. Gross Profit (subtract line 2 from line 1)	3.		00
4. Other Income or Loss (attach itemized list) SEE STATEMENT 1	4.	1,675,082	00
5. Total Gross Profit (add lines 3 and 4)	5.	1,675,082	00
6. Business Expenses (use Section A-1 on page 2)	6.	2,164,229	00
7. Net Profit or Loss (subtract line 6 from line 5)	7.	-489,147	00

SECTION B - NET PROFIT BY ALLOCATION (From Section B Worksheet, on page 2)

8. (a) Allocation percent (line 2)	8a.		%
(b) Net Profit by allocation (line 7 multiplied by line 8a)	8b.		00

SECTION C - COMPUTATION OF TAX

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	-489,147	00
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	0	00
11. Payroll Expense Tax Credit (complete Section C-1 on page 2)	11.	0	00
12. Net Earnings Tax Due (line 10 minus line 11)	12.	0	00
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.		00
14. Subtotal (line 12 minus line 13)	14.		00
15. Penalty %	15.		00
16. Interest %	16.		00
17. Amount Due	17.		0 00
18. Amount Overpaid. <input type="checkbox"/> Refund or <input type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.		00

Pursuant to the Revised Code of the City of St. Louis, §5.22.100, the Collector of Revenue or his duly authorized agent has the authority to audit the facilities or tax returns of an employer or taxpayer. I declare this return has been examined by me and is true, correct and complete to the best of my knowledge and belief.

**CHIEF
OPERATING**
(Title)

The City of St. Louis requires all extension requests to be filed on Form E-8 (see instructions). An estimated payment of 100% of the tax due is required with your extension request.

(Date) | _____
(Signature) | _____
(Typed or Printed Name) | _____
BROWN SMITH WALLACE LLP
6 CITYPLACE DRIVE, SUITE 900
ST. LOUIS, MO 63141

(Signature of preparer other than taxpayer) | (FEIN/SSN of preparer) | _____
(Address, City, State, ZIP)
314.983.1200
(Preparer Telephone #) | _____
(E-Mail Address)

Please mail all returns and payments to:
GREGORY F.X. DALY
COLLECTOR OF REVENUE
1200 MARKET STREET, ROOM 410
ST. LOUIS, MO 63103-2841

WEBSITE: www.stlouiscollector.com

Telephone: (314) 622-4248
Fax: (314) 622-4847

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	5,254.
2. Commissions		9. Repairs	
3. Depreciation	10,091.	10. Taxes (Except Federal, State and Local Income Taxes) STMT 3	13,426.
4. Dues and Publications		11. Utilities and Telephone	
5. Insurance		12. Wages and Salaries	
6. Legal and Professional		13. Other Deductions (itemized list required) STMT 4	2,135,458.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	2,164,229.

SECTION A-2 - INFORMATIONAL DISBURSEMENT (Print N/A if Not Applicable)

TO WHOM PAID			FEIN/SSN	Total Amount Paid	Amount or Percent Earned Within the City
Name	Address	City, State, ZIP			

(Please attach additional sheets or 1099-Misc. as necessary.) **SEE STATEMENT 2**

NOT APPLICABLE SECTION B WORKSHEET - BUSINESS ALLOCATION OF TAXABLE NET PROFIT

All applicable fields must be completed. Please attach a list of all business locations.	Within & Without St. Louis	Within St. Louis	Percentage Within St. Louis
	1. (a) Average Value of Real and Tangible Personal Property, including inventory.		
(b) Gross Receipts			
(c) Wages & Salaries (except Officers)			
2. ALLOCATION PERCENTAGE: Total of Percentages divided by number of factors used _____ %.			Total Percentage %

SECTION B-1 - PARTNER'S SHARE OF NET PROFIT

Non-resident partners use the allocation % from Section B. Partners who are residents of St. Louis are subject to tax on their full share of the net profit and cannot allocate.

NOT APPLICABLE List Partners Below		Share of Net Profit	Allocation Percentage	Taxable Income
Name	FEIN/SSN			
Home Address	ZIP			
Name	FEIN/SSN			
Home Address	ZIP			

(Attach list if necessary)

Enter total "Taxable Income" on line 9, Section C →

SECTION C-1 - PAYROLL EXPENSE TAX CREDIT

- Did you pay the Payroll Expense Tax on Form P-10? Yes (Proceed to line 2) No (P-10 credit does not apply)
- Total quarterly Payroll Expense Tax paid from line 3, Form P-10.
1st Qtr. _____ + 2nd Qtr. _____ + 3rd Qtr. _____ + 4th Qtr. _____ = _____
- Line 2 x 20 % = _____
- Tax amount due from line 10, Section C _____ x 25 % = _____
- Smaller of lines 3 and 4 (Please enter this amount on line 11, Section C) _____ = _____

STL E-234	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST		1,024,883.	
GROSS RENTS		34,927.	
NET GAIN OR (LOSS) FROM FORM 4797		-110,010.	
GRANT REVENUE		159,759.	
LOAN PROCESSING FEES		565,440.	
OTHER INCOME		83.	
TOTAL TO FORM E-234, PAGE 1, LINE 4		1,675,082.	

STL E-234	INFORMATIONAL DISBURSEMENT REPORT			STATEMENT	2
(A)	TO WHOM PAID		(B)	(C)	(D)
NAME	ADDRESS	CITY, STATE, ZIP	FEIN/SSN	TOTAL AMOUNT PAID	AMOUNT OR PERCENT EARNED WITHIN CITY
VIKKI FRANK	1855 CALVERT STREET NW SUITE 405	WASHINGTON DC, 20009	117-48-4592	14,000.	0.00
SHER & SHABSIN, P.C.	ONE CAMPBELL PLAZA SUITE 1A NORTH	ST. LOUIS, MO 63139	43-1887068	426.	1.00
ANDERSON LAW LLC	4006 CENTRAL STREET	KANSAS CITY, MO 64111	26-4699121	197.	0.00
WEISMAN LAW FIRM, LLC	904 S. 4TH STREET SUITE 302	ST. LOUIS, MO 63102	43-1913575	26,223.	1.00

STL E-234	TAXES (EXCEPT INCOME TAXES)	STATEMENT	3
DESCRIPTION		AMOUNT	
LICENSE AND PERMITS		13,426.	
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 10		13,426.	

STL E-234	OTHER DEDUCTIONS	STATEMENT	4
DESCRIPTION		AMOUNT	
BAD DEBTS		964,926.	
INTEREST		334,253.	
ADMIN EXPENSES		639,832.	
INSURANCE		5,840.	
MISCELLANEOUS EXPENSE		7,743.	
OFFICE SUPPLIES		93,205.	
OTHER RENT & ROYALTY EXPENSES		14,863.	
PROFESSIONAL SERVICES		74,796.	
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 13		2,135,458.	
