

Form	1120	U.S. Corporation Income Tax Return		OMB No. 1545-0123
Department of the Treasury Internal Revenue Service		For calendar year 2018 or tax year beginning _____, ending _____ EXTENSION GRANTED TO 10/15/19 ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.		2018
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"/>		NAME GREAT RIVERS COMMUNITY CAPITAL Number, street, and room or suite no. If a P.O. box, see instructions. 1023 N. GRAND BLVD. City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63106		B Employer identification number 43-1862691 C Date incorporated 04/22/1999 D Total assets (see instructions) \$ 14,502,305.
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	1a Gross receipts or sales		1a	
	b Returns and allowances		1b	
	c Balance. Subtract line 1b from line 1a		1c	
	2 Cost of goods sold (attach Form 1125-A)		2	
	3 Gross profit. Subtract line 2 from line 1c		3	
	4 Dividends and inclusions (Schedule C, line 23, column (a))		4	
	5 Interest SEE STATEMENT 1		5	1,115,529.
	6 Gross rents		6	35,644.
	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	-21,465.
10 Other income (attach statement) SEE STATEMENT 2		10	940,374.	
11 Total income. Add lines 3 through 10		11	2,070,082.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)		12	
	13 Salaries and wages (less employment credits)		13	
	14 Repairs and maintenance		14	
	15 Bad debts		15	1,204,498.
	16 Rents		16	5,017.
	17 Taxes and licenses SEE STATEMENT 3		17	16,871.
	18 Interest (see instructions)		18	271,749.
	19 Charitable contributions SEE STATEMENT 4 AND SEE STATEMENT 5		19	0.
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20	12,119.
	21 Depletion		21	
	22 Advertising		22	
	23 Pension, profit-sharing, etc., plans		23	
	24 Employee benefit programs		24	
	25 Reserved for future use		25	
	26 Other deductions (attach statement) SEE STATEMENT 6		26	721,618.
	27 Total deductions. Add lines 12 through 26		27	2,231,872.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	-161,790.
29a Net operating loss deduction (see instructions)		29a		
b Special deductions (Schedule C, line 24, column (c))		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	-161,790.
	31 Total tax (Schedule J, Part I, line 11)		31	0.
	32 2018 net 965 tax liability paid (Schedule J, Part II, line 12)		32	
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)		33	89,760.
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		34	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed		35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid		36	89,760.
37 Enter amount from line 36 you want: Credited to 2019 estimated tax 89,760. Refunded		37		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____		CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name ROBERT W. HAGGERTY		Preparer's signature _____	Date _____
	Firm's name ▶ BROWN SMITH WALLACE LLP		Firm's EIN ▶ 43-1001367	Check if self-employed <input type="checkbox"/> PTIN P00836888
	Firm's address ▶ 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141		Phone no. 314.983.1200	

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		see instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Section 965(a) inclusion		see instructions	
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add lines 9 through 22, column (c). 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. See instructions	2	0.
3	Base erosion minimum tax (attach Form 8991)	3	
4	Add lines 2 and 3	4	0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0.

Part II - Section 965 Payments (see instructions)

12	2018 net 965 tax liability paid from Form 965-B, Part II, column (k), line 2. Enter here and on page 1, line 32	12	
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Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2017 overpayment credited to 2018	13	33,458.
14	2018 estimated tax payments	14	56,302.
15	2018 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	89,760.
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	89,760.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 8c	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2018 net 965 tax liability from Form 965-B, Part I, column (d), line 2. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19 and 21, and 22. Enter here and on page 1, line 33	23	89,760.

Form **1120** (2018)

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-subsidiary 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	
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 _____ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	<input type="checkbox"/>		
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 _____ 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.	<input type="checkbox"/>		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ ▶ \$ _____			

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
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 ► \$		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2018 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
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ► \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one of the following conditions and the corporation does not own a pass-through entity with current year, or prior year carryover, excess business interest expense? See instructions	X	
a The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the corporation is not a tax shelter, or		
b The corporation only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 13 ► \$		

Form **1120** (2018)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		817,551.		957,298.
2a	Trade notes and accounts receivable	363,769.		1,717,826.	
b	Less allowance for bad debts	()	363,769.	()	1,717,826.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.) STMT 7		527,212.		1,920,103.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.) STMT 8		446,870.		533,969.
10a	Buildings and other depreciable assets	593,679.		374,308.	
b	Less accumulated depreciation	(103,435.)	490,244.	(108,995.)	265,313.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (att. stmt.) STMT 9		11,532,174.		9,107,796.
15	Total assets		14,177,820.		14,502,305.
Liabilities and Shareholders' Equity					
16	Accounts payable		68,009.		107,099.
17	Mortgages, notes, bonds payable in less than 1 year		132,604.		81,502.
18	Other current liabilities (att. stmt.) STMT 10		556,813.		24,028.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		3,916,753.		3,882,334.
21	Other liabilities (att. stmt.) STMT 11		7,720,954.		8,346,157.
22	Capital stock: a Preferred stock				
b	Common stock	10,000.	10,000.	10,000.	10,000.
23	Additional paid-in capital		671,560.		671,560.
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated		1,101,127.		1,379,625.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		14,177,820.		14,502,305.

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	278,665.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books	103,000.		Tax-exempt interest \$	
3	Excess of capital losses over capital gains			STMT 14	1,000,000.
4	Income subject to tax not recorded on books this year (itemize):				1,000,000.
	SEE STATEMENT 12	184,589.	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	\$ 488.
a	Depreciation	\$	b	Charitable contributions	\$
b	Charitable contributions	\$ 563.			488.
c	Travel and entertainment	\$	9	Add lines 7 and 8	1,000,488.
STMT 13	271,881.	272,444.	10	Income (page 1, line 28) - line 6 less line 9	-161,790.
6	Add lines 1 through 5	838,698.			

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

1	Balance at beginning of year	1,101,127.	5	Distributions: a Cash	
2	Net income (loss) per books	278,665.		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
				SEE STATEMENT 15	167.
			7	Add lines 5 and 6	167.
4	Add lines 1, 2, and 3	1,379,792.	8	Balance at end of year (line 4 less line 7)	1,379,625.

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

OMB No. 1545-0123

▶ Attach to Form 1120.

Name

GREAT RIVERS COMMUNITY CAPITAL

Employer identification number (EIN)

43-1862691

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

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

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

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

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

▶ Attach to Form 1120 or 1120-C.

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

OMB No. 1545-0123

2018

Name of corporation (common parent, if consolidated return)

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL**43-1862691**Check applicable box(es): (1) ☒ Non-consolidated return
(3) ☐ Mixed 1120/L/PC group(2) ☐ Consolidated return (Form 1120 only)
(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	278,665.
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	278,665.

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	14,502,305.	12,441,120.
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**

OMB No. 1545-0172

2018

Attachment
Sequence No. **179**

▶ Attach to your tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

OTHER DEPRECIATION

43-1862691

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

1	Maximum amount (see instructions)	1	1,000,000.
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	2,500,000.
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 2017 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 2019. 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 2018	17	12,119.
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		

Section B - Assets Placed in Service During 2018 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	/		27.5 yrs.	MM	S/L	
	/		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 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	12,119.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			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.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle				
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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?										
36 Is another vehicle available for personal use?										

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2018 tax year:						
	:	:				
	:	:				
43 Amortization of costs that began before your 2018 tax year					43	36,549.
44 Total. Add amounts in column (f). See the instructions for where to report					44	36,549.

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2018Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

GREAT RIVERS COMMUNITY CAPITAL**43-1862691****1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

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

3 Gain, if any, from Form 4684, line 39**3****4** Section 1231 gain from installment sales from Form 6252, line 26 or 37**4****5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824**5****6** Gain, if any, from line 32, from other than casualty or theft**6****7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows**7****Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.**8** Nonrecaptured net section 1231 losses from prior years. See instructions**8****9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions**9****Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

304 S FLORISSANT RD	110117080118	250,000.	6,071.	222,755.	33,316.
4371 LEE	070617101618	11,000.		65,781.	-54,781.

11 Loss, if any, from line 7**11** ()**12** Gain, if any, from line 7 or amount from line 8, if applicable**12****13** Gain, if any, from line 31**13****14** Net gain or (loss) from Form 4684, lines 31 and 38a**14****15** Ordinary gain from installment sales from Form 6252, line 25 or 36**15****16** Ordinary gain or (loss) from like-kind exchanges from Form 8824**16****17** Combine lines 10 through 16**17** **-21,465.****18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a."

See instructions

18a**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14**18b**

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

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

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

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

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

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

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

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

Income (Loss) From Other Rental Activities

1 Show the kind and location of each rental property.

A RESIDENTIAL RENTAL PROPERTY**B** _____**C** _____**D** _____**Rental Income**

2 Gross rents

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) ▶ **STMT 16**

16 Total expenses for each property.

Add lines 3 through 15

17 Total gross rents. Add gross rents from line 2, columns A through D

18 Total expenses. Add total expenses from line 16, columns A through D

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)

Properties**A****B****C****D****35,644.****17,745.****17,745.****35,644.****17,745.****17,899.**

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, 2018

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		1,115,529.
TOTAL TO FORM 1120, LINE 5		1,115,529.

FORM 1120	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
GRANT REVENUE	244,589.
LOAN PROCESSING FEES	693,419.
MISSOURI CITY TAX REFUND - BASED ON INCOME	88.
OTHER INCOME	2,278.
TOTAL TO FORM 1120, LINE 10	940,374.

FORM 1120	TAXES AND LICENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
LICENSE AND PERMITS	13,270.
CALIFORNIA TAXES - BASED ON INCOME	3,200.
KANSAS TAXES - BASED ON INCOME	1.
RHODE ISLAND TAXES - BASED ON INCOME	400.
TOTAL TO FORM 1120, LINE 17	16,871.

CURRENT YEAR CONTRIBUTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	563.
TOTAL CURRENT YEAR CONTRIBUTIONS	563.

CONTRIBUTIONS

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 15% LIMIT

CONTRIBUTION SUBJECT TO LIMITATION:
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013
FOR TAX YEAR 2014
FOR TAX YEAR 2015
FOR TAX YEAR 2016
FOR TAX YEAR 2017

TOTAL CARRYOVER
CURRENT YEAR CONTRIBUTIONS

563

TOTAL CONTRIBUTIONS AVAILABLE
TAXABLE INCOME LIMITATION AS ADJUSTED

563

0

EXCESS CONTRIBUTIONS

563

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 1120	OTHER DEDUCTIONS	STATEMENT	6
DESCRIPTION		AMOUNT	
ADMIN EXPENSES		386,232.	
AMORTIZATION		36,549.	
INSURANCE		1,959.	
MISCELLANEOUS EXPENSE		1,381.	
OFFICE SUPPLIES		48,958.	
OTHER RENT & ROYALTY EXPENSES		17,745.	
PROFESSIONAL SERVICES		228,228.	
PROGRAM EXPENSES		566.	
TOTAL TO FORM 1120, LINE 26		721,618.	

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED INTEREST	235,402.	206,160.	
DUE FROM/TO AFFILIATE	264,215.	1,609,493.	
FEDERAL ACCRUED TAXES OVERPAYMENT	23,459.	89,760.	
PREPAID INSURANCE	909.	-540.	
STATE ACCRUED TAXES OVERPAYMENT	3,227.	15,230.	
TOTAL TO SCHEDULE L, LINE 6	527,212.	1,920,103.	

SCHEDULE L	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
112-114 N BYERS	141,118.	145,037.	
1725 MARCUS AVE	0.	47,306.	
1934 PALM	0.	23,664.	
306 N 88TH	25,526.	28,401.	
3512 OAKDALE	42,995.	43,988.	
3901 SAINT LOUIS AVE/2901 VANDE	42,499.	58,918.	
4371 LEE	62,498.	0.	
551 N 88TH	25,262.	27,129.	
6128 SHERRY	18,626.	20,679.	
6829 VIRGINIA	0.	49,249.	
6903 EDISON	88,346.	89,598.	
TOTAL TO SCHEDULE L, LINE 9	446,870.	533,969.	

SCHEDULE L	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
CAPITALIZED COSTS	36,549.	0.	
NMTC COSTS	131,075.	100,827.	
NOTE RECEIVABLE - LONG TERM	11,364,550.	9,005,194.	
SECURITY DEPOSIT	0.	1,775.	
TOTAL TO SCHEDULE L, LINE 14	11,532,174.	9,107,796.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	10
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
ACCRUED INTEREST	22,524.	24,028.	
CITY ACCRUED TAXES	2,910.	0.	
DUE FROM AFFILIATE	531,379.	0.	
TOTAL TO SCHEDULE L, LINE 18	556,813.	24,028.	

SCHEDULE L	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DEFERRED INCOME TAXES	92,000.	195,000.	
DUE TO/DUE FROM	7,628,954.	8,151,157.	
TOTAL TO SCHEDULE L, LINE 21	7,720,954.	8,346,157.	

SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT	12
DESCRIPTION	AMOUNT		
TAXABLE GRANTS	184,589.		
TOTAL TO SCHEDULE M-1, LINE 4	184,589.		

SCHEDULE M-1	OTHER EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS RETURN	STATEMENT 13
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DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	270,000.
PREPAID INSURANCE	1,449.
NONDEDUCTIBLE STATE TAX PENALTIES	432.
TOTAL TO SCHEDULE M-1, LINE 5	271,881.

SCHEDULE M-1	OTHER INCOME RECORDED ON BOOKS NOT INCLUDED IN THIS RETURN	STATEMENT 14
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DESCRIPTION	AMOUNT
CDFI GRANT REVENUE	1,000,000.
TOTAL TO SCHEDULE M-1, LINE 7	1,000,000.

SCHEDULE M-2	UNAPPROPRIATED RETAINED EARNINGS - OTHER DECREASES	STATEMENT 15
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DESCRIPTION	AMOUNT
MISC ADJUSTMENT	167.
TOTAL TO SCHEDULE M-2, LINE 6	167.

	OTHER RENTAL EXPENSES	STATEMENT 16
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PROPERTY: RESIDENTIAL RENTAL PROPERTY

DESCRIPTION	AMOUNT
OTHER EXPENSES	17,745.
TOTAL TO RENTAL SCHEDULE, LINE 15	17,745.

3637018 GREA 43-1862691 000000000000 18
TYB 01-01-2018 TYE 12-31-2018
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 3544A 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	-161,790	00
	2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A	2	401	00
	3	Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	3	3,200	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	-158,189	00

State Adjustments (cont)	10	Intercompany dividend elimination. Attach Schedule H (100)	• 10		00	
	11	Dividends received deduction. Attach Schedule H (100)	• 11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	• 12		00	
	13	Capital gain from federal Form 1120, line 8	• 13		00	
	14	Charitable Contributions SEE STATEMENT 3	• 14		00	
	15	Other deductions. Attach schedule(s) SEE STATEMENT 2	• 15		88	00
	16	Total. Add line 10 through line 15	• 16		88	00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9.	• 17		-158,277	00
	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. 8.8400 % 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		771	00
	32	2018 Estimated tax payments. See instructions	• 32		00	
	33	2018 Withholding (Form 592-B, and/or 593). See instructions	• 33		00	
	34	Amount paid with extension of time to file tax return	• 34		900	00
	35	Total payments. Add line 31 through line 34	• 35		1,671	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		1,671	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		871	00
	41	Amount of line 40 to be credited to 2019 estimated tax	• 41		870	00
	42	Refund. Subtract line 41 from line 40. See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	• 42		0	00
	42a.	• Routing number	42b.	• Type	42c.	• Account number
	43 a	Penalties and interest	• 43a		1	00
	43 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? **STATEMENT 4** • ☒ Yes ☐ No
2. Of another corporation owned by this corporation? • ☐ Yes ☒ No
3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • ☐ Yes ☒ No
If 1 or 3 is "Yes" enter the country of the ultimate parent • **UNITED STATES**
If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.
If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



AA Did 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			• Firm's 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 5			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 ...		16,871	3,60100

Schedule F **Computation of Net Income.** See instructions.

Income		Deductions	
1	a) Gross receipts or gross sales _____ b) Less returns and allowance _____ c) Balance _____	1c	00
2	Cost of goods sold. Attach federal Form 1125-A (California Schedule V) _____	2	00
3	Gross profit. Subtract line 2 from line 1c _____	3	00
4	Total dividends. Attach federal Schedule C, California Schedule H (100) _____	4	00
5	a) Interest on obligations of the United States and U.S. instrumentalities _____ b) Other interest. Attach schedule _____ SEE STATEMENT 6	5a	00
6	Gross rents _____	5b	1,115,529
7	Gross royalties _____	6	35,644
8	Capital gain net income. Attach federal Schedule D (California Schedule D) _____	7	00
9	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1) _____	8	00
10	Other income (loss). Attach schedule _____ SEE STATEMENT 7	9	-21,465
11	Total income. Add line 3 through line 10 _____	10	940,374
		11	2,070,082
12	Compensation of officers. Attach federal Form 1125-E or equivalent schedule _____	12	00
13	Salaries and wages (not deducted elsewhere) _____	13	00
14	Repairs and maintenance _____	14	00
15	Bad debts _____	15	1,204,498
16	Rents _____	16	5,017
17	Taxes (California Schedule A) See instructions. _____	17	16,871
18	Interest. Attach schedule _____	18	271,749
19	Charitable Contributions. Attach schedule _____	19	0
20	Depreciation. Attach fed Form 4562 & FTB 3885 <input checked="" type="radio"/> 20 12,119 00	20	00
21	Less depreciation claimed elsewhere on return <input checked="" type="radio"/> 21a _____ 00	21b	12,119
22	Depletion. Attach schedule _____	22	00
23	Advertising _____	23	00
24	Pension, profit-sharing plans, etc. _____	24	00
25	Employee benefit plans _____	25	00
26	a) Total travel and entertainment _____ b) Deductible amounts _____	26b	00
27	Other deductions. Attach schedule _____ SEE STATEMENT 8	27	721,618
28	Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr _____	28	00
29	Total deductions. Add line 12 through line 28 _____	29	2,231,872
30	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1 _____	30	-161,790

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

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

Schedule V Cost of Goods Sold

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

Method of inventory valuation ☒Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☐ NoEnter 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"/>	817,551	<input type="radio"/>	957,298
2 a Trade notes and accounts receivable	363,769	<input type="radio"/>	1,717,826	<input type="radio"/>
b Less allowance for bad debts	()	363,769	()	1,717,826
3 Inventories	<input type="radio"/>		<input type="radio"/>	
4 Federal and state government obligations	<input type="radio"/>		<input type="radio"/>	
5 Other current assets. Attach sch(s) STMT 9		527,212		1,920,103
6 Loans to stockholders/officers. Att sch	<input type="radio"/>		<input type="radio"/>	
7 Mortgage and real estate loans	<input type="radio"/>		<input type="radio"/>	
8 Other investments. Attach sch(s) STMT 10	<input type="radio"/>	446,870	<input type="radio"/>	533,969
9 a Buildings and other fixed depreciable assets	593,679	<input type="radio"/>	374,308	<input type="radio"/>
b Less accumulated depreciation	(103,435)	490,244	(108,995)	265,313
10 a Depletable assets	<input type="radio"/>		<input type="radio"/>	
b Less accumulated depletion	()	()	()	
11 Land (net of any amortization)	<input type="radio"/>		<input type="radio"/>	
12 a Intangible assets (amortizable only)	<input type="radio"/>		<input type="radio"/>	
b Less accumulated amortization	()	()	()	
13 Other assets. Attach sch(s) STMT 11	<input type="radio"/>	11,532,174	<input type="radio"/>	9,107,796
14 Total assets	<input type="radio"/>	14,177,820	<input type="radio"/>	14,502,305
Liabilities and Stockholders' Equity				
15 Accounts payable	<input type="radio"/>	68,009	<input type="radio"/>	107,099
16 Mortgages, notes, bonds payable in less than 1 year	<input type="radio"/>	132,604	<input type="radio"/>	81,502
17 Other current liabilities. Att. sch(s) STMT 12	<input type="radio"/>	556,813	<input type="radio"/>	24,028
18 Loans from stockholders. Att. sch(s)	<input type="radio"/>		<input type="radio"/>	
19 Mortgages, notes, bonds payable in 1 year or more	<input type="radio"/>	3,916,753	<input type="radio"/>	3,882,334
20 Other liabilities. Attach sch(s) STMT 13	<input type="radio"/>	7,720,954	<input type="radio"/>	8,346,157
21 Capital stock: a Preferred stock	<input type="radio"/>		<input type="radio"/>	
b Common stock	10,000	10,000	10,000	10,000
22 Paid-in or capital surplus. Attach reconciliation	<input type="radio"/>	671,560	<input type="radio"/>	671,560
23 Retained earnings - Appropriated. Att. sch.		1,101,127		1,379,625
24 Retained earnings - Unappropriated				
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock	()	()	()	()
27 Total liabilities and stockholders' equity		14,177,820		14,502,305

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	•	278,665	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax	•	103,000	a Tax-exempt interest \$	
3 Excess of capital losses over capital gains	•		b Other \$	1,000,000
4 Taxable income not recorded on books this year (itemize)			c Total. Add line 7a and line 7b	• 1,000,000
STMT 14	•	184,589	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 \$	488
a Depreciation	\$		b State tax refunds \$	
b State taxes	\$		c Other \$	
c Travel and entertainment	\$		d Total. Add line 8a through line 8c	• 488
d Other	\$	271,881	9 Total. Add line 7c and line 8d	• 1,000,488
CONTR C/O		563	10 Net income per return. Subtract line 9 from line 6	-161,790
e Total. Add line 5a through line 5d	•	272,444		
6 Total. Add line 1 through line 5e		838,698		

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

1 Balance at beginning of year	•	1,101,127	5 Distributions: a Cash	•	
2 Net income per books	•	278,665	b Stock	•	
3 Other increases (itemize)			c Property	•	
			6 Other decreases (itemize)		
			STATEMENT 16	•	167
			7 Total. Add line 5 and line 6		167
4 Total. Add line 1 through line 3		1,379,792	8 Balance at end of year. Subtract line 7 from line 4.		1,379,625

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
					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 2017				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
					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 2019				11	00

TAXABLE YEAR

Sales of Business Property

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

CALIFORNIA SCHEDULE

2018**D-1****Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on tax return

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

GREAT RIVERS COMMUNITY CAPITAL**43-1862691****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year**

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on federal Form 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23						1	
2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Gain, if any, from federal Form 4684, line 39						3	
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37						4	
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						5	
6 Gain, if any, from line 35, from other than casualty and theft						6	
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows: IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Long Form 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.						7	
8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions						8	
9 Subtract line 8 from line 7. If zero or less, enter -0- S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Long Form 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.						9	0

Part II Section A - Ordinary Gains and Losses

10 Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
<input checked="" type="radio"/>	STATEMENT	<input checked="" type="radio"/>	18	<input checked="" type="radio"/>	261,000	<input checked="" type="radio"/>	6,071	<input checked="" type="radio"/>	288,536	<input checked="" type="radio"/>	-21,465
11 Loss, if any, from line 7						11	()				
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions						12					
13 Gain, if any, from line 34						13					
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)						14					
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions						15					
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)						16					
17 Combine line 10 through line 16						17	-21,465				
18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below: see instructions.											
a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions						18a					
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20						18b					

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

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 14	<input type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. B	<input type="radio"/>	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, line 14, col. C	<input type="radio"/>	21b	

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

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.

22	A <input type="radio"/>				
	B <input type="radio"/>				
	C <input type="radio"/>				
	D <input type="radio"/>				

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

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

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

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

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

2018

Apportionment and Allocation of Income

R

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

For calendar year 2018 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.

1 a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)	1a	-158,277	00
b	Water's-edge foreign investment interest offset from form FTB 2424, line 17	1b		00
c	Total. Combine line 1a and line 1b	1c	-158,277	00
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.				
2	Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	2		00
3	Interest. Attach schedule	3		00
4	Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	4		00
5	Royalties. Attach schedule	5		00
6	Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	6		00
7	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch	7		00
8	Miscellaneous nonbusiness income (loss). Attach schedule	8		00
9	Total nonbusiness income (loss). Combine line 2 through line 8	9		00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)				
10	Nonunitary partnership or LLC business income (loss)	10		00
11	Income (loss) from a separate trade or business. Attach supplemental Schedule R	11		00
12	Business income (loss) deferred from prior years. See General Information L	12		00
13	Capital gain (loss) netting subject to separate apportionment. See Gen Information M	13		00
14	Total separately apportionable business income (loss). Combine line 10 through line 13	14		00
15	Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c	15	-158,277	00
16	Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)	16		00
17	Business Income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16	17	-158,277	00
18 a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	18a	.0000	%
b	Business income (loss) apportioned to California. Multiply line 17 by line 18a	18b	0	00
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.				
19	Dividends and interest income (if taxpayer's commercial domicile is in California):			
a	Dividends included in line 2 above	19a		00
b	Interest included in line 3 above	19b		00
20	Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	20		00
21	Royalties. Attach schedule	21		00
22	Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	22		00
23	Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	23		00
24	Miscellaneous nonbusiness income (loss). Attach schedule	24		00
25	Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	25		00
26	Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	26		00
27	Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25	27		00

Name as shown on your California tax return

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

28 California business income (loss) from a nonunitary partnership or LLC	28		00	
29 California income (loss) from a separate trade or business. Attach supplemental schedule R.	29		00	
30 California business income (loss) deferred from prior yrs. See General Information L	30		00	
31 Total business income (loss) separately apportioned to California. Combine line 28 through line 30	31			00
Net Income (Loss) for California Purpose				
32 Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	32			00
33 Net income (loss) for California purposes before contributions adjustment. Combine line 18b, 27, 31 and 32	33		0	00
34 Contributions adjustment from Schedule R-6, line 15	34			00
35 Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	35		0	00

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

Name as shown on your California tax return

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

GREAT RIVERS COMMUNITY CAPITAL**3637018****Schedule R-1 Apportionment Formula.****Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a) 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	• 2,091,547		
(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	• 2,091,547	• 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.

GREAT RIVERS COMMUNITY CAPITAL**3637018****Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of 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? ☒ 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. ☒ Yes ☐ No If "No," explain. _____
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☐ Yes ☒ No
If "Yes," provide a brief description. _____
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No
If "Yes," provide a brief description of the new method. _____
- 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? ☒ 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 ☒ 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? ☒ 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? ☒ Yes ☐ No If "No," explain. _____

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

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20			

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.

Description of property sold	Real estate and other tangible assets		Intangible assets		Total (e) Gain (loss) (a) + (b) + (c) + (d)
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	
1					
2 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**3637018****Schedule R-5 Computation of Interest Offset.** Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

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

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.

See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.**Schedule R-6 Contributions Adjustment.** See General Information N.

1 Total contributions paid (current year and carryover amount)	1	563
2 Net income (loss) after state adjustments from Side 1, line 1c	2	-158,277
3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	3	
4 Contributions deducted on Form 100, Form 100W, or Form 100S	4	
5 Total. Add line 2 through line 4. If zero or less, enter -0-	5	0
6 Multiply line 5 by 10% (.10)	6	
7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	7	
8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	8	
9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	9	
10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	10	
11 Total. Add line 7 through line 10. If zero or less, enter -0-	11	0
12 Multiply line 11 by 10% (.10)	12	
Contributions Adjustment		
13 Enter the amount shown on line 10	13	
14 Amount of contributions allowable:		
a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12	14a	
b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	14b	
15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets <input checked="" type="radio"/>	15	

2018

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

3637018

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13	

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

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	12,119
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	12,119
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	36,549
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	36,549
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	0

TAXABLE YEAR

2018**California e-file Return Authorization for Corporations**

FORM

8453-C

Corporation name

Identifying number

GREAT RIVERS COMMUNITY CAPITAL**43-1862691****Part I Tax Return Information** (whole dollars only)

1 Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	1	-158,189
2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	2	
3 Total tax (Form 100, line 30; Form 100S, line 29; Form 100W, line 30 or Form 100X, line 18)	3	800
4 Tax due (Form 100, line 39; Form 100S, line 38; Form 100W, line 36 or Form 100X, line 20)	4	
5 Overpayment (Form 100, line 40; Form 100S, line 39; Form 100W, line 37 or Form 100X, line 27)	5	871

Part II Settle the Account Electronically for Taxable Year 2018

- 6** ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)
- 7** ☐ Electronic funds withdrawal **7a** Amount **7b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2019 (These are NOT installment payments for the current amount the corporation owes.)

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

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

- 10** Routing number _____
- 11** Account number _____ **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2018 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of officer

Date

CHIEF EXECUTIVE OFFICER

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. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

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

1 Show the kind and location of each rental property.

A RESIDENTIAL RENTAL PROPERTY

B _____

C _____

D _____

Rental Income

2 Gross rents

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) ▶ STMT 19

16 Total expenses for each property.

Add lines 3 through 15

17 Total gross rents. Add gross rents from line 2, columns A through D

18 Total expenses. Add total expenses from line 16, columns A through D

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)

Properties

A

B

C

D

35,644.

17,745.

17,745.

35,644.

17,745.

17,899.

FORM 5806	COMPUTATION OF INTEREST ON UNDERPAYMENT	STATEMENT	1
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Q T R -	EVENT AMOUNT	TYPE	REMAINING UNDERPAYMENT	PERIOD OF UNDERPAYMENT	DAYS	INTEREST RATE	AMOUNT OF PENALTY
A	-771.	O	-771.	04/15/2018	0	4.0000	0.
	800.	Q	29.	04/15/2018 06/30/2018	76	4.0000	0.
		R	29.	06/30/2018 12/31/2018	184	4.0000	1.
		R	29.	12/31/2018 03/15/2019	74	5.0000	0.

TOTAL TO FORM 5806 LINE 22B

1.

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	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
MISSOURI CITY TAX REFUND - BASED ON INCOME	88.
TOTAL TO FORM 100/100W, OTHER DEDUCTIONS	88.

FORM 100/100W	CONTRIBUTIONS	STATEMENT	3
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NET INCOME AFTER STATE ADJUSTMENTS	-158,277	
DEDUCTION FOR DIVIDENDS RECEIVED	0	
NET INCOME ADJUSTED FOR CONTRIBUTION PURPOSES		-158,277
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS:		
5TH PRECEDING TAX YEAR	0	
4TH PRECEDING TAX YEAR	0	
3RD PRECEDING TAX YEAR	0	
2ND PRECEDING TAX YEAR	0	
1ST PRECEDING TAX YEAR	0	
TOTAL OF UNUSED CARRYOVER CONTRIBUTIONS		0
CURRENT YEAR CONTRIBUTIONS		563
COLLEGE ACCESS ADDBACK		0
TOTAL AVAILABLE CONTRIBUTIONS LESS COLLEGE ACCESS ADDBACK		563
10% OF NET INCOME AS ADJUSTED		0
EXCESS CONTRIBUTIONS		563
ALLOWABLE CONTRIBUTIONS DEDUCTION		0

FORM 100/100W	VOTING STOCK INFORMATION - QUESTION K.1	STATEMENT	4
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NAME	JUSTINE PETERSON HOUSING AND REINVESTMENT CORPORATION		
ADDRESS	1023 N. GRAND BLVD.		
CITY	ST LOUIS		
STATE	MO	ZIP CODE	63106
COUNTRY	US		
ID OR SSN	43-1769074		
PERCENT OWNED	100.0000%		

FORM 100/100W, SCHEDULE A	TAXES DEDUCTED	STATEMENT	5
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(A) NATURE OF TAX AND (B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
LICENSE AND PERMITS	13,270.	
BASED ON INCOME CALIFORNIA	3,200.	3,200.
BASED ON INCOME KANSAS	1.	1.
BASED ON INCOME RHODE ISLAND	400.	400.
TOTAL TO FORM 100/100W, SCHEDULE A	16,871.	3,601.

FORM 100/100W, SCHEDULE F	INTEREST INCOME	STATEMENT	6
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DESCRIPTION	AMOUNT
INTEREST INCOME	1,115,529.
TOTAL TO FORM 100/100W, SCHEDULE F	1,115,529.

FORM 100/100W, SCHEDULE F	OTHER INCOME	STATEMENT	7
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DESCRIPTION	AMOUNT
GRANT REVENUE	244,589.
LOAN PROCESSING FEES	693,419.
MISSOURI CITY TAX REFUND - BASED ON INCOME	88.
OTHER INCOME	2,278.
TOTAL TO FORM 100/100W, SCHEDULE F	940,374.

FORM 100/100W, SCHEDULE F	OTHER DEDUCTIONS	STATEMENT	8
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DESCRIPTION	AMOUNT
ADMIN EXPENSES	386,232.
AMORTIZATION	36,549.
INSURANCE	1,959.
MISCELLANEOUS EXPENSE	1,381.
OFFICE SUPPLIES	48,958.
OTHER RENT & ROYALTY EXPENSES	17,745.
PROFESSIONAL SERVICES	228,228.
PROGRAM EXPENSES	566.
TOTAL TO FORM 100/100W, SCHEDULE F	721,618.

FORM 100/100W, SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	9
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	235,402.	206,160.
DUE FROM/TO AFFILIATE	264,215.	1,609,493.
FEDERAL ACCRUED TAXES OVERPAYMENT	23,459.	89,760.
PREPAID INSURANCE	909.	-540.
STATE ACCRUED TAXES OVERPAYMENT	3,227.	15,230.
TOTAL TO FORM 100/100W, SCHEDULE L	527,212.	1,920,103.

FORM 100/100W, SCHEDULE L	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
6128 SHERRY	18,626.	20,679.
112-114 N BYERS	141,118.	145,037.
3512 OAKDALE	42,995.	43,988.
4371 LEE	62,498.	0.
6903 EDISON	88,346.	89,598.
3901 SAINT LOUIS AVE/2901 VANDE	42,499.	58,918.
306 N 88TH	25,526.	28,401.
551 N 88TH	25,262.	27,129.
1725 MARCUS AVE	0.	47,306.
6829 VIRGINIA	0.	49,249.
1934 PALM	0.	23,664.
TOTAL TO FORM 100/100W, SCHEDULE L	446,870.	533,969.

FORM 100/100W, SCHEDULE L	OTHER ASSETS	STATEMENT 11
---------------------------	--------------	--------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
CAPITALIZED COSTS	36,549.	0.
NMTC COSTS	131,075.	100,827.
NOTE RECEIVABLE - LONG TERM	11,364,550.	9,005,194.
SECURITY DEPOSIT	0.	1,775.
TOTAL TO FORM 100/100W, SCHEDULE L	11,532,174.	9,107,796.

FORM 100/100W, SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 12
---------------------------	---------------------------	--------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED INTEREST	22,524.	24,028.
CITY ACCRUED TAXES	2,910.	0.
DUE FROM AFFILIATE	531,379.	0.
TOTAL TO FORM 100/100W, SCHEDULE L	556,813.	24,028.

FORM 100/100W, SCHEDULE L	OTHER LIABILITIES	STATEMENT 13
---------------------------	-------------------	--------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEFERRED INCOME TAXES	92,000.	195,000.
DUE TO/DUE FROM	7,628,954.	8,151,157.
TOTAL TO FORM 100/100W, SCHEDULE L	7,720,954.	8,346,157.

FORM 100/100W, SCHEDULE M-1	TAXABLE INCOME NOT RECORDED ON BOOKS	STATEMENT 14
-----------------------------	---	--------------

DESCRIPTION	AMOUNT
TAXABLE GRANTS	184,589.
TOTAL TO FORM 100/100W, SCHEDULE M-1	184,589.

FORM 100/100W, SCHEDULE M-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN	STATEMENT 15
-----------------------------	--	--------------

DESCRIPTION	AMOUNT
CHANGE DOUBTFUL ACCTS	270,000.
PREPAID INSURANCE	1,449.
NONDEDUCTIBLE STATE TAX PENALTIES	432.
TOTAL TO FORM 100/100W, SCHEDULE M-1	271,881.

FORM 100/100W, SCHEDULE M-2	UNAPPROPRIATED RETAINED EARNINGS OTHER DECREASES	STATEMENT 16
-----------------------------	---	--------------

DESCRIPTION	AMOUNT
MISC ADJUSTMENT	167.
TOTAL TO FORM 100/100W, SCHEDULE M-2	167.

FORM 100/100W, SCHEDULE M-1	INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN	STATEMENT 17
-----------------------------	--	--------------

DESCRIPTION	AMOUNT
CDFI GRANT REVENUE	1,000,000.
TOTAL TO FORM 100/100W, SCHEDULE M-1	1,000,000.

CA SCHEDULE D-1 PART II - OTHER ORDINARY GAIN AND LOSS STATEMENT 18

(A) DESCRIPTION	(B) DATE ACQ	(C) DATE SOLD	(D) SALES PRICE	(E) DEPRE- CIATION ALLOWED	(F) COST OR BASIS	(G) GAIN OR LOSS
304 S FLORISSANT RD	11/01/17	08/01/18	250,000.	6,071.	222,755.	33,316.
4371 LEE	07/06/17	10/16/18	11,000.		65,781.	-54,781.
TOTAL			261,000.	6,071.	288,536.	-21,465.

CA OTHER RENTAL EXPENSES STATEMENT 19

PROPERTY: RESIDENTIAL RENTAL PROPERTY

DESCRIPTION	AMOUNT
OTHER EXPENSES	17,745.
TOTAL OTHER RENTAL EXPENSES	17,745.

K-120

Rev. 7-18

2018 CORPORATE INCOME TAX

037

151018

Page 1 of 6

For the taxable year beginning

01012018

ending

12312018

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 2018.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income**-161790.00****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)****3601.00****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)****3601.00****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.)****88.00****10. Total subtractions from federal taxable income (Add lines 7, 8, & 9)****STMT 1****88.00****11. Net income before apportionment (Add line 1 to line 6 and subtract line 10)****-158277.00****12. Nonbusiness income - Total company (Sch. req.)****13. Apportionable business income (Subtract line 12 from line 11)****-158277.00****14. Avg percent to Kansas (Part VI, lines A, B, C, & E: if 100% enter 100.0000)****1.6958****A. .0000****C. 1.6958****B. .0000****15. Amount to Kansas (Multiply line 13 by line 14)****-2684.00****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)****-2684.00****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)

33. Overpayment from original return (This
figure is a subtraction; see instr.)

23. Normal tax (4% of line 22)

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)

0.00

25. Total tax (Add lines 23 and 24. If filing
combined, use line 24 of K-121.)

0.00

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)

38. Estimated tax penalty

If annualizing to compute penalty, check this field

28. Estimated tax paid and amount
credited forward (Part II, line 4)

39. Total tax, interest & penalty due (Add
lines 35-38) Complete Form K-120V &
enclose it with your payment

0.00

29. Other tax payments (enclose separate
schedule)

40. Overpayment (If line 27 plus line 38
is less than line 34)

0.00

30. Amount paid with Kansas extension

41. Refund. Enter the amount of line 40
you wish to be refunded

31. Total of all other refundable credits
(Part I, line 34)

42. Credit Forward. Enter the amt of In 40
(orig return only) you wish to apply to
2019 estimated tax. (Line 42 cannot
exceed the total of lines 28, 29 and 30)

32. Payments remitted with original
return (See instructions)

☒ 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? ☒ Yes ☐ No
If "no", enter previous name and EIN.

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

3. The corporation's books are in care of:

Name LINDA CLARK

Address 1023 N. GRAND BLVD.

ST LOUIS

MO 63106

Telephone 314.533.2411

4. List each estimated tax payment and credit forward amount claimed on this return.

Date	Amount	Date	Amount

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

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

7. If your federal taxable income has been redetermined for any prior year(s) that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal Forms 1139, 1120X, or Revenue Agent's Report along with the Kansas amended return (Form K-120 or K-120X, whichever is applicable).

☐ Revenue Agent's Report

☐ Net Operating Loss

☐ Amended Return

Years ended _____

8. If you are registered with the Kansas Department of Revenue under any other Kansas tax act, enter all registration or license numbers on the applicable line:

a. Sales Tax _____

b. Compensating

Use Tax _____

c. Withholding Tax _____

d. Other (specify) _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

Name of Corporation	Employer ID Number

PART IV SCHEDULE OF TAXES

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

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

STATE AND FOREIGN TAXES DEDUCTED ON FORM 1120, LINE 17 3,601.00

2. Total (Enter on line 3, page 1)	3,601.00
3. Total other taxes	13,270.00
4. Total taxes (Must equal line 17 of the federal return)	16,871.00

PART V SCHEDULE OF INTEREST INCOME

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

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

2. Total (Enter on line 7, page 1)	
3. Total other interest income	1,115,529.00
4. Total interest income (Must equal line 5 of the federal return)	1,115,529.00

K-120AS

Rev. 7-18

KANSAS Corporation Apportionment Schedule

151418

FOR USE BY CORPORATIONS APPORTIONING INCOME
(Corporations using the combined income method must use Schedule K-121)

For the taxable year beginning **01012018** , ending **12312018**

Name as shown on Form K-120

Employer Identification Number (EIN)

GREAT RIVERS COMMUNITY CAPITAL**43-1862691****PART VI****APPORTIONMENT FORMULA**

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

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

C. Sales (Gross receipts, less returns and allowances)			
(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	30,933.	1,115,529.	
Rents		35,644.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	4,536.	940,374.	STMT 2
TOTAL SALES (Enter on line 14C, page 1)	35,469.	2,091,547.	C 1.6958%

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1) 1.6958%
D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula)	D(2) %
E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 14, page 1)	E 1.6958%

151518

- STATEMENT 3

**AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS
CORPORATION APPORTIONMENT SCHEDULE**[illegible]

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

[illegible]

The disregarded entities listed below are included in this return.

[illegible]

OTHER SUBTRACTIONS		STATEMENT	1
DESCRIPTION		AMOUNT	
STATE, CITY AND FOREIGN INCOME TAX REFUNDS		88.00	
TOTAL OTHER SUBTRACTIONS ON K-120, LINE 9		88.00	

FINAL FILED

KS K-120AS		OTHER INCOME		STATEMENT	2
				WITHIN KANSAS	TOTAL COMPANY
OTHER RECEIPTS				4,536	940,374
SERVICE INCOME				0	0
TOTALS TO K-120AS				4,536	940,374

FINAL FILED

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

CA. MO, RI

FINAL FILED

Missouri Department of Revenue
2018 Corporation Income Tax ReturnDepartment Use Only
(MM/DD/YY)Missouri Tax
I.D. NumberMissouri Corporation Income
Tax Return for 2018Beginning
(MM/DD/YY)Ending
(MM/DD/YY)Federal Employer
I.D. NumberCharter
NumberCorporation
Name

Address

City

State

ZIP



1811011019

☐ 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

- | | | | |
|---|----|----------|-----|
| 1. Federal Taxable Income from Federal Form 1120, Line 30 | 1 | -161,790 | .00 |
| 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income SEE STATEMENT 1 | 2 | 3,601 | .00 |
| 3. Missouri modifications - Additions (complete Page 3, Part 1) | 3 | | .00 |
| 4. Total additions - Add Lines 2 and 3 | 4 | 3,601 | .00 |
| 5. Missouri modifications - Subtractions (complete Page 3, Part 2) | 5 | 88 | .00 |
| 6. Balance - Line 1 plus Line 4 less Line 5 | 6 | -158,277 | .00 |
| 7. Federal Income Tax - current year (complete Page 4, Part 3) | 7 | | .00 |
| 8. Taxable Income - all sources - Line 6 less Line 7 | 8 | -158,277 | .00 |
| 9. Missouri Taxable Income - if all Missouri income, repeat Line 8. If not, complete Form MO-MS and enter apportionment method chosen and the applicable percentage below. | | | |
| Method <input type="checkbox"/> Percent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiply Line 8 by the percentage | 9 | -158,277 | .00 |
| 10. Missouri Dividends Deduction (see instructions before entering an amount) | 10 | | .00 |
| 11. Enterprise Zone or Rural Empowerment Zone Income Modification | 11 | | .00 |
| 12. Bring Jobs Home Deduction (see instructions before entering an amount) | 12 | | .00 |
| 13. Transportation Facilities Deductions: | | | |
| <input type="checkbox"/> Port Cargo Expansion <input type="checkbox"/> International Trade Facility <input type="checkbox"/> Qualified Trade Activities | 13 | | .00 |
| 14. Missouri Taxable Income - Line 9 less Lines 10, 11, 12, and 13 | 14 | -158,277 | .00 |

Tax

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

Credits and Payments

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

Refund or Tax Due

25. If Line 24 is more than Line 17, enter overpayment here	25	15,230	.00																						
26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below	26		.00																						
<table border="1"><thead><tr><th>Children's Trust Fund</th><th>Veterans Trust Fund</th><th>Elderly Home Delivered Meals Trust Fund</th><th>Missouri National Guard Trust Fund</th><th>Workers' Memorial Fund</th><th>Childhood Lead Testing Fund</th><th>Missouri Military Family Relief Fund</th><th>General Revenue Fund</th><th>Organ Donor Program Fund</th><th>Additional Fund Code (See Instr.)</th><th>Additional Fund Code (See Instr.)</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				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.)											
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.)															
27. Overpayment to be applied to next filing period	27	15,230	.00																						
28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund	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		.00																						
Interest <input type="text"/> .00 Penalty <input type="text"/> .00 MO-2220 <input type="text"/> .00																									
31. Total Due - Add Lines 29 and 30 (U.S. funds only) DOR Only <input type="text"/> Total Due	31		.00																						

Signature

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.

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.

Department Use Only

☐ S ☐ E ☐ F☒ Yes ☐ NoSignature of Officer Printed Name

Telephone Number 3 1 4 5 3 3 2 4 1 1

Date Signed (MM/DD/YY) Preparer's Signature (Including Internal Preparer)

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) 

Part 1 - Missouri
Modifications - Additions

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

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations (must attach a detailed schedule)	1a		.00		
1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1	1b		.00	1	.00
2. Federally taxable - Missouri exempt obligations				2	.00
3. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)				3	.00
4. Previously taxed income				4	.00
5. Amount of any state income tax refund included in federal taxable income				5	88 .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	88 .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 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 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. 0 0 0 . 0 0 0 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

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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.)

1. Year of loss M M D D Y Y 1 00
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 12-2018)

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

1811041019

MO-1120 CORPORATION INCOME TAXES DEDUCTED STATEMENT 1

DESCRIPTION	AMOUNT
CALIFORNIA TAXES - BASED ON INCOME	3,200.
KANSAS TAXES - BASED ON INCOME	1.
RHODE ISLAND TAXES - BASED ON INCOME	400.
TOTAL TO FORM MO-1120, PAGE 1, LINE 2	3,601.

FINAL FILED



18110110190101

Federal employer identification number

431862691

RI Secretary of State ID number

000894304

For the taxable year from

01/01/2018 through 12/31/2018

Name

GREAT RIVERS COMMUNITY CAPITAL

Address 1

1023 N. GRAND BLVD.

Address 2

City, town or post office

SAINT LOUIS

State ZIP code

MO 63106

E-mail address

NAICS code

624100

Initial
ReturnShort
YearPro-
FormaFinal
ReturnAmended
ReturnAddress
Change

1120F

Combined
Return*

*If a combined return, how many companies are included in this return: _____

A Gross Receipts A

B Depreciable Assets B 374308 00

C Net Section 965(a) Liability from Federal Form 1120, Schedule C, line 15, column C (see instructions) ... C

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

1 Federal taxable income (see instructions) 1 -161790 00

2 Total Deductions from page 3, Schedule B, line 1h 2

3 Total Additions from page 3, Schedule C, line 1e 3 400 00

4 Adjusted taxable income. Line 1 less line 2 plus line 3 4 0 00

5 Rhode Island Apportionment Ratio from page 5, Schedule H, line 2. Carry to six (6) decimal places 5 0.000001

6 Apportioned Rhode Island taxable income. Multiply line 4 times line 5 6 0 00

7 Research and development adjustments (see instructions, attach schedule) 7

8a Pollution control and hazardous waste adjustment (see instructions) 8a

b Capital investment deduction (see instructions) 8b

9 Total adjustments. Add lines 7, 8a and 8b 9

10a Rhode Island adjusted taxable income. Subtract line 9 from line 6 10a 0 00

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

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

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



18110110190102

Name
GREAT RIVERS COMMUNITY CAPITALFederal employer identification number
43-1862691

10b Rhode Island adjusted taxable income from page 1, Schedule A, line 10a	10b	
11 Rhode Island income tax. Multiply line 10b times 7% (0.07)	11	400 00
12 Rhode Island Credits from Schedule B-CR 2018 - 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 2018 declaration of estimated tax	16	
17a Other payments	17a	400 00
b Rhode Island pass-through withholding. Attach RI-1099PT(s) ...	17b	
18a TOTAL PAYMENTS. Add lines 16, 17a and 17b	18a	400 00
b Previously processed overpayments (if filing an amended return)	18b	
c NET PAYMENTS. Subtract line 18b from line 18a	18c	400 00
19 Net tax due. Subtract line 18c from line 15	19	0 00
20a Late payment interest	20a	
b Late payment penalty	20b	
c Underestimating interest	20c	
d Late filing penalty	20d	
e Total interest and penalty amounts. Add lines 20a, 20b, 20c and 20d	20e	0 00
21 Total due with return. Add lines 19 and 20e (Please use Form RI-1120V)	21	0 00
22 Overpayment. Subtract lines 15 and 20e from line 18c	22	
23 Amount of overpayment to be credited to 2019	23	
24 Amount of overpayment to be refunded. Subtract line 23 from line 22	24	



18110110190103

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 F, line 10 1c

d Foreign dividend gross-up (s78) Federal 1120, Schedule C, line 18 1d

e Bonus depreciation and Section 179 expense adjustment 1e

f Discharge of business indebtedness claimed as income on Federal return and previously included
as RI income under American Recovery and Reinvestment Act of 2009 under RIGL §44-66-1 1f

g Modification for Tax Incentives for Employers under RIGL §44-55-4.1. Attach Form RI-107 1g

h **TOTAL DEDUCTIONS.** Add lines 1a through 1g. Enter here and on RI-1120C, page 1, Schedule A, line 2 1h

Schedule C - Additions to Federal Taxable Income

1 a Interest (see instructions) 1a

b Rhode Island corporate taxes (see instructions) 1b 400 00

c Bonus depreciation 1c

d ----- *Intentionally left blank* ----- 1d

e **TOTAL ADDITIONS.** Add lines 1a through 1c. Enter here and on RI-1120C, page 1, Schedule A, line 3 ... 1e 400 00

Schedule D - Pass-through Withholding

	Name	Federal Employer Identification Number	Pass-through Withholding Amount
1 a			
b			
c			
d			
e			
f	Total Pass-through withholding (add lines 1a thru 1e)		



18110110190104

Name
GREAT RIVERS COMMUNITY CAPITALFederal employer identification number
43-1862691**Schedule E - General Information**

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

Schedule F - Exempt Dividends and Interest

- 1 Dividends received from shares of stock of any payer liable for RI taxes as outlined in Chapters 11, 13, & 14 (attach schedule) 1
- 2 Amount of such dividends included in Special Deductions, Schedule B, line 1b 2
- 3 Balance of Exempt Dividends. Line 1 less line 2 3
- Foreign Dividends included on Federal 1120, Schedule C, lines 14, 16b, 16c & 20**
- 4 More than 20% owned _____ X 65% 4
- 5 Less than 20% owned _____ X 50% 5
- 6 100% owned _____ X 100% 6
- 7 Interest on obligations of public service corporations liable for Rhode Island Gross Earnings Tax 7
- 8 Interest on certain obligations of the US (attach schedule) 8
- 9 Interest on obligations of US possessions and other interest exempt under Rhode Island Law (attach schedule) 9
- 10 Total. Add lines 3 through 9. Enter here and on page 3, Schedule B, line 1c 10

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

Enter amount for year that ended:	2018	2017	2016	2015	2014
	-161790	273056			



18110110190105

Name
GREAT RIVERS COMMUNITY CAPITALFederal employer identification number
43-1862691**Schedule H - Apportionment**Check if utilizing an alternative allocation apportionment calculation
allowed under 44-11-14.1 through 44-11-14.6Column A
Rhode IslandColumn B
Everywhere

1 a Gross receipts	<div style="display: inline-block; vertical-align: middle;"> <div style="font-size: 2em; vertical-align: middle;">{</div> <div style="display: inline-block; vertical-align: middle;"> Rhode Island Sales Sales Under 44-11-14(a)(2)(i)(B) ... </div> </div>	1a		
b Dividends		1b		
c Interest		1c	3 00	1115529 00
d Rents		1d	0 00	35644 00
e Royalties		1e		
f Capital gains		1f		
g Ordinary income		1g		
h Other income		1h	0 00	940374 00
i Income exempt from federal taxation		1i		
j Total. Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h and 1i		1j	3 00	2091547 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		0.000001

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
ROBERT BOYLE

Date

Telephone number
314.533.2411

Paid preparer signature

Print name
ROBERT W. HAGGERTY

Date

Telephone number
314.983.1200

Paid preparer address

City, town or post office

State

ZIP Code

PTIN

6 CITYPLACE DRIVE, SU ST LOUIS**MO****63141****P00836888**May the Division of Taxation contact your preparer? YES ☒ X

Form E-234

(Rev. 11/16)

CITY OF ST. LOUIS
EARNINGS TAX RETURNCALENDAR
YEAR
2018TAXABLE YEAR BEGINNING 01/01/18 AND ENDING 12/31/18

FOR OFFICE USE ONLY

TYPE OF RETURN:

DAYTIME TELEPHONE #: 314.533.2411FEIN OR SSN #: 43-1862691☐ E-2 INDIVIDUAL (LLC, 1099-Misc., Schedule C)☐ E-3 PARTNERSHIP (LLC, Trust)☒ E-4 CORPORATION (LLC, Sub S or C)PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

E-MAIL: _____

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

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

DATE & REASON (REQUIRED): _____

TO WHOM SOLD OR TRANSFERRED: _____

ADDRESS OF NEW OWNER: _____

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

VERIFIED BY

AUDITED BY

SECTION A - NET PROFIT

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions (less Returns and Allowances)	1.		00
2. Cost of Goods Sold (attach itemized list)	2.		00
3. Gross Profit (subtract line 2 from line 1)	3.		00
4. Other Income or Loss (attach itemized list)	4.	SEE STATEMENT 1	00
5. Total Gross Profit (add lines 3 and 4)	5.	2,069,994	00
6. Business Expenses (use Section A-1 on page 2)	6.	2,228,271	00
7. Net Profit or Loss (subtract line 6 from line 5)	7.	-158,277	00

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

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

SECTION C - COMPUTATION OF TAX

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	-158,277	00
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	0	00
11. Payroll Expense Tax Credit (complete Section C-1 on page 2)	11.	0	00
12. Net Earnings Tax Due (line 10 minus line 11)	12.	0	00
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.		00
14. Subtotal (line 12 minus line 13)	14.		00
15. Penalty %	15.		00
16. Interest %	16.		00
17. Amount Due	17.	0	00
18. Amount Overpaid. <input type="checkbox"/> Refund or <input type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.		00

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

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

(Date) (Signature) (Typed or Printed Name) **CEO** (Title)

BROWN SMITH WALLACE LLP
6 CITYPLACE DRIVE, SUITE 900
ST. LOUIS, MO 63141

P00836888 (FEIN/SSN of preparer) (Address, City, State, ZIP)

314.983.1200 (Preparer Telephone #) (E-Mail Address)

WEBSITE: www.stlouiscollector.comTelephone: (314) 622-4248
Fax: (314) 622-4847

892001 04-01-18

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	5,017.
2. Commissions		9. Repairs	
3. Depreciation	12,119.	10. Taxes (Except Federal, State and Local Income Taxes) STMT 2	13,270.
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	2,197,865.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	2,228,271.

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	1,115,529.		
GROSS RENTS	35,644.		
NET GAIN OR (LOSS) FROM FORM 4797	-21,465.		
GRANT REVENUE	244,589.		
LOAN PROCESSING FEES	693,419.		
OTHER INCOME	2,278.		
TOTAL TO FORM E-234, PAGE 1, LINE 4	2,069,994.		

STL E-234	TAXES (EXCEPT INCOME TAXES)	STATEMENT	2
DESCRIPTION	AMOUNT		
LICENSE AND PERMITS	13,270.		
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 10	13,270.		

STL E-234	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION	AMOUNT		
BAD DEBTS	1,204,498.		
INTEREST	271,749.		
ADMIN EXPENSES	386,232.		
AMORTIZATION	36,549.		
INSURANCE	1,959.		
MISCELLANEOUS EXPENSE	1,381.		
OFFICE SUPPLIES	48,958.		
OTHER RENT & ROYALTY EXPENSES	17,745.		
PROFESSIONAL SERVICES	228,228.		
PROGRAM EXPENSES	566.		
TOTAL TO FORM E-234, PAGE 2, SECTION A-1, LINE 13	2,197,865.		