

U.S. Corporation Income Tax Return

For calendar year 2017 or tax year

OMB No. 1545-0123

2017

Department of the Treasury
Internal Revenue Service

beginning _____, ending _____
EXTENSION GRANTED TO 10/15/18
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	TYPE OR PRINT	Name GREAT RIVERS COMMUNITY CAPITAL	B Employer identification number 43-1862691
		Number, street, and room or suite no. If a P.O. box, see instructions. 1023 N. GRAND BLVD.	C Date incorporated 04/22/1999
		City or town, state, or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63106	D Total assets (see instructions) \$ 14,177,820.
		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> 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 (Schedule C, line 19)	4	
	5 Interest SEE STATEMENT 1	5	1,288,197.
	6 Gross rents	6	29,476.
	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	
10 Other income (attach statement) SEE STATEMENT 2	10	653,232.	
11 Total income. Add lines 3 through 10	11	1,970,905.	

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	1,317,235.
	16 Rents	16	6,594.
	17 Taxes and licenses SEE STATEMENT 3	17	24,628.
	18 Interest	18	204,319.
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	10,307.
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Domestic production activities deduction (attach Form 8903)	25	
	26 Other deductions (attach statement) SEE STATEMENT 4	26	134,766.
	27 Total deductions. Add lines 12 through 26	27	1,697,849.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	273,056.
29 a Net operating loss deduction (see instructions)	29a		
b Special deductions (Schedule C, line 20)	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	273,056.
	31 Total tax (Schedule J, Part I, line 11)	31	89,742.
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32	123,200.
	33 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	33	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	0.
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	33,458.
	36 Enter amount from line 35 you want: Credited to 2018 estimated tax ▶ 33,458. Refunded ▶ 36	36	

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 _____ Date _____ **CHIEF EXECUTIVE OFFICER** Yes No

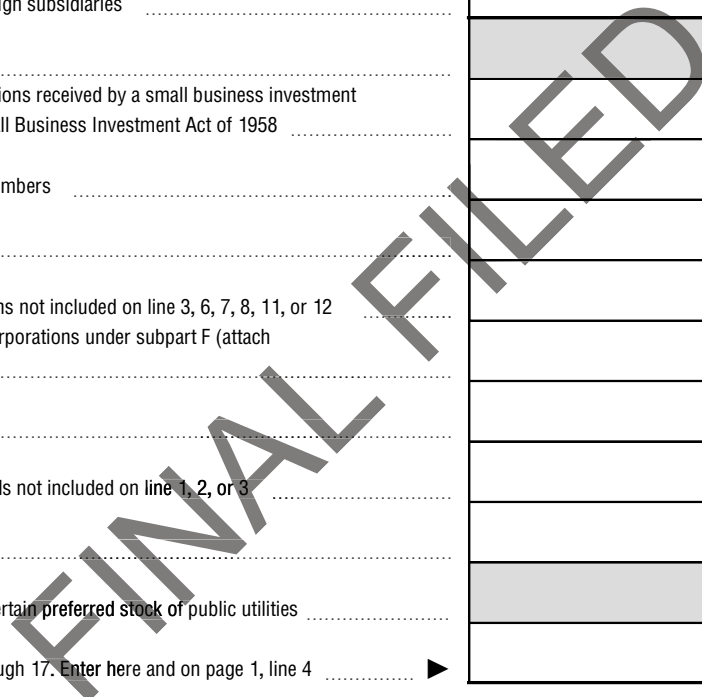
Paid Print/Type preparer's name **ROBERT W. HAGGERTY** Preparer's signature _____ Date _____ Check if self-employed PTIN **P00836888**

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

Firm's address ▶ **6 CITYPLACE DRIVE, SUITE 900** Phone no. **314.983.1200**

ST. LOUIS, MO 63141

Schedule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8			
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 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC -DISC and former DISC dividends not included on line 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. 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))		
2	Income tax. Check if a qualified personal service corporation. See instructions	STMT 5	89,742.
3	Alternative minimum tax (attach Form 4626)		
4	Add lines 2 and 3		89,742.
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	89,742.
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	89,742.

Part II - Payments and Refundable Credits

12	2016 overpayment credited to 2017	12	782.
13	2017 estimated tax payments	13	112,418.
14	2017 refund applied for on Form 4466	14	()
15	Combine lines 12, 13, and 14	15	113,200.
16	Tax deposited with Form 7004	16	10,000.
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	123,200.
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	123,200.

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. ▶ 624100		
b	Business activity ▶ INDIV & FAMILY SERVI		
c	Product or service ▶ COMMUNITY DEVELOPMEN		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? If "Yes," enter name and EIN of the parent corporation ▶ JUSTINE PETERSEN HOUSING & REINVESTMENT 43-1769074	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

Schedule K Other Information (continued from page 3)

				Yes	No
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.) ... ▶ \$ _____					
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 2017 that would require it to file Form(s) 1099?				X	
b If "Yes," did or will the corporation file required Forms 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

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		906,965.		817,551.
2a	Trade notes and accounts receivable	116,968.		363,769.	
b	Less allowance for bad debts	()	116,968.	()	363,769.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.) STMT 6		482,992.		527,212.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.) STMT 7		301,361.		446,870.
10a	Buildings and other depreciable assets	283,557.		593,679.	
b	Less accumulated depreciation	(84,982.)	198,575.	(103,435.)	490,244.
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 8		11,620,179.		11,532,174.
15	Total assets		13,627,040.		14,177,820.
Liabilities and Shareholders' Equity					
16	Accounts payable		99,697.		68,009.
17	Mortgages, notes, bonds payable in less than 1 year		181,122.		132,604.
18	Other current liabilities (att. stmt.) STMT 9		1,127,538.		556,813.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		3,551,675.		3,916,753.
21	Other liabilities (att. stmt.) STMT 10		7,311,185.		7,720,954.
22	Capital stock: a Preferred stock				
b	Common stock	10,000.	10,000.	10,000.	10,000.
23	Additional paid-in capital		300,000.		671,560.
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated		1,045,823.		1,101,127.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		13,627,040.		14,177,820.

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	55,304.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	-58,232.		Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize):			_____	
	SEE STATEMENT 11	218,746.	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 \$ 8,147.		b	Charitable contributions \$ _____	
b	Charitable contributions \$ _____			STMT 13 909.	
c	Travel and entertainment \$ _____			_____	909.
	STMT 12 50,000.	58,147.	9	Add lines 7 and 8	909.
6	Add lines 1 through 5	273,965.	10	Income (page 1, line 28) - line 6 less line 9	273,056.

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

1	Balance at beginning of year	1,045,823.	5	Distributions: a Cash	
2	Net income (loss) per books	55,304.		b Stock	
3	Other increases (itemize):			c Property	
	_____		6	Other decreases (itemize):	
	_____			_____	
4	Add lines 1, 2, and 3	1,101,127.	7	Add lines 5 and 6	
			8	Balance at end of year (line 4 less line 7)	1,101,127.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.
▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name GREAT RIVERS COMMUNITY CAPITAL		Employer identification number 43-1862691
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	273,056.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	273,056.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	273,056.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	273,056.
6	Alternative tax net operating loss deduction. See instructions	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	273,056.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	123,056.
b	Multiply line 8a by 25% (0.25)	30,764.
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	9,236.
9	Subtract line 8c from line 7. If zero or less, enter -0-	263,820.
10	Multiply line 9 by 20% (0.20)	52,764.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	52,764.
13	Regular tax liability before applying all credits except the foreign tax credit	89,742.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	273,056.
2 ACE depreciation adjustment:			
a AMT depreciation	2a	10,307.	
b ACE depreciation:			
(1) Post-1993 property	2b(1)	10,307.	
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	10,307.	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income	3a		
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders)	3c		
d Inside buildup of undistributed income in life insurance contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	273,056.

**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
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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

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.

2017

Name of corporation (common parent, if consolidated return) GREAT RIVERS COMMUNITY CAPITAL	Employer identification number 43-1862691
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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	55,304.
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	55,304.

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	14,177,820.	12,395,133.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Depreciation and Amortization
 (Including Information on Listed Property) **OTHER**

▶ Attach to your tax return.

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

Name(s) shown on return GREAT RIVERS COMMUNITY CAPITAL	Business or activity to which this form relates OTHER DEPRECIATION	Identifying number 43-1862691
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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	510,000.
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	2,030,000.
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 2016 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 2018. 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 2017	17	8,897.
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 2017 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	11 / 17	310,122.	27.5 yrs.	MM	S/L	1,410.
	/		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 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 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	10,307.
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, certain computers, 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
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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:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

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.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

	Yes	No
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
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42 Amortization of costs that begins during your 2017 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2017 tax year **43** 36,549.

44 Total. Add amounts in column (f). See the instructions for where to report **44** 36,549.

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	29,476.			
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 14</u>	17,937.			
16 Total expenses for each property. Add lines 3 through 15	17,937.			
17 Total gross rents. Add gross rents from line 2, columns A through D				29,476.
18 Total expenses. Add total expenses from line 16, columns A through D				17,937.
19 Net gain (loss) from Form 4797, Part II, line 17, from disposition of property from other rental activities				
20 Net income (loss) from other rental(s)				11,539.

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, 2017

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

FINAL FILED

FORM 1120	INTEREST INCOME	STATEMENT	1
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DESCRIPTION	US	OTHER
INTEREST INCOME		1,288,197.
TOTAL TO FORM 1120, LINE 5		1,288,197.

FORM 1120	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
GRANT REVENUE	218,746.
LOAN PROCESSING FEES	434,202.
OTHER INCOME	284.
TOTAL TO FORM 1120, LINE 10	653,232.

FORM 1120	TAXES AND LICENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
LICENSE AND PERMITS	6,489.
MISSOURI TAXES - BASED ON INCOME	15,226.
MISSOURI CITY TAXES - BASED ON INCOME	2,913.
TOTAL TO FORM 1120, LINE 17	24,628.

FORM 1120	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
ADMIN EXPENSES	1,723.
AMORTIZATION	36,549.
INSURANCE	5,170.
MISCELLANEOUS EXPENSE	3,285.
OFFICE SUPPLIES	23,271.
OTHER RENT & ROYALTY EXPENSES	17,937.
PROFESSIONAL SERVICES	46,112.
PROGRAM EXPENSES	719.
TOTAL TO FORM 1120, LINE 26	134,766.

TAX COMPUTATION

STATEMENT 5

1.	TAXABLE INCOME	273,056	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2	223,056	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	25,000	
5.	LINE 3 LESS LINE 4	198,056	
6.	INCOME SUBJECT TO 34% TAX RATE	198,056	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	67,339	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	8,653	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		89,742

FINAL FILED

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	218,777.	235,402.
DUE FROM AFFILIATE	264,215.	264,215.
FEDERAL ACCRUED TAXES OVERPAYMENT	0.	23,459.
PREPAID INSURANCE	0.	909.
STATE ACCRUED TAXES OVERPAYMENT	0.	3,227.
TOTAL TO SCHEDULE L, LINE 6	482,992.	527,212.

SCHEDULE L	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
112-114 N BYERS	138,982.	141,118.
306 N 88TH	0.	25,526.
3512 OAKDALE	42,995.	42,995.
3901 SAINT LOUIS AVE/2901 VANDE	0.	42,499.
4371 LEE	0.	62,498.
551 N 88TH	0.	25,262.
6128 SHERRY	15,311.	18,626.
620 ISLINGTON	104,073.	0.
6903 EDISON	0.	88,346.
TOTAL TO SCHEDULE L, LINE 9	301,361.	446,870.

SCHEDULE L	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CAPITALIZED COSTS	73,098.	36,549.
NMTC COSTS	161,323.	131,075.
NOTE RECEIVABLE - LONG TERM	11,385,758.	11,364,550.
TOTAL TO SCHEDULE L, LINE 14	11,620,179.	11,532,174.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	18,699.	22,524.
CITY ACCRUED TAXES	3,551.	2,910.
DUE FROM AFFILIATE	1,066,462.	531,379.
FEDERAL ACCRUED TAXES	34,191.	0.
STATE ACCRUED TAXES	4,635.	0.
TOTAL TO SCHEDULE L, LINE 18	1,127,538.	556,813.

SCHEDULE L	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES	240,000.	92,000.
DUE TO/DUE FROM	7,071,185.	7,628,954.
TOTAL TO SCHEDULE L, LINE 21	7,311,185.	7,720,954.

SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT	11
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DESCRIPTION	AMOUNT
TAXABLE GRANTS	218,746.
TOTAL TO SCHEDULE M-1, LINE 4	218,746.

SCHEDULE M-1	OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN	STATEMENT	12
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DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	50,000.
TOTAL TO SCHEDULE M-1, LINE 5	50,000.

SCHEDULE M-1	OTHER DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME	STATEMENT 13
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DESCRIPTION	AMOUNT
PREPAID INSURANCE	909.
TOTAL TO SCHEDULE M-1, LINE 8	909.

OTHER RENTAL EXPENSES	STATEMENT 14
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PROPERTY: RESIDENTIAL RENTAL PROPERTY

DESCRIPTION	AMOUNT
OTHER EXPENSES	17,937.
TOTAL TO RENTAL SCHEDULE, LINE 15	17,937.

FINAL FILED

3637018 GREA 43-1862691 000000000000 17
 TYB 01-01-2017 TYE 12-31-2017
 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 and/or 3554A 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 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	273,056.00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2	18,139.00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3	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	291,195.00

State Adjustments (cont)	10 Intercompany dividend deduction. 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 Contributions	• 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		291,195.00		
CA Net Income	18 Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	• 18		0.00	
	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		0.00	
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	00	
		32 2017 Estimated tax payments. See instructions	• 32	00	
33 2017 Withholding (Form 592-B, and/or 593). See instructions		• 33	00		
34 Amount paid with extension of time to file tax return		• 34	1,600.00		
35 Total payments. Add line 31 through line 34		• 35		1,600.00	
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		1,600.00	
	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		800.00	
	41 Amount of line 40 to be credited to 2018 estimated tax	• 41		771.00	
	42 Refund. Subtract line 41 from line 40. See instructions to have the refund directly deposited.	• 42		0.00	
	42a. • Routing number _____ 42b. • Type _____ 42c. • Account number _____				
	43 a Penalties and interest	• 43a		29.00	
	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 US

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? • 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 _____ • _____
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.

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 this 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 EXEC	Date	• Telephone 314.533.2411
	Officer's email address (optional)			
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	• 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	• FEIN 43-1001367		
				• Telephone 314.983.1200
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 2			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 ...		24,628.	18,139.00

Schedule F Computation of Net Income. See instructions.

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

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	<input type="radio"/>	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	<input type="radio"/>	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"/> 906,965.	<input type="radio"/>	<input type="radio"/> 817,551.
2 a Trade notes and accounts receivable	<input checked="" type="radio"/> 116,968.	<input type="radio"/>	<input type="radio"/> 363,769.	<input type="radio"/>
b Less allowance for bad debts	(<input type="radio"/>)	<input checked="" type="radio"/> 116,968.	<input type="radio"/> ()	<input type="radio"/> 363,769.
3 Inventories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Federal and state government obligations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Other current assets. Attach sch(s) STMT 6	<input type="radio"/>	<input checked="" type="radio"/> 482,992.	<input type="radio"/>	<input type="radio"/> 527,212.
6 Loans to stockholders/officers. Att sch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Mortgage and real estate loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other investments. Attach sch(s) STMT 7	<input type="radio"/>	<input checked="" type="radio"/> 301,361.	<input type="radio"/>	<input type="radio"/> 446,870.
9 a Buildings and other fixed depreciable assets	<input checked="" type="radio"/> 283,557.	<input type="radio"/>	<input type="radio"/> 593,679.	<input type="radio"/>
b Less accumulated depreciation	(<input checked="" type="radio"/> 84,982.)	<input checked="" type="radio"/> 198,575.	<input type="radio"/> (103,435.)	<input type="radio"/> 490,244.
10 a Depletable assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Less accumulated depletion	(<input type="radio"/>)	<input type="radio"/>	(<input type="radio"/>)	<input type="radio"/>
11 Land (net of any amortization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 a Intangible assets (amortizable only)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Less accumulated amortization	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>
13 Other assets. Attach sch(s) STMT 8	<input type="radio"/>	<input checked="" type="radio"/> 11,620,179.	<input type="radio"/>	<input type="radio"/> 11,532,174.
14 Total assets	<input type="radio"/>	<input checked="" type="radio"/> 13,627,040.	<input type="radio"/>	<input type="radio"/> 14,177,820.
Liabilities and Stockholders' Equity				
15 Accounts payable	<input type="radio"/>	<input checked="" type="radio"/> 99,697.	<input type="radio"/>	<input type="radio"/> 68,009.
16 Mortgages, notes, bonds payable in less than 1 year	<input type="radio"/>	<input checked="" type="radio"/> 181,122.	<input type="radio"/>	<input type="radio"/> 132,604.
17 Other current liabilities. Att. sch(s) STMT 9	<input type="radio"/>	<input checked="" type="radio"/> 1,127,538.	<input type="radio"/>	<input type="radio"/> 556,813.
18 Loans from stockholders. Att. sch(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Mortgages, notes, bonds payable in 1 year or more	<input type="radio"/>	<input checked="" type="radio"/> 3,551,675.	<input type="radio"/>	<input type="radio"/> 3,916,753.
20 Other liabilities. Attach sch(s) STMT 10	<input type="radio"/>	<input checked="" type="radio"/> 7,311,185.	<input type="radio"/>	<input type="radio"/> 7,720,954.
21 Capital stock: a Preferred stock	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Common stock	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 10,000.
22 Paid-in or capital surplus. Attach reconciliation	<input type="radio"/>	<input checked="" type="radio"/> 300,000.	<input type="radio"/>	<input type="radio"/> 671,560.
23 Retained earnings - Appropriated. Att. sch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Retained earnings - Unappropriated	<input type="radio"/>	<input type="radio"/> 1,045,823.	<input type="radio"/>	<input type="radio"/> 1,101,127.
25 Adjustments to shareholders' equity. Att. sch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Less cost of treasury stock	<input type="radio"/>	(<input type="radio"/>)	<input type="radio"/>	(<input type="radio"/>)
27 Total liabilities and stockholders' equity	<input type="radio"/>	<input checked="" type="radio"/> 13,627,040.	<input type="radio"/>	<input type="radio"/> 14,177,820.

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	55,304.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax	-58,232.	a Tax-exempt interest \$	
3 Excess of capital losses over capital gains		b Other \$	
4 Taxable income not recorded on books this year (itemize)		c Total. Add line 7a and line 7b	
STMT 11	218,746.	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 \$	8,147.	b State tax refunds \$	
b State taxes \$		c Other \$	909.
c Travel and entertainment \$		d Total. Add line 8a through line 8c	909.
d Other \$	50,000.	9 Total. Add line 7c and line 8d	909.
e Total. Add line 5a through line 5d	58,147.	10 Net income per return. Subtract line 9 from line 6	273,056.
6 Total. Add line 1 through line 5e	273,965.		

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

1 Balance at beginning of year	1,045,823.	5 Distributions: a Cash	
2 Net income per books	55,304.	b Stock	
3 Other increases (itemize)		c Property	
		6 Other decreases (itemize)	
		7 Total. Add line 5 and line 6	
4 Total. Add line 1 through line 3	1,101,127.	8 Balance at end of year. Subtract line 7 from line 4.	1,101,127.

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				2	00
3 Unused capital loss carryover from 2016				3	00
4 Net short-term capital gain (loss). Combine line 1 through line 3				4	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				6	00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				7	00
8 Net long-term capital gain (loss). Combine line 5 through line 7				8	00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)				9	00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)				10	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 2018				11	00

Apportionment and Allocation of Income

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

For calendar year 2017 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 before Apportionment, 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	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior yrs. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	00	
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	00	
33	Net income (loss) for California purposes before contributions adjustment. Combine line 18b, 27, 31 and 32	0 . 00	
34	Contributions adjustment from Schedule R-6, line 15	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	0 . 00	

FINALEILED

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

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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) x 100
1 Sales: Gross receipts, less returns, and allowances			
a Sales delivered or shipped to California purchasers			
(i) Shipped from outside California		0.	
(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	• 1,970,905.		
(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		0.	
d Sales from partnership or LLCs treated as partnerships		•	
Total sales	• 1,970,905.	• 0.	
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			• .0000%

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) x 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.

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

- 1 Describe briefly the nature and location(s) of your 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 Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? [] Yes [X] No If "Yes," provide a brief description.
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 3 columns: (a) Total outside California, (b) Total within California, (c) Total outside and within California (a) + (b). Rows include 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). Row 1 shows total gain/loss.

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, column (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

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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)

Table with 16 rows for interest offset calculation. Columns include line numbers and descriptions. Includes a large 'DUPLICATE' watermark.

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.

Table with 15 rows for contributions adjustment calculation. Columns include line numbers and descriptions. Includes a large 'DUPLICATE' watermark.

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 13 rows for Part I, including fields for maximum deduction, total cost, threshold cost, reduction in limitation, and carryover of disallowed deduction.

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

Table with 15 rows for Part II, including columns for description, date acquired, cost, depreciation allowed, depreciation method, life or rate, depreciation for this year, and additional first year depreciation.

Part III Summary

Table with 3 rows for Part III, including total depreciation claimed for federal purposes and depreciation adjustment.

Part IV Amortization

Table with 22 rows for Part IV, including columns for description, date acquired, cost, amortization allowed, R&TC section, period or percentage, and amortization for this year.

Date Accepted _____

TAXABLE YEAR

2017

California e-file Return Authorization for Corporations

FORM

8453-C

Corporation name

GREAT RIVERS COMMUNITY CAPITAL

Identifying number

43-1862691

Part I Tax Return Information (whole dollars only)

Table with 5 rows: 1 Total income, 2 Taxable income, 3 Total tax, 4 Tax due, 5 Overpayment. Values: 291,195.00, 00, 800.00, 00, 800.00

Part II Settle Your Account Electronically for Taxable Year 2017

- 6 Direct deposit of refund
7 Electronic funds withdrawal 7a Amount 7b Withdrawal date

Part III Schedule of Estimated Tax Payments for Taxable Year 2018

Table with 5 columns: First Payment, Second Payment, Third Payment, Fourth Payment. Rows for 8 Amount and 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 account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information 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 2017 California income tax return.

Sign Here Signature of officer Date CHIEF EXECUTIVE OFFIC Title

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.)

Form for ERO and Paid Preparer information including signature, date, firm name (BROWN SMITH WALLACE LLP), address (6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO), FEIN (43-1001367), and 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.

Form for Paid Preparer information including signature, date, firm name, FEIN, and 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	29,476.			
Rental Expenses				
3 Advertising				
4 Auto and travel				
5 Cleaning and maintenance				
6 Commissions				
7 Insurance				
8 Legal and other professional fees				
9 Interest				
10 Repairs				
11 Taxes				
12 Utilities				
13 Wages and salaries				
14 Depreciation				
15 Other (list) ▶ <u>STMT 14</u>	17,937.			
16 Total expenses for each property. Add lines 3 through 15	17,937.			
17 Total gross rents. Add gross rents from line 2, columns A through D				29,476.
18 Total expenses. Add total expenses from line 16, columns A through D				17,937.
19 Net gain (loss) from Form 4797, Part II, line 17, from disposition of property from rental trade or business				
20 Net income (loss) from active rental(s)				11,539.

FORM 5806 COMPUTATION OF INTEREST ON UNDERPAYMENT STATEMENT 1

Q T R -	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	800.	Q	800. 04/15/2017 06/30/2017	76	4.0000	7.
		R	800. 06/30/2017 12/31/2017	184	4.0000	16.
		R	800. 12/31/2017 03/15/2018	74	4.0000	6.
TOTAL TO FORM 5806 LINE 22B						29.

EVENT TYPE: Q = QUARTERLY AMOUNT DUE
 P = PAYMENT
 R = INTEREST RATE CHANGE
 L = LEAP YEAR CHANGE
 W = NONRESIDENT WITHHOLDING
 O = PRIOR YEAR OVERPAYMENTS & PAYMENTS MADE AFTER AN
 INSTALLMENT DUE DATE BUT BEFORE THE 1ST DAY OF THE MONTH
 THE NEXT INSTALLMENT IS DUE - APPLIED AS LATE PAYMENT TO
 A PREVIOUS INSTALLMENT

FORM 100/100W, SCHEDULE A TAXES DEDUCTED STATEMENT 2

(A) NATURE OF TAX AND (B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
LICENSE AND PERMITS	6,489.	
BASED ON INCOME MISSOURI	15,226.	15,226.
BASED ON INCOME CITY TAXES	2,913.	2,913.
TOTAL TO FORM 100/100W, SCHEDULE A	24,628.	18,139.

FORM 100/100W, SCHEDULE F INTEREST INCOME STATEMENT 3

DESCRIPTION	AMOUNT
INTEREST INCOME	1,288,197.
TOTAL TO FORM 100/100W, SCHEDULE F	1,288,197.

FORM 100/100W, SCHEDULE F	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
GRANT REVENUE	218,746.
LOAN PROCESSING FEES	434,202.
OTHER INCOME	284.
TOTAL TO FORM 100/100W, SCHEDULE F	653,232.

FORM 100/100W, SCHEDULE F	OTHER DEDUCTIONS	STATEMENT	5
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DESCRIPTION	AMOUNT
ADMIN EXPENSES	1,723.
AMORTIZATION	36,549.
INSURANCE	5,170.
MISCELLANEOUS EXPENSE	3,285.
OFFICE SUPPLIES	23,271.
OTHER RENT & ROYALTY EXPENSES	17,937.
PROFESSIONAL SERVICES	46,112.
PROGRAM EXPENSES	719.
TOTAL TO FORM 100/100W, SCHEDULE F	134,766.

FORM 100/100W, SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	218,777.	235,402.
DUE FROM AFFILIATE	264,215.	264,215.
FEDERAL ACCRUED TAXES OVERPAYMENT	0.	23,459.
PREPAID INSURANCE	0.	909.
STATE ACCRUED TAXES OVERPAYMENT	0.	3,227.
TOTAL TO FORM 100/100W, SCHEDULE L	482,992.	527,212.

FORM 100/100W, SCHEDULE L	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
6128 SHERRY	15,311.	18,626.
620 ISLINGTON	104,073.	0.
112-114 N BYERS	138,982.	141,118.
3512 OAKDALE	42,995.	42,995.
4371 LEE	0.	62,498.
6903 EDISON	0.	88,346.
3901 SAINT LOUIS AVE/2901 VANDE	0.	42,499.
306 N 88TH	0.	25,526.
551 N 88TH	0.	25,262.
TOTAL TO FORM 100/100W, SCHEDULE L	301,361.	446,870.

FORM 100/100W, SCHEDULE L	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CAPITALIZED COSTS	73,098.	36,549.
NMTC COSTS	161,323.	131,075.
NOTE RECEIVABLE - LONG TERM	11,385,758.	11,364,550.
TOTAL TO FORM 100/100W, SCHEDULE L	11,620,179.	11,532,174.

FORM 100/100W, SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	18,699.	22,524.
CITY ACCRUED TAXES	3,551.	2,910.
FEDERAL ACCRUED TAXES	34,191.	0.
STATE ACCRUED TAXES	4,635.	0.
DUE FROM AFFILIATE	1,066,462.	531,379.
TOTAL TO FORM 100/100W, SCHEDULE L	1,127,538.	556,813.

FORM 100/100W, SCHEDULE L	OTHER LIABILITIES	STATEMENT 10
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES	240,000.	92,000.
DUE TO/DUE FROM	7,071,185.	7,628,954.
TOTAL TO FORM 100/100W, SCHEDULE L	7,311,185.	7,720,954.

FORM 100/100W, SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT 11
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DESCRIPTION	AMOUNT
TAXABLE GRANTS	218,746.
TOTAL TO FORM 100/100W, SCHEDULE M-1	218,746.

FORM 100/100W, SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	STATEMENT 12
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DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	50,000.
TOTAL TO FORM 100/100W, SCHEDULE M-1	50,000.

FORM 100/100W, SCHEDULE M-1	DEDUCTIONS IN RETURN NOT CHARGED AGAINST BOOK INCOME	STATEMENT 13
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DESCRIPTION	AMOUNT
PREPAID INSURANCE	909.
TOTAL TO FORM 100/100W, SCHEDULE M-1	909.

CA OTHER RENTAL EXPENSES STATEMENT 14

PROPERTY: RESIDENTIAL RENTAL PROPERTY

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER EXPENSES	17,937.
TOTAL OTHER RENTAL EXPENSES	17,937.

FINAL FILED

K-120

(Rev. 7-17)

2017 CORPORATE INCOME TAX

037

151017

Page 1 of 6

For the taxable year beginning

01012017

ending

12312017

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

- 1. Activity wholly within Kansas - Single entity
- 2. Activity wholly within Kansas - Consolidated
- X** 3. Single entity apportionment method (K-120AS)
- 4. Combined income method - Single corporation filing (Sch. K-121)
- 5. Combined income method - Multiple corporation filing (Sch. K-121)
- 6. Qualified elective two-factor (K-120AS) Year qualified:
- 7. Common carrier mileage (Enclose mileage apportionment schedule)
- 8. Alternative or separate accounting (Enclose letter of authorization and sch.)

B. Business Activity Code

624100

C. Date Business Began in KS

01012017

D. Date Business Discontinued in KS

E. State and Month/Day/Year of Incorporation

MO 04221999

F. State of Commercial Domicile **MO**

G. Type of Federal Return Filed:

X 1. Separate

2. Consolidated

H. Have you submitted Form K-120EL?

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

J. Name or address has changed?

Filing an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2017.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income **273056.00**

2. Total state and municipal interest

3. Taxes on or measured by income or fees or payments in lieu of income taxes (Part IV, line 2) **18139.00**

4. Federal net operating loss deduction

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

6. Total additions to federal taxable income (Add lines 2, 3, 4, & 5) **18139.00**

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

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

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

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

11. Net income before apportionment (Add line 1 to line 6 and subtract line 10) **291195.00**

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

13. Apportionable business income (Subtract line 12 from line 11) **291195.00**

14. Avg percent to Kansas (Part VI, lines A, B, C, & E: if 100% enter 100.0000) **.0099**

A. **.0000** C. **.0099**

B. **.0000**

15. Amount to Kansas (Multiply line 13 by line 14) **29.00**

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

17. Kansas Expensing Recapture (Sch. req.)

18. Kansas Expensing Deduction (Sch. req.)

19. Kansas net income before NOL deduction (Add lines 15, 16 and 17, then subtract line 18) **29.00**

20. Kansas net operating loss deduction (Sch. req.)

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



GREAT RIVERS COMMUNITY CAPITAL

431862691

22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)	29.00	33. Overpayment from original return (This figure is a subtraction; see instr.)	
23. Normal tax (4% of line 22)	1.00	34. Total prepaid credits (Add lines 28-32 and subtract line 33)	
24. Surtax (3% of line 22 in excess of \$50,000)		35. Balance due (If line 27 exceeds line 34)	1.00
25. Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.)	1.00	36. Interest	
26. Total nonrefundable credits (Part I, line 27; cannot exceed amt on line 25)		37. Penalty	
27. Balance (Subtract line 26 from line 25; cannot be less than zero)	1.00	38. Estimated tax penalty	
28. Estimated tax paid and amount credited forward (Part II, line 4)		If annualizing to compute penalty, check this field	
29. Other tax payments (enclose separate schedule)		39. Total tax, interest & penalty due (Add lines 35-38) Complete Form K-120V & enclose it with your payment	1.00
30. Amount paid with Kansas extension		40. Overpayment (If line 27 plus line 38 is less than line 34)	0.00
31. Total of all other refundable credits (Part I, line 34)		41. Refund. Enter the amount of line 40 you wish to be refunded	
32. Payments remitted with original return (See instructions)		42. Credit Forward. Enter the amt of ln 40 (orig return only) you wish to apply to 2018 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30)	

FINAL FILED

I authorize the Director of Taxation or the Director's designee to discuss my K-120 and any enclosures with my preparer.
 I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer Signature (Required) _____ Title **CHIEF EXECUTIVE OFFI** Date _____

Preparer Signature _____ Preparer Phone Number **314.983.1200** Preparer SSN or EIN/PTIN **P00836888** Date _____



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. Research and Development Credit (Enclose Schedule K-53; See instructions)
- 10. Venture Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
- 11. Seed Capital Credit - - **for carryforward use only** (Enclose Schedule K-55; See instructions)
- 12. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)
- 13. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 14. Alternative-Fueled Motor Vehicle Property Credit (Enclose Schedule K-62; See instructions)
- 15. Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions)
- 16. Law Enforcement Training Center Credit - - **for carry forward use only** (Enclose Schedule K-72; See instructions)
- 17. Petroleum Refinery Credit - - **for carry forward use only** (Enclose Schedule K-73; See instructions)
- 18. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; See instructions)
- 19. Single City Port Authority Credit (Enclose Schedule K-76; See instructions)
- 20. Qualifying Pipeline Credit - - **for carry forward use only** (Enclose Schedule K-77; See instructions)
- 21. BioMass-to-Energy Credit - - **for carry forward use only** (Enclose Schedule K-79; See instructions)
- 22. Environmental Compliance Credit (Enclose Schedule K-81; See instructions)
- 23. Storage and Blending Equipment Credit - - **for carry forward use only** (Enclose Schedule K-82; See instructions)
- 24. Electric Cogeneration Facility Credit - - **for carry forward use only** (Enclose Schedule K-83; See instructions)
- 25. Declared Disaster Capital Investment Credit - - **for carry forward use only** (Enclose Schedule K-87; See instructions)
- 26. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
- 27. **Total nonrefundable credits (Enter on line 26, page 2)**

REFUNDABLE CREDITS

- 28. Telecommunications Credit (Enclose Schedule K-36; See instructions)
- 29. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)
- 30. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)
- 31. Community Service Contribution Credit (Enclose Schedule K-60; See instructions)
- 32. Individual Development Account Credit (Enclose Schedule K-68; See instructions)
- 33. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
- 34. **Total refundable credits (Enter 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? [X] 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.

Table with 4 columns: Date, Amount, Date, Amount. Contains empty rows for data entry.

5. Has your corporation been involved in any reorganization during the period covered by this return? [] Yes [X] 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).

Form with checkboxes: 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)

Table with 2 columns: Name of Corporation, Employer ID Number. Contains empty rows for data entry.

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)

Table with 2 columns: Tax Description, Amount. Includes rows for STATE AND FOREIGN TAXES DEDUCTED ON FORM 1120, LINE 17 (15,226.00), CITY TAXES DEDUCTED ON FORM 1120, LINE 17 (2,913.00), Total (18,139.00), Total other taxes (6,489.00), Total taxes (24,628.00).

PART V SCHEDULE OF INTEREST INCOME

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

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

Table with 2 columns: Interest Description, Amount. Includes rows for Total (1,288,197.00), Total other interest income (1,288,197.00), Total interest income (1,288,197.00).

K-120AS

(Rev. 3-18)

KANSAS Corporation Apportionment Schedule

FOR USE BY CORPORATIONS APPORTIONING INCOME

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

For the taxable year beginning **01012017**, ending **12312017**

Name as shown on Form K-120

GREAT RIVERS COMMUNITY CAPITAL

Employer Identification Number (EIN)

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)					

B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)	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	195.	1,288,197.	
Rents		29,476.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	0.	653,232.	STMT 1
TOTAL SALES (Enter on line 14C, page 1)	195.	1,970,905.	C .0099%

D(1). Total percent (Sum of lines A, B & C if qualified and utilizing three-factor formula)	D(1)	.0099%
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	.0099%

PART VII Page 2 of 2

ADDITIONAL INFORMATION

1. Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C. 381)? _____
 If not, please explain _____

2. If you claim that part of your net income is assignable to business done outside Kansas:
 - a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns.
3. Describe briefly the nature and location(s) of your Kansas business activities.

4. Are the amounts in the total company column the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? Yes _____ No If no, please explain _____

CA. MO, RI

PART VIII

AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS CORPORATION APPORTIONMENT SCHEDULE

Name of Corporation	Employer Identification Number	Check if included	
		In Total Company Factors	Within Kansas Factors

PART IX

KANSAS PASS-THROUGH SCHEDULE

The distributions from the entities listed below have been passed-through and are included in your entity

Pass-through Entity Name	EIN of Pass-through Entity	Your Entity to which income of Pass-through is included	EIN to which income of Pass-through Entity is included	Principal Product of Services of Pass-through Entity	Kansas Operations (Y / N)

PART X

KANSAS DISREGARDED ENTITY SCHEDULE

The distributions from the entities listed below have been passed-through and are included in your entity

Disregarded Entity Name	EIN of Disregarded Entity	Your Entity to which income of Disregarded Entity is included	EIN to which income of Disregarded Entity is included	Principal Product or Services of Disregarded Entity	Kansas Operations (Y / N)

KS K-120AS	OTHER INCOME	STATEMENT	1
		WITHIN KANSAS	TOTAL COMPANY
OTHER RECEIPTS		0	653,232
SERVICE INCOME		0	0
TOTALS TO K-120AS		0	653,232

FINAL FILED

Form MO-1120

Missouri Department of Revenue 2017 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri Corporation Income Tax Return for 2017

Beginning (MM/DD/YY)

0 1 0 1 1 7

Ending (MM/DD/YY)

1 2 3 1 1 7

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



1711011019

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)

Computation of Income Tax

Table with 14 rows for tax computation. Line 1: 273,056. Line 2: 15,226. Line 4: 15,226. Line 6: 288,282. Line 7: 44,871. Line 8: 243,411. Line 9: 243,411. Line 14: 243,411.

Tax	15. Corporation income Tax - 6.25% of Line 14	15	15,213	.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	15,213	.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	18,440	.00
	20. Payments with Form MO-7004	20	5,000	.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	23,440	.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	23,440	.00

Refund or Tax Due	25. If Line 24 is more than Line 17, enter overpayment here	25	8,227	.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	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
.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	8,191	.00
	28. Overpayment to be refunded - Line 25 less Lines 26 and 27	28		.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	36	.00

Interest .00 Penalty .00 MO-2220 36 .00

Signature	31. Total Due - Add Lines 29 and 30 (U.S. funds only)	DOR Only	<input type="text"/>	Total Due	31		.00
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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
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
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



Consolidated Federal and Separate Missouri Return - See Instructions

Part 3 - Federal Income Tax - Current Year

1. Federal tax from Federal Form 1120, Schedule J, Line 11	1	89,742	.00
2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a)	2		.00
3. Federal income tax - add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7	3	44,871	.00
Consolidated federal and separate Missouri returns must complete Lines 4-6			
4. Numerator (the amount of separate company federal taxable income)	4		.00
5. Denominator (enter the total positive separate company federal taxable income)	5		.00
6. Divide Line 4 by Line 5. <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> . <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.)	6		.00

Part 4 - Amended Reason

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

- A. Missouri Correction Only B. Federal Correction C. Loss Carryback (Complete Part 5)
- D. Federal Tax Credit Carryback E. IRS Audit (RAR)
- F. Missouri Tax Credit Carryback (Enter on Part 5, Line 1 the first year that the credit became available.)

Department Use Only A R N Department Use Only

Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. (If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the credit first became available.)

		M	M	D	D	Y	Y
1. Year of loss	1	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
2. Total net capital loss carryback	2						.00
3. Total net operating loss carryback	3						.00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations	4						.00

Mail To: Balance Due:
 Missouri Department of Revenue
 P.O. Box 3365
 Jefferson City, MO 65105-3365

Refund or No Amount Due:
 Missouri Department of Revenue
 P.O. Box 700
 Jefferson City, MO 65105-0700

Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov

Form MO-1120 (Revised 12-2017)

Visit <http://dor.mo.gov/business/corporate/> for additional information.



Form Missouri Department of Revenue
MO-2220 2017 Corporation Underpayment of Estimated Tax Schedule

Department Use Only (MM/DD/YY)

Taxable Year Beginning (MM/DD/YY) Ending (MM/DD/YY)

Missouri Tax I.D. Number Federal Employer I.D. Number

Charter Number

Part 1 - How to Figure the Underpayment	1. Enter 90% of amount of 2017 tax (Form MO-1120, Lines 14 and 15 less approved credits for corporation income tax) or 100% of 2016 tax, whichever is smaller. (If this amount is \$250 or less, do not complete this form.)					13,692	00
	2. Enter in Columns (a) through (d) the installment due dates (that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of the tax yr)	(a)	(b)	(c)	(d)		
		04/18/17	06/15/17	09/15/17	12/15/17		
	3. Enter 25% of Ln 1 in Columns (a) through (d)	3,423	3,423	3,423	3,423	00	00
	4. Amount paid or credited by installment due date	352	4,610	8,868	4,610	00	00
	5. Overpayment of previous installment (see instr.)	00	00	00	3,561	00	00
	6. Total of Lines 4 and 5	352	4,610	8,868	8,171	00	00
	7. Underpayment (Line 3 less Line 6)	3,071	00	00	00	00	00
	8. Overpayment (Line 6 less Line 3)	00	1,187	5,445	4,748	00	00

Part 2 - Exceptions to the Addition to Tax	Read instructions for Lines 9 through 14 before entering an amount. If claiming Exception 2, 3, or 5, provide the Missouri taxable income for the months needed to make the calculations by completing Part 4 of this form.						
	9. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of the tax year	352	4,962	13,830	18,440	00	00
	10. Exception 1, prior year's tax (see instructions)	4,610	9,219	13,829	18,438	00	00
	11. Exception 2, tax on annualized income (see instr.)	00	00	00	00	00	00
	12. Exception 3, tax on income over 3, 5, 8, and 11 month periods (see instructions)	00	00	00	00	00	00
	13. Exception 4, tax on prior year's income using current year's rates (see instructions)	00	00	00	00	00	00
	14. Exception 5, tax on annualized income (see instructions)	00	00	00	00	00	00

Part 3 - How to Figure the Addition to Tax	15. Enter the same installment dates from Line 2						
	16. Amount of underpayment from Line 7	00	00	00	00	00	
	17. Enter the payment date or the 15th day of the 4th mo. after the close of the tax year, whichever is earlier						
	18. Number of days from due date of installment to the date shown on Line 17						
	19. Number of days on Line 18 after 4/15/2017 and before 1/1/2018						
	20. Number of days on Line 18 after 12/31/2017 and before 1/1/2019						
	21. Number of days on Line 18 after 12/31/2018 and before 3/15/2019						
	22. Number of days on Line 19	365	00	00	00	00	00
	23. Number of days on Line 20	365	00	00	00	00	00
	24. Number of days on Line 21	365	00	00	00	00	00
25. Addition to tax (total of Lines 22 through 24)	00	00	00	00	00	00	
26. Add Columns (a) through (d), Line 25, enter here and on Form MO-1120, Line 30	SEE STATEMENT 2				36	00	



GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Part 4 - Monthly Missouri Taxable Income														
If claiming Exception 2, 3, or 5 on the Schedule MO-2220, provide the Missouri taxable income for the appropriate months used to make the calculations.														
Month of Taxable Year		Missouri Taxable Income			Month of Taxable Year		Missouri Taxable Income			Month of Taxable Year		Missouri Taxable Income		
1	First			00	5	Fifth			00	9	Ninth			00
2	Second			00	6	Sixth			00	10	Tenth			00
3	Third			00	7	Seventh			00	11	Eleventh			00
4	Fourth			00	8	Eighth			00	12	Twelfth			00

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Attach to Form MO-1120 and mail to the Missouri Department of Revenue.

Balance Due:
P.O. Box 3365
Jefferson City, MO 65105-3365

Form MO-2220 (Revised 12-2017)
Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700



Form **MO-7004** Missouri Department of Revenue
Application For Extension of Time to File

Department Use Only (MM/DD/YY)

Enclosure Sequence No. 1120-06

You may not be required to file this form if you have an approved federal extension, do not expect to owe additional tax, or if you anticipate receiving a refund. Please see the instructions for more details.

Corporation Name **GREAT RIVERS COMMUNITY CAPITAL** In Care of Name

Street Address **1023 N. GRAND BLVD.** City **SAINT LOUIS** State **MO** ZIP **63106**

Missouri Tax I.D. Number **9 9 9 9 9 9 9 9** Telephone Number **3 1 4 5 3 3 2 4 1 1**

Charter Number **0 0 4 6 8 7 7 3** Federal Employer I.D. Number **4 3 1 8 6 2 6 9 1**

Only one box may be selected below. A separate request must be made for each return or report.

Type of Corporation	Type of Financial Institution
<p>Mail to: Missouri Department of Revenue, P.O. Box 3365, Jefferson City, MO 65105-3365.</p> <p><input checked="" type="checkbox"/> Corporation Income Tax Return, Form MO-1120</p> <p><input type="checkbox"/> S Corporation Income, Form MO-1120S</p>	<p>Mail to: Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898.</p> <p><input type="checkbox"/> Bank Franchise Tax Return, Form INT-2 and INT-2-1</p> <p><input type="checkbox"/> Savings and Loan Tax Return, Form INT-3</p> <p><input checked="" type="checkbox"/> Credit Institution Tax Return, Form 2823</p> <p><input type="checkbox"/> Credit Union Tax Return, Form INT-4</p>

Federal Form	Extension
<p>For Federal Form 1120C or 990T filers only, select the application box below:</p> <p><input type="checkbox"/> Cooperative Association, Form 1120C</p> <p><input type="checkbox"/> Exempt Organization, Form 990T</p>	<p>Income Tax Year:</p> <p>Beginning 0 1 0 1 1 7</p> <p>Ending 1 2 3 1 1 7</p> <p><input type="checkbox"/> Check here if you are filing a short period.</p>

This schedule must be completed. (See line-by-line instructions.)

Tax Payment Schedule	1. Tentative amount of the tax for the taxable year	1	23,440	00
	2. Less			
	(a) Missouri estimated income tax payment(s)	2(a)	18,088	00
	(b) Overpayment applied as a credit	2(b)	352	00
	(c) Tax credit(s)	2(c)		00
(d) Total of Lines 2a through 2c	2(d)	18,440	00	
3. Balance due (Line 1 minus Line 2d)	DOR Only		Total Due 3	5,000

See above for mailing instructions.

Form MO-7004 (Revised 12-2017)

Phone: (573) 751-4541
 Fax: (573) 522-1721
 E-mail: corporate@dor.mo.gov

Visit <http://dor.mo.gov/business/corporate>
 for additional information.



MO-1120 CORPORATION INCOME TAXES DEDUCTED STATEMENT 1

DESCRIPTION	AMOUNT
MISSOURI TAXES - BASED ON INCOME	15,226.
MISSOURI CITY TAXES - BASED ON INCOME	2,913.
TOTAL TO FORM MO-1120, PAGE 1, LINE 2	18,139.

MO-2220 CORPORATION UNDERPAYMENT OF ESTIMATED TAX STATEMENT 2

Q T R	EVENT AMOUNT	REMAINING TYPE UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	-352.	O -352.	04/15/2017	0	4.00%	0.
	3,423.	Q 3,071.	04/15/2017 06/06/2017	52	4.00%	18.
	-1,187.	O 1,884.	06/06/2017 09/01/2017	87	4.00%	18.
	-5,445.	O -3,561.	09/01/2017	0	4.00%	0.
B	-4,610.	P -4,610.	06/06/2017	0	4.00%	0.
	3,423.	Q -1,187.	06/15/2017	0	4.00%	0.
TOTAL TO SCHEDULE MO-2220, LINE 26						36.

EVENT TYPE: Q = AMOUNT UNDERPAID AT START OF QUARTER
 P = PAYMENT OR WITHHOLDING
 R = INTEREST RATE CHANGE
 L = SWITCH TO OR FROM A LEAP YEAR
 O = OVERPAYMENT FROM PRIOR YEAR/QUARTER

State of Rhode Island and Providence Plantations
2017 RI-1120C



Business Corporation Tax Return

Federal employer identification number **431862691** RI Secretary of State ID number **000894304**

For the taxable year from **01/01/2017** through **12/31/2017**



Name
GREAT RIVERS COMMUNITY CAPITAL

Address 1
1023 N. GRAND BLVD.

Address 2

City, town or post office **SAINT LOUIS** State **MO** ZIP code **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	593679 00
C	Total Assets	C	14177820 00

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	273056 00
2	Total Deductions from page 3, Schedule B, line 1h	2	
3	Total Additions from page 3, Schedule C, line 1e	3	
4	Adjusted taxable income. Line 1 less line 2 plus line 3	4	273056 00
5	Rhode Island Apportionment Ratio from page 5, Schedule G, line 2. Carry to six (6) decimal places	5	0.000014
6	Apportioned Rhode Island taxable income. Multiply line 4 times line 5	6	4 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	4 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

State of Rhode Island and Providence Plantations
2017 RI-1120C
 Business Corporation Tax Return



17110110190102

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	4 00
11 Rhode Island income tax. Multiply line 10b times 7% (0.07)	11	400 00
12 Rhode Island Credits from Schedule B-CR 2017 - 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 2017 declaration of estimated tax	16	
17a Other payments	17a	
b Rhode Island pass-through withholding. Attach RI-1099PT(s)	17b	
18a TOTAL PAYMENTS. Add lines 16, 17a and 17b	18a	
b Previously processed overpayments (if filing an amended return)	18b	
c NET PAYMENTS. Subtract line 18b from line 18a	18c	
19 Net tax due. Subtract line 18c from line 15	19	400 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	
21 Total due with return. Add lines 19 and 20e (Please use Form RI-1120V)	21	400 00
22 Overpayment. Subtract lines 15 and 20e from line 18c	22	
23 Amount of overpayment to be credited to 2018	23	
24 Amount of overpayment to be refunded. Subtract line 23 from line 22	24	

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17110110190103

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule B - Deductions to Federal Taxable Income

- 1 a Net operating loss deduction (see instructions - attach schedule) 1a
- b Special deductions 1b
- c Exempt dividends and interest from page 4, Schedule E, line 10 1c
- d Foreign dividend gross-up (s78) US 1120, Schedule C, line 15 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

- 1 a Interest (see instructions) 1a
- b Rhode Island corporate taxes (see instructions) 1b
- c Bonus depreciation 1c
- d Domestic Production Activity addback 1d
- e **TOTAL ADDITIONS.** Add lines 1a through 1d. Enter here and on RI-1120C, page 1, Schedule A, line 3 ... 1e

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Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule D - 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**
 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 E - 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 line 13, 14 & 17 Schedule C, US 1120
 4 More than 20% owned _____ X 80% 4
 5 Less than 20% owned _____ X 70% 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 F - Federal Taxable Income (US 1120, page 1, line 28)

Enter amount for year that ended:	2017	2016	2015	2014	2013
	273056				





17110110190105

Name
GREAT RIVERS COMMUNITY CAPITAL

Federal employer identification number
43-1862691

Schedule G - 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>{ 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	28 00	1288197 00									
d Rents	1d	0 00	29476 00									
e Royalties	1e											
f Capital gains	1f											
g Ordinary income	1g											
h Other income	1h	0 00	653232 00									
i Income exempt from federal taxation	1i											
j Total. Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h and 1i	1j	28 00	1970905 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		0.000014									

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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

Form E-234

(Rev. 11/16)

CITY OF ST. LOUIS EARNINGS TAX RETURN

CALENDAR YEAR 2017

TAXABLE YEAR BEGINNING 01/01/17 AND ENDING 12/31/17

FOR OFFICE USE ONLY

TYPE OF RETURN:

DAYTIME TELEPHONE #: 314.533.2411

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

E-3 PARTNERSHIP (LLC, Trust)

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

FEIN OR SSN #: 43-1862691

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

Table with 4 columns: Line number, Description, Amount, and Cents. Includes rows for Gross Receipts, Cost of Goods Sold, Gross Profit, Other Income, Total Gross Profit, Business Expenses, and Net Profit or Loss.

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Allocation percent and Net Profit by allocation.

SECTION C - COMPUTATION OF TAX

Table with 4 columns: Line number, Description, Amount, and Cents. Includes rows for Taxable Net Profit, Earnings Tax Due, Payroll Expense Tax Credit, Net Earnings Tax Due, Less Extension payment, Subtotal, Penalty, Interest, Amount Due, and Amount Overpaid.

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.

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.

Signature and name lines for preparer and CEO, including address and contact information for BROWN SMITH WALLACE LLP.

WEBSITE: www.stlouiscollector.com

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

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

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	6,594.
2. Commissions		9. Repairs	
3. Depreciation	10,307.	10. Taxes (Except Federal, State and Local Income Taxes) STMT 2	6,489.
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 3	1,656,320.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	1,679,710.

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				
N/A						

(Please attach additional sheets or 1099-Misc. as necessary.)

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		1,288,197.	
GROSS RENTS		29,476.	
GRANT REVENUE		218,746.	
LOAN PROCESSING FEES		434,202.	
OTHER INCOME		284.	
TOTAL TO FORM E-234, PAGE 1, LINE 4		1,970,905.	

STL E-234	TAXES (EXCEPT INCOME TAXES)	STATEMENT	2
DESCRIPTION		AMOUNT	
LICENSE AND PERMITS		6,489.	
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 10		6,489.	

STL E-234	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
BAD DEBTS		1,317,235.	
INTEREST		204,319.	
ADMIN EXPENSES		1,723.	
AMORTIZATION		36,549.	
INSURANCE		5,170.	
MISCELLANEOUS EXPENSE		3,285.	
OFFICE SUPPLIES		23,271.	
OTHER RENT & ROYALTY EXPENSES		17,937.	
PROFESSIONAL SERVICES		46,112.	
PROGRAM EXPENSES		719.	
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 13		1,656,320.	