

GREAT RIVERS COMMUNITY CAPITAL
FORM 1120
FOR YEAR ENDED DECEMBER 31, 2020

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

Enclosed are the following corporate returns prepared on behalf of Great Rivers Community Capital for the year ended December 31, 2020.

2020 U.S. Corporation Income Tax Return
2020 IRS e-file Signature Authorization for Form 1120
2021 Estimated Tax for Corporations
2020 California Franchise/Income Tax Return
2020 California e-file Return Authorization for Corporations
2020 Kansas Corporation Income Tax Return
2020 Michigan Corporate Income Tax Annual Return
2020 Missouri Corporation Income Tax Return
2020 City of St. Louis Earnings Tax Return
2020 Rhode Island Business Corporation Tax Return

Please refer to the filing instructions for further details on each return.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,



Troy A Lindsey

Enclosures

Great Rivers Community Capital

Instructions for Filing
Form 8879-C
IRS e-file Signature Authorization for Form 1120
for the year ended December 31, 2020

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

Return your signed Form 8879 as soon as possible by mail, fax or email.

Fax 314-231-9731 Attn: e-File Administration

eFileStLouis@bkd.com

This return indicates a \$21,805 overpayment. Of this amount, \$0 will be refunded to you and \$21,805 has been applied to your 2021 estimated tax.

Do NOT separately file Form 1120 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return, which is due on October 15, 2021. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance.

Great Rivers Community CapitalInstructions for Filing
Corporation Estimated Tax
for the year ended December 31, 2021

Payments of estimated tax are due as follows:

Quarter	Due date	Required Installment	Less Prior Pmts.	Net Payment Due
1	April 15, 2021	\$20,900	\$20,900	\$0
2	June 15, 2021	\$20,900	\$22,000	\$0
3	September 15, 2021	\$20,900	\$20,900	\$0
4	December 15, 2021	\$20,900	\$ 605	\$20,295
Total Estimated Tax		\$83,600		
Less: Total Prior Payments			\$63,305	
Total Net Estimated Payments Due				\$20,295

Payments of estimated tax are to be made using the Electronic Federal Tax Payment System. To avoid assessment of an underpayment penalty, these payments must reach the Internal Revenue Service on or before the due dates.

Please note, the tax statements for estimated tax installments will not be sent to you by the Internal Revenue Service; therefore, you should establish your own reminder system for making timely payments.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Comparison Schedule of 2020 to 2019 (Form 1120, Page 1)

Name as shown on return		Employer Identification Number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Description	2020	2019	Difference
Income			
Gross receipts or sales			
Less returns and allowances			
Net receipts or sales			
Cost of goods sold			
Gross profit			
Dividends			
Interest	1,097,903.		1,097,903.
Gross rents	34,010.		34,010.
Gross royalties			
Capital gain net income			
Net gain or (loss) from Form 4797	-31,472.		-31,472.
Other income	1,085,838.		1,085,838.
Total income	2,186,279.		2,186,279.
Deductions			
Compensation of officers			
Salaries and wages			
Repairs and maintenance			
Bad debts	726,147.		726,147.
Rents			
Taxes and licenses	12,796.		12,796.
Interest	335,404.		335,404.
Charitable contributions	33,641.		33,641.
Depreciation	10,381.		10,381.
Depletion			
Advertising			
Pension, profit-sharing, etc. plans			
Employee benefit programs			
Domestic Production activities deduction			
Other deductions	509,886.		509,886.
Total deductions	1,628,255.		1,628,255.
Taxable income before net operating loss deduction and special deductions	558,024.		558,024.
Less: a Net operating loss (NOL) deduction	161,790.		161,790.
b Special deductions			
Tax, Refundable Credits, and Payments			
Taxable income	396,234.		396,234.
Total tax	83,209.		83,209.
Total Payments and Credits	106,000.		106,000.
Estimated tax penalty	986.		986.
Amount owed			
Overpayment	21,805.		21,805.
Overpayment credited to next year's estimated tax	21,805.		21,805.
Overpayment refunded			

CARRYOVERS TO NEXT YEAR
=====

SEC. 1231 LOSSES	31,472.
------------------------	---------

Form **8879-C****IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

For calendar year 2020, or tax year beginning 01/01/2020, ending 12/31/2020**2020**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879C for the latest information.

Name of corporation

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	2,186,279.
2	Taxable income (Form 1120, line 30)	2	396,234.
3	Total tax (Form 1120, line 31)	3	83,209.
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	21,805.

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

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 8 9 5 5 9 as my signature
ERO firm name
on the corporation's 2020 electronically filed income tax return.
do not enter all zeros

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2020 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 10/15/2021 Title ▶ CHIEF EXECUTIVE OFFICER

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

4 3 0 3 2 8 4 4 0 1 6

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 10/15/2021

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

For Paperwork Reduction Act Notice, see instructions.

Form **8879-C** (2020)

Estimated Tax for CorporationsFor calendar year 2021, or tax year beginning 01/01, 2021, and ending 12/31, 20 21

► Go to www.irs.gov/Form1120W for instructions and the latest information.
 ► Keep for the corporation's records - Do not send to the Internal Revenue Service.

2021**Estimated Tax Computation**

1	Taxable income expected for the tax year.	1	396,234.		
2	Multiply line 1 by 21% (0.21)	2		83,209.	
3	Tax credits. See instructions.	3			
4	Subtract line 3 from line 2.	4		83,209.	
5	Other taxes. See instructions	5			
6	Total tax. Add lines 4 and 5.	6		83,209.	
7	Credit for federal tax paid on fuels and other refundable credits. See instructions	7			
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments.	8		83,209.	
9a	Enter the tax shown on the corporation's 2020 tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b	9a		83,209.	
b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8.	9b		83,600.	
10	Installment due dates. See instructions. ► 10	(a)	04/15/2021	(b)	06/15/2021
		(c)	09/15/2021	(d)	12/15/2021
11	Required installments. Enter 25% of line 9b in columns (a) through (d). If the corporation uses the annualized income installment method, or adjusted seasonal installment method, or is a "large corporation," see the instructions for the amount to enter. 11				
			20,900.	20,900.	20,900.

For Paperwork Reduction Act Notice, see instructions.

Form **1120-W** (2021)

A Check if:

1a Consolidated return (attach Form 851)

1b Life/nonlife consolidated return

2 Personal holding co. (attach Sch. PH)

3 Personal service corp. (see instructions)

4 Schedule M-3 attached

TYPE OR PRINT

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)

\$ 22,842,922.

E Check if:

(1) Initial return

(2) Final return

(3) Name change

(4) 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)	4		
	5	Interest	5		1,097,903.
	6	Gross rents	6		34,010.
	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		-31,472.
10	Other income (see instructions - attach statement)	10	SEE. STATEMENT. 1.	1,085,838.	
11	Total income. Add lines 3 through 10	11		2,186,279.	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12		
	13	Salaries and wages (less employment credits)	13		
	14	Repairs and maintenance	14		
	15	Bad debts	15		726,147.
	16	Rents	16		
	17	Taxes and licenses	17	SEE. STATEMENT. 2.	12,796.
	18	Interest (see instructions)	18		335,404.
	19	Charitable contributions	19	SEE. STATEMENT. 3.	33,641.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		10,381.
	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)	26	SEE. STATEMENT. 5.	509,886.
	27	Total deductions. Add lines 12 through 26	27		1,628,255.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		558,024.
29a	Net operating loss deduction (see instructions)	29a		161,790.	
b	Special deductions (Schedule C, line 24)	29b			
c	Add lines 29a and 29b	29c		161,790.	
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30		396,234.
	31	Total tax (Schedule J, Part I, line 11)	31		83,209.
	32	2020 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		106,000.
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached	34		986.
	35	Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
	36	Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		21,805.
	37	Enter amount from line 36 you want: Credited to 2021 estimated tax 21,805. Refunded	37		

Sign Here

Signature of officer

Donna Larson

Date

10/15/2021

Title

CEO

May the IRS discuss this return with the preparer shown below?

See instructions.

X Yes

No

Paid Preparer Use Only

Print/Type preparer's name

Donna Larson

Preparer's signature

Donna Larson

Date

10/15/2021

Check ☐ if self-employed

PTIN

P00043751

Firm's name

BKD, LLP

Firm's EIN

44-0160260

Firm's address

211 N. BROADWAY, SUITE 600

ST. LOUIS, MO 63102-2733

Phone no.

314-231-5544

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**

► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name	Identifying number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691
Number, street, and room or suite no. (If P.O. box, see instructions.)	
1023 N. GRAND BLVD	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
SAINT LOUIS, MO 63106	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ► ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ► ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. . . ► ☐
- 5a The application is for calendar year 20 20, or tax year beginning _____, 20 __, and ending _____, 20 __
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation)

6 Tentative total tax	6	106,000.
7 Total payments and credits. See instructions	7	80,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	26,000.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

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

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>	
2	Income tax. See instructions		83,209.
3	Base erosion minimum tax amount (attach Form 8991).		
4	Add lines 2 and 3		83,209.
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	83,209.
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	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f	
g	Other (see instructions - attach statement).	9g	
10	Total. Add lines 9a through 9g.	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	83,209.

Part II - Section 965 Payments (see instructions)

12	2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 4. Enter here and on page 1, line 32	12	
-----------	---	-----------	--

Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2019 overpayment credited to 2020	13	
14	2020 estimated tax payments.	14	80,000.
15	2020 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15.	16	80,000.
17	Tax deposited with Form 7004	17	26,000.
18	Withholding (see instructions).	18	
19	Total payments. Add lines 16, 17, and 18	19	106,000.
20	Refundable credits from:		
a	Form 2439.	20a	
b	Form 4136.	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions).	20d	
21	Total credits. Add lines 20a through 20d.	21	
22	2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions.	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33.	23	106,000.

Form **1120** (2020)

Schedule K Other Information (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. ▶ <u>624100</u>		
b Business activity ▶ <u>INDIV & FAMILY SERVI</u>		
c Product or service ▶ <u>COMMUNITY DEVELOPMENT</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶ <u>JUSTINE PETERSEN HOUSING</u> <u>43-1769074</u>	X	
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G).	X	
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G).		X
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X
--	--	---

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>NONE</u>		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). . . ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.). ▶ \$ <u>161,790.</u>		

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.		
15 a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		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 or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," 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 15 ► \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Form **1120** (2020)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		845,758.		5,066,684.
2a	Trade notes and accounts receivable . .	4,235,193.		4,670,212.	
b	Less allowance for bad debts	()	4,235,193.	()	4,670,212.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions) .				
6	Other current assets (attach statement) .	STMT 6	2,155,703.		59,436.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) .	STMT 6	908,938.		1,114,776.
10a	Buildings and other depreciable assets . .	471,800.		415,590.	
b	Less accumulated depreciation	(119,543.)	352,257.	(130,050.)	285,540.
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 (attach statement)	STMT 6	8,230,737.		11,646,274.
15	Total assets		16,728,586.		22,842,922.
Liabilities and Shareholders' Equity					
16	Accounts payable		273,631.		175,035.
17	Mortgages, notes, bonds payable in less than 1 year	STMT 6	28,145.		1,347,603.
18	Other current liabilities (attach statement) .	STMT 6	31,042.		3,348.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		5,567,434.		3,585,141.
21	Other liabilities (attach statement)	STMT 7	8,471,784.		15,172,743.
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		1,674,990.		1,877,492.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity .		16,728,586.		22,842,922.

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	202,507.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$	
2	Federal income tax per books	-89,333.			
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): <u>SEE STATEMENT 8</u>	515,898.		<u>SEE STATEMENT 8</u>	916,000.
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ b Charitable contributions . \$ c Travel and entertainment . \$ <u>SEE STATEMENT 8</u>	113. 851,277.		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ b Charitable contributions . \$ <u>SEE STATEMENT 8</u>	1,217. 5,221.
6	Add lines 1 through 5	1,480,462.	9	Add lines 7 and 8	922,438.
			10	Income (page 1, line 28) - line 6 less line 9	558,024.

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

1	Balance at beginning of year	1,674,990.	5	Distributions: a Cash	
2	Net income (loss) per books	202,507.		b Stock	
3	Other increases (itemize): _____ _____			c Property	
4	Add lines 1, 2, and 3	1,877,497.	6	Other decreases (itemize) STMT 8	5.
			7	Add lines 5 and 6	5.
			8	Balance at end of year (line 4 less line 7)	1,877,492.

**SCHEDULE G
(Form 1120)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Certain Persons Owning the
Corporation's Voting Stock**▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No. 1545-0123

Name	Employer identification number (EIN)
GREAT RIVERS COMMUNITY CAPITAL	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	US	100.000

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

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

**SCHEDULE B
(Form 1120)**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Additional Information for Schedule M-3 Filers**▶ **Attach to Form 1120.**▶ **Go to www.irs.gov/Form1120 for the latest information.**

OMB No. 1545-0123

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

	Yes	No
1 Does any amount reported on Schedule M-3 (Form 1120), Part II, line 9 or 10, column (d), reflect allocations to this corporation from a partnership of income, gain, loss, deduction, or credit that are disproportionate to this corporation's capital contribution to the partnership or its ratio for sharing other items of the partnership?		X
2 At any time during the tax year, did the corporation sell, exchange, or transfer any interest in an intangible asset to a related person as defined in section 267(b)?		X
3 At any time during the tax year, did the corporation acquire any interest in an intangible asset from a related person as defined in section 267(b)?		X
4a During the tax year, did the corporation enter into a cost-sharing arrangement with any related foreign party on whose behalf the corporation did not file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations?		X
b At any time during the tax year, was the corporation a participant in a cost-sharing arrangement with any related foreign party on whose behalf the corporation did not file Form 5471?		X
5 At any time during the tax year, did the corporation make any change in accounting principle for financial accounting purposes? See instructions for the definition of "change in accounting principle"		X
6 At any time during the tax year, did the corporation make any change in a method of accounting for U.S. income tax purposes?		X
7 At any time during the tax year, did the corporation own any voluntary employees' beneficiary association (VEBA) trusts that were used to hold funds designated for employee benefits?		X
8 At any time during the tax year, did the corporation use an allocation method for indirect costs capitalized to self-constructed assets that varied from its financial method of accounting?		X
9 At any time during the tax year, did the corporation treat for tax purposes indirect costs, as defined in Regulations sections 1.263A-1(e)(3)(ii)(F), (G), and (H), as mixed-service costs, as defined in Regulations section 1.263A-1(e)(4)(ii)(C)?		X
10 Did the corporation, under section 118 or 362(c) and the related regulations, take a return filing position characterizing any amount as a contribution to the capital of the corporation during the tax year by any nonshareholders? Amounts so characterized may include, without limitation, incentives, inducements, money, and property.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule B (Form 1120) (Rev. 12-2018)

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

OMB No. 1545-0123

▶ Attach to Form 1120 or 1120-C.

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

Name of corporation (common parent, if consolidated return)		Employer identification number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Check applicable box(es):	(1) <input checked="" type="checkbox"/> Non-consolidated return	(2) <input type="checkbox"/> Consolidated return (Form 1120 only)	
	(3) <input type="checkbox"/> Mixed 1120/L/PC group	(4) <input type="checkbox"/> 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	202,507.
b Indicate accounting standard used for line 4a (see instructions):		
(1) <input checked="" 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 statement)	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	202,507.

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	22,842,927.	20,283,870.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

Name of corporation (common parent, if consolidated return)

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part II Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return (see instructions)

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid				
5 Gross foreign distributions previously taxed				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations				
9 Income (loss) from U.S. partnerships				
10 Income (loss) from foreign partnerships				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions				
13 Interest income (see instructions)				
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)	-150,995.	150,995.		
17 Cost of goods sold (see instructions)	()			()
18 Sale versus lease (for sellers and/or lessors)				
19 Section 481(a) adjustments				
20 Unearned/deferred revenue				
21 Income recognition from long-term contracts				
22 Original issue discount and other imputed interest				
23 a Income statement gain/loss on sale, exchange, abandonment, worthlessness, or other disposition of assets other than inventory and pass-through entities	-31,472.	31,472.		
b Gross capital gains from Schedule D, excluding amounts from pass-through entities				
c Gross capital losses from Schedule D, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses				
d Net gain/loss reported on Form 4797, line 17, excluding amounts from pass-through entities, abandonment losses, and worthless stock losses		-31,472.		-31,472.
e Abandonment losses				
f Worthless stock losses (attach statement)				
g Other gain/loss on disposition of assets other than inventory				
24 Capital loss limitation and carryforward used				
25 Other income (loss) items with differences (attach statement)	1,005,700.	-400,102.		605,598.
26 Total income (loss) items. Combine lines 1 through 25	823,233.	-249,107.		574,126.
27 Total expense/deduction items (from Part III, line 39)	-625,541.	729,888.	-125,264.	-20,917.
28 Other items with no differences	4,815.			4,815.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	202,507.	480,781.	-125,264.	558,024.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	202,507.	480,781.	-125,264.	558,024.

Note: Line 30, column (a), must equal Part I, line 11, and column (d) must equal Form 1120, page 1, line 28.

Name of corporation (common parent, if consolidated return)

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Check applicable box(es): (1) ☐ Consolidated group (2) ☐ Parent corp (3) ☐ Consolidated eliminations (4) ☐ Subsidiary corp (5) ☐ Mixed 1120/L/PC groupCheck if a sub-consolidated: (6) ☐ 1120 group (7) ☐ 1120 eliminations

Name of subsidiary (if consolidated return)

Employer identification number

Part III Reconciliation of Net Income (Loss) per Income Statement of Includible Corporations With Taxable Income per Return - Expense/Deduction Items (see instructions)

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense	-124,047.		124,047.	
2 U.S. deferred income tax expense	24,000.	-24,000.		
3 State and local current income tax expense	10,714.	-5,493.		5,221.
4 State and local deferred income tax expense				
5 Foreign current income tax expense (other than foreign withholding taxes)				
6 Foreign deferred income tax expense				
7 Foreign withholding taxes				
8 Interest expense (see instructions)				
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward			1,217.	1,217.
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs				
29 Reserved				
30 Depletion	10,494.	-113.		10,381.
31 Depreciation	700,000.	-700,000.		
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)	STMT 10 4,380.	-282.		4,098.
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	625,541.	-729,888.	125,264.	20,917.

Department of the Treasury
Internal Revenue Service

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2020

Name

Employer identification number	
--------------------------------	--

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I	Required Annual Payment
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
20	100
21	100
22	100
23	100
24	100
25	100
26	100
27	100
28	100
29	100
30	100
31	100
32	100
33	100
34	100
35	100
36	100
37	100
38	100
39	100
40	100
41	100
42	100
43	100
44	100
45	100
46	100
47	100
48	100
49	100
50	100
51	100
52	100
53	100
54	100
55	100
56	100
57	100
58	100
59	100
60	100
61	100
62	100
63	100
64	100
65	100
66	100
67	100
68	100
69	100
70	100
71	100
72	100
73	100
74	100
75	100
76	100
77	100
78	100
79	100
80	100
81	100
82	100
83	100
84	100
85	100
86	100
87	100
88	100
89	100
90	100
91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

1	Total tax (see instructions)	1	83,209.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . .	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method.	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	83,209.
4	Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	83,209.

Part II **Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/>	The corporation is using the annualized income installment method.
8	<input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)	
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions	9	04/15/2020	06/15/2020	09/15/2020	12/15/2020
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	20,803.	20,802.	20,802.	20,802.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			25,000.	55,000.
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column . . .	12				
13	Add lines 11 and 12	13			25,000.	55,000.
14	Add amounts on lines 16 and 17 of the preceding column	14		20,803.	41,605.	37,407.
15	Subtract line 14 from line 13. If zero or less, enter -0- . .	15				17,593.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		20,803.	16,605.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	20,803.	20,802.	20,802.	3,209.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2020)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2020 and before 7/1/2020	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 5\% (0.05)$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2020 and before 10/1/2020	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 3\% (0.03)$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2020 and before 1/1/2021	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 3\% (0.03)$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2020 and before 4/1/2021	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 3\% (0.03)$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2021 and before 7/1/2021	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2021 and before 10/1/2021	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2021 and before 1/1/2022	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2021 and before 3/16/2022	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$ 347.	\$ 344.	\$ 214.
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns STMT. 11.	38	\$		\$ 986.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020Attachment
Sequence No. **179**

Name(s) shown on return

GREAT RIVERS COMMUNITY CAPITAL

Business or activity to which this form relates

GENERAL DEPRECIATION AND AMORTIZATION**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	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
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 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	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 2021. 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. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	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 2020	17	10,226.
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 2020 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	12/31/2020	78,192.	27.5 yrs.	MM	S/L	155.
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 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 instructions.	22	10,381.
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	

For Paperwork Reduction Act Notice, see separate instructions.

JSA 0X2300 3.000

Form **4562** (2020)

9598QR K927 09/23/2021 11:20:31 V20-6.8F 1204845

Part V

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

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

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

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

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	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. See instructions.

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? See instructions		
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 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	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. See instructions	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. See instructions	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. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	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	

Form **4797** (2020)

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name	Identifying number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691
Number, street, and room or suite no. (If P.O. box, see instructions.)	
1023 N. GRAND BLVD	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
SAINT LOUIS, MO 63106	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. . . ☐
- 5a The application is for calendar year 20 __, or tax year beginning __ 01/01 __, 20 20 __, and ending __ 12/31 __, 20 20 __
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation)

6 Tentative total tax	6	106,000.
7 Total payments and credits. See instructions	7	80,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	26,000.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

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

Taxpayer Name: GREAT RIVERS COMMUNITY CAPITAL

Taxpayer Address: 1023 N. GRAND BLVD SAINT LOUIS MO 63106

Taxpayer ID Number: 43-1862691

Year-End: 12/31/2020

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

FORM 1120, PAGE 1 DETAIL

=====

LINE 10 - OTHER INCOME

LOAN FEES	480,214.
MISC INCOME	26.
GRANTS AND DONATIONS	605,598.

TOTAL	1,085,838.
	=====

FORM 1120, PAGE 1 DETAIL
=====

LINE 17 - TAX SUMMARY

TAXES (EXCLUDING INCOME TAXES)	7,575.
OTHER STATE AND LOCAL TAXES	5,221.

TOTAL	12,796.
	=====

LINE 17 - TAXES AND LICENSES

TAXES AND LICENSES	7,575.
STATE AND LOCAL INCOME TAXES	5,221.

TOTAL	12,796.
	=====

FORM 1120, PAGE 1 DETAIL

LINE 19 - CONTRIBUTION DEDUCTION

```

=====
1. TAXABLE INCOME EXCLUDING CONTRIBUTIONS                      591,665.
2. LESS: NOL CARRYOVER
3. PLUS: CAPITAL LOSS CARRYBACK
4. TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL
   DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS      591,665.
5. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 10% LIMIT                                                  59,167.
6. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 10% LIMIT                                                  32,424.
7. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 10% LIMIT (LESSER OF LINE 5 OR LINE 6)                    32,424.
8. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 25% LIMIT (LINE 4 X 25% MINUS LINE 7)
9. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 25% LIMIT
10. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT
   TO 25% LIMIT (LESSER OF LINE 8 OR LINE 9)
11. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM
   PRIOR YEARS (LINE 4 X 10% MINUS LINE 7 MINUS LINE 10)        26,743.
12. AMOUNT OF CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS      1,217.
13. DEDUCTION FOR CONTRIBUTIONS CARRIED OVER FROM
   PRIOR YEARS (LESSER OF LINE 11 OR LINE 12)                  1,217.
-----
14. TOTAL CONTRIBUTION DEDUCTION (SUM OF LINES 7, 10, AND 13)  33,641.
=====

```

LINE 19 - 5 YEAR CONTRIBUTION CARRYOVER

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CONVERTED TO NOL CARRYOVER	CARRYOVER TO NEXT YEAR
12/31/2018	563.	563.		
12/31/2019	654.	654.		
12/31/2020	32,424.	32,424.		
TOTAL	33,641.	33,641.		
	=====	=====	=====	=====

FORM 1120, PAGE 1 DETAIL
=====

LINE 19 - CURRENT YEAR CONTRIBUTIONS

CURRENT YEAR CONTRIBUTIONS	32,424.

TOTAL CURRENT YEAR CONTRIBUTIONS	32,424.

LESS: CONTRIBUTIONS SUBJECT TO 10% INCOME LIMITATION	32,424.

CURRENT YEAR CONTRIBUTIONS SUBJECT TO 25% INCOME LIMITATION	
	=====

FORM 1120, PAGE 1 DETAIL
=====

LINE 26 - OTHER DEDUCTIONS

OTHER EXPENSES FROM RENTAL/PASSIVE ACTIVITIES	15,764.
ADMIN EXPENSE	327,531.
PROFESSIONAL SERVICES	55,412.
SUPPLIES	93,190.
INSURANCE	4,098.
MISC EXPENSES	13,740.
RECORDING FEE	151.

TOTAL	509,886.
	=====

FORM 1120, PAGE 6 DETAIL

SCH L, LINE 6 -
OTHER CURRENT ASSETS

	BEGINNING	ENDING
-----	-----	-----
ACCRUED INTEREST	168,451.	NONE
DUE FROM/ TO AFFILIATE	1,881,218.	NONE
FEDERAL ACCRUED TAXES OVERPAYMENT	89,760.	NONE
PREPAID INSURANCE	1,044.	NONE
STATE ACCRUED TAXES OVERPAYMENT	15,230.	NONE
PREPAID EXPENSES AND OTHER	NONE	30,294.
INCOME TAXES PREPAID AND RECEIVABLE	NONE	29,142.
-----	-----	-----
TOTAL	2,155,703.	59,436.
	=====	=====

SCH L, LINE 9 - OTHER INVESTMENTS

INVESTMENT IN REAL ESTATE	908,938.	1,114,776.
-----	-----	-----
TOTAL	908,938.	1,114,776.
	=====	=====

SCH L, LINE 14 - OTHER ASSETS

NMTC COSTS	70,579.	NONE
NOTE RECEIVABLE	8,160,158.	11,646,274.
-----	-----	-----
TOTAL	8,230,737.	11,646,274.
	=====	=====

SCH L, LINE 17 - MORTGAGES, NOTES,
BONDS PAYABLE IN LESS THAN 1 YEAR

CURRENT PORTION OF LONG TERM DEBT	28,145.	1,347,603.
-----	-----	-----
TOTAL	28,145.	1,347,603.
	=====	=====

SCH L, LINE 18 -
OTHER CURRENT LIABILITIES

ACCRUED INTEREST	31,042.	3,348.
-----	-----	-----
TOTAL	31,042.	3,348.
	=====	=====

FORM 1120, PAGE 6 DETAIL

=====

SCH L, LINE 21 - OTHER LIABILITIES	BEGINNING	ENDING
-----	-----	-----
DEFERRED INCOME TAXES	305,000.	329,000.
DUE TO AFFILIATES	8,166,784.	14,843,743.
	-----	-----
TOTAL	8,471,784.	15,172,743.
	=====	=====

FORM 1120, PAGE 6 DETAIL

SCH M-1, LINE 4 - INCOME SUBJECT TO TAX NOT RECORDED ON BOOKS

TAXABLE GRANTS	515,898.
TOTAL	515,898.

SCH M-1, LINE 5 - EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN

CHANGE IN DOUBTFUL ACCOUNTS	700,000.
IMPAIRMENT LOSS	150,995.
PREPAID INSURANCE	282.
TOTAL	851,277.

SCH M-1, LINE 7 - INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN

CDFI GRANT REVENUE	916,000.
TOTAL	916,000.

SCH M-1, LINE 8 - DEDUCTIONS ON RETURN NOT RECORDED ON BOOKS

STATE TAXES	5,221.
TOTAL	5,221.

SCH M-2, LINE 6 - OTHER DECREASES

MISCELLANEOUS ADJUSTMENTS	5.
TOTAL	5.

ACTIVITY/PROPERTY SCHEDULES

=====

PASSIVE/RENTAL INCOME ACTIVITY

RENTAL ACTIVITY

GROSS RECEIPTS/GROSS RENTS	34,010.

TOTAL INCOME	34,010.

OTHER DEDUCTIONS	15,764.

TOTAL DEDUCTIONS	15,764.

NET INCOME (LOSS)	18,246.
	=====

SCHEDULE M-3, PART III DETAIL

=====

LINE 38 - OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES

DESCRIPTION	EXPENSE PER INCOME STMT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
-----	-----	-----	-----	-----
PREPAID INSURANCE	4,380.	-282.		4,098.
	-----	-----	-----	-----
TOTAL	4,380.	-282.		4,098.
	=====	=====	=====	=====

FORM 2220, PAGE 2 PENALTY DETAIL

=====

COLUMN	AMOUNT APPLIED	REMAINING UNDERPAYMENT	PAYMENT DATE	DAYS LATE	PENALTY
-----	-----	-----	-----	-----	-----
(A)	20,803.		09/15/2020	153	347.
	-----				-----
	20,803.				347.
	=====				=====
(B)	4,197.	16,605.	09/15/2020	92	35.
	16,605.		01/18/2021	217	309.
	-----				-----
	20,802.				344.
	=====				=====
(C)	20,802.		01/18/2021	125	214.
	-----				-----
	20,802.				214.
	=====				=====
(D)	3,209.		04/15/2021	121	32.
	17,593.		01/18/2021	34	49.
	-----				-----
	20,802.				81.
	=====				=====
TOTAL					986.
					=====

FORM 4797, PAGE 1 DETAIL

=====

LINE 2 - MOST PROPERTY HELD MORE THAN 1 YEAR

=====

PROPERTY DESCRIPTION	DATE ACQ	DATE SOLD	SALES PRICE	DEPRECIATION	COST OR BASIS	GAIN OR LOSS
RENTAL REAL ESTATE		12/31/2020	9,903.		41,375.	-31,472.

PART I 4797 GAINS AND LOSSES						-31,472.
						=====

Great Rivers Community Capital
Instructions for Filing
Form FTB 8453-C
California e-file Return Authorization for Corporations
for the year ended December 31, 2020

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned as soon as possible to:

Fax 314-231-9731 Attn: e-File Administration

eFileStLouis@bkd.com

We must receive your signed Form FTB 8453-C before we can electronically transmit your return, which is due on November 15, 2021. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return.

There is no tax due for the current year.

DO NOT separately file Form 100 with the state of California. Doing so will delay the processing of your return.

The state of California will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR _____

FORM _____

2020 California e-file Return Authorization for Corporations 8453-CCorporation name
GREAT RIVERS COMMUNITY CAPITALCalifornia Corporation No., CA SOS file no., or FEIN
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** 565,414.

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** _____

Part II Settle the Account Electronically for Taxable Year 2020

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 2021 (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 2020 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 10/15/2021 Date Title

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

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, 2020 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 Must Sign

ERO's signature Donna F. Larson Date 10/15/2021 Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN P00043751

Firm's name (or yours if self-employed) and address BKD, LLP Firm's FEIN 44-0160260

211 N. BROADWAY, SUITE 600 ZIP code 63102-2733

ST. LOUIS, MO

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 Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____

_____ ZIP code _____

2020

California Corporation Franchise or Income Tax Return

100

RP

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

1023 N GRAND BLVD
 SAINT LOUIS MO 63106

Schedule Q Questions (continued on Side 2)

A FINAL RETURN? • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) •

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

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

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

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

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

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

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

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

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

State Adjustments	1	Net income (loss) before state adjustments. See instructions	1	558,024	00
	2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A	2	5,221	00
	3	Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	3		00
	4	Interest on government obligations	4		00
	5	Net California capital gain from Side 6, Schedule D, line 11	5		00
	6	Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	6		00
	7	Net income from corporations not included in federal consolidated return. See instructions	7		00
	8	Other additions. Attach schedule(s) SEE. STATEMENT. 1.	8	2,169	00
	9	Total. Add line 1 through line 8	9	565,414	00

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**

► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name	Identifying number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691
Number, street, and room or suite no. (If P.O. box, see instructions.)	
1023 N. GRAND BLVD	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
SAINT LOUIS, MO 63106	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. 1 2

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. . . ☐
- 5a The application is for calendar year 20 20, or tax year beginning _____, 20 __, and ending _____, 20 __
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation)

6	Tentative total tax	6	106,000.
7	Total payments and credits. See instructions	7	80,000.
8	Balance due. Subtract line 7 from line 6. See instructions	8	26,000.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

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 STMT. 2	14	32,424	00	
	15	Other deductions. Attach schedule(s). STMT. 2	15	-31,472	00	
	16	Total. Add line 10 through line 15	16		952	00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	17		564,462	00
	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.	18		156	00
	19	Net operating loss (NOL) deduction. See instructions	19	156	00	
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	20		00	
	21	Disaster loss deduction. See instructions	21		00	
Taxes	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	22			00
	23	Tax. <u>8.840</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	23		800	00
	24	Credit name _____ code ● amount ▶	24		00	
	25	Credit name _____ code ● amount ▶	25		00	
	26	To claim more than two credits, see instructions	26		00	
	27	Add line 24 through line 26	27			00
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	28		800	00
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	29			00
	30	Total tax. Add line 28 and line 29	30		800	00
	Payments	31	Overpayment from prior year allowed as a credit	31		700
32		2020 Estimated tax payments. See instructions STMT. 2	32		730	00
33		2020 Withholding (Form 592-B and/or 593). See instructions	33			00
34		Amount paid with extension of time to file tax return.	34			00
35		Total payments. Add line 31 through line 34	35		800	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		800	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			00
	41	Amount of line 40 to be credited to 2021 estimated tax.	41			00
	42	Refund. Subtract line 41 from line 40.	42			00
	See instructions to have the refund directly deposited.					
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings					
	42a. ● Routing number 42b. ● Type 42c. ● Account number					
	43	a Penalties and interest.	43a			00
	b ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
	44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result.	44			00

Schedule Q Questions (continued from Side 1)

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

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 04/22/1999 Where: ● State MO Country US

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

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

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

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

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

1. Of the corporation owned by any single interest? ● ☒ Yes ☐ No

2. Of another corporation owned by this corporation? ● ☐ Yes ☒ No

3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? ● ☐ Yes ☒ No

If 1 or 3 is "Yes," enter the country of the ultimate parent ● US

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. **SEE STATEMENT 3**

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 SEE STATEMENT 4

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 1. Is this corporation a REIT for California purposes? ● ☐ Yes ☒ No
2. If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified
with the California Secretary of State? If yes, see instructions ● ☐ Yes ☐ No

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

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

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

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

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

AA Did the corporation file the federal Schedule UTP (Form 1120)? ● ☐ Yes ☒ No

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

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 ▶	Title	Date	● Telephone
	Officer's email address (optional)		<u>10/15/2021</u>	<u>3145332411</u>
Paid Preparer's Use Only	Preparer's signature ▶ <u>DONNA LARSON</u>	<i>Donna Larson</i>	Date	● PTIN
			<u>10/15/2021</u>	<u>P00043751</u>
	Firm's name (or yours, if self-employed) and address		Check if self-employed ▶ <input type="checkbox"/>	● Firm's FEIN
	<u>BKD LLP</u> <u>211 N BROADWAY SUITE 600</u> <u>ST. LOUIS, MO 63102-2733</u>			<u>44-0160260</u>
				● Telephone
				<u>314-231-5544</u>
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.		12,796.	5,22100

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales				1c	00
	b) Less returns and allowance			c) Balance		00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)				2	00
	3 Gross profit. Subtract line 2 from line 1c				3	00
	4 Total dividends. Attach federal Schedule C, (California Schedule H (100))				4	00
	5 a) Interest on obligations of the United States and U.S. instrumentalities				5a	00
	b) Other interest. Attach schedule			SEE. STATEMENT. 6.	5b	1,097,90300
	6 Gross rents				6	34,01000
	7 Gross royalties				7	00
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)				8	00
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)				9	-31,47200
	10 Other income (loss). Attach schedule			SEE. STATEMENT. 6.	10	1,085,83800
	11 Total income. Add line 3 through line 10				11	2,186,27900
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule				12	00
	13 Salaries and wages (not deducted elsewhere)				13	00
	14 Repairs and maintenance				14	00
	15 Bad debts			726,147	15	00
	16 Rents				16	00
	17 Taxes (California Schedule A). See instructions			12,796	17	00
	18 Interest. Attach schedule			SEE. STATEMENT. 7.	18	335,40400
	19 Charitable Contributions. Attach schedule			STMT. 7.	19	33,64100
	20 Depreciation. Attach federal Form 4562 and FTB 3885			10,381	20	00
	21 Less depreciation claimed elsewhere on return				21a	00
				10,381	21b	00
	22 Depletion. Attach schedule				22	00
	23 Advertising				23	00
	24 Pension, profit-sharing plans, etc.				24	00
	25 Employee benefit plans				25	00
	26 a) Total travel and entertainment				26a	00
	b) Deductible amounts				26b	00
	27 Other deductions. Attach schedule			STMT. 7.	27	509,88600
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions				28	00
	29 Total deductions. Add line 12 through line 28				29	1,628,25500
	30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1.				30	558,02400

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	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4	a Additional IRC Section 263A costs. Attach schedule	4a	00
	b Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	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? ☐ Yes ☐ No
If "Yes," attach an explanation.

Enter California seller's permit number, if any ▶ _____

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO _____

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No**The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.****Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		845,758.		5,066,684.
2 a Trade notes and accounts receivable	4,235,193.		4,670,212.	
b Less allowance for bad debts	()	4,235,193.	()	4,670,212.
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s).	STMT 8	2,155,703.		59,436.
6 Loans to stockholders/officers. Attach schedule				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)	STMT 8	908,938.		1,114,776.
9 a Buildings and other fixed depreciable assets	471,800.		415,590.	
b Less accumulated depreciation	(119,543.)	352,257.	(130,050.)	285,540.
10 a Depletable assets				
b Less accumulated depletion	()		()	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
13 Other assets. Attach schedule(s)	STMT 8	8,230,737.		11,646,274.
14 Total assets		16,728,586.		22,842,922.
Liabilities and Stockholders' Equity				
15 Accounts payable		273,631.		175,035.
16 Mortgages, notes, bonds payable in less than 1 year		28,145.		1,347,603.
17 Other current liabilities. Attach schedule(s).	STMT 8	31,042.		3,348.
18 Loans from stockholders. Attach schedule(s)				
19 Mortgages, notes, bonds payable in 1 year or more		5,567,434.		3,585,141.
20 Other liabilities. Attach schedule(s).	STMT 9	8,471,784.		15,172,743.
21 Capital stock: a Preferred stock				
b Common stock	10,000.	10,000.	10,000.	10,000.
22 Paid-in or capital surplus. Attach reconciliation		671,560.		671,560.
23 Retained earnings - Appropriated. Attach schedule				
24 Retained earnings - Unappropriated		1,674,990.		1,877,492.
25 Adjustments to shareholders' equity. Attach schedule				
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity		16,728,586.		22,842,922.

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

If the corporation completed federal Schedule M-3 (Form 1120 /1120-F), see instructions.

1	Net income per books	202,507.	7	Income recorded on books this year not included in this return (itemize)	
2	Federal income tax	-89,333.		a Tax-exempt interest. \$	
3	Excess of capital losses over capital gains . .			b Other	916,000. STMT 10
4	Taxable income not recorded on books this year (itemize)			c Total. Add line 7a and line 7b.	916,000.
	SEE STATEMENT 10	515,898.	8	Deductions in this return not charged against book income this year (itemize)	
5	Expenses recorded on books this year not deducted in this return (itemize)			a Depreciation. . \$	
	a Depreciation. . \$	113.		b State tax refunds. \$	5,221.
	b State taxes. . . \$			c Other	1,217. STMT 10
	c Travel and entertainment . \$			d Total. Add line 8a through line 8c. . . .	6,438.
	d Other	851,277. STMT 10	9	Total. Add line 7c and line 8d.	922,438.
	e Total. Add line 5a through line 5d. . . .	851,390.	10	Net income per return.	
6	Total. Add line 1 through line 5e.	1,480,462.		Subtract line 9 from line 6	558,024.

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

1	Balance at beginning of year.	1,674,990.	5	Distributions: a Cash	
2	Net income per books	202,507.		b Stock.	
3	Other increases (itemize)			c Property	
			6	Other decreases (itemize)	
				SEE STATEMENT 10	5.
			7	Total. Add line 5 and line 6	5.
4	Total. Add line 1 through line 3	1,877,497.	8	Balance at end of year.	
				Subtract line 7 from line 4	1,877,492.

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
					00
					00
					00
2	Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				00
3	Unused capital loss carryover from 2019				00
4	Net short-term capital gain (loss). Combine line 1 through line 3				00

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

5					00
					00
					00
					00
					00
6	Enter gain from Schedule D-1, line 9 and/or any capital gain distributions.				00
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37.				00
8	Net long-term capital gain (loss). Combine line 5 through line 7.				00
9	Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8).				00
10	Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4) . . .				00
11	Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5.				00
	If losses exceed gains, carry forward losses to 2021				00

2020 Apportionment and Allocation of Income

R

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

For calendar year 2020 or fiscal year beginning month (mm/dd/yyyy) 01/01/2020, and ending (mm/dd/yyyy) 12/31/2020.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

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	564,462	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	564,462	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 schedule.		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 General Information M.		13		00
14 Total separately apportionable business income (loss). Combine line 10 through line 13.		14		00
15 Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.		15	564,462	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	564,462	00
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.		18a	0.0276	%
b Business income (loss) apportioned to California. Multiply line 17 by line 18a.		18b	156	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 years. 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 lines 18b, 27, 31, and 32.	●	33	156	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	156	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

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			
(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	● 2,183,742.		STMT 11
(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.		● 603.	
d Sales from partnerships or LLCs treated as partnerships	●	●	
Total sales	● 2,183,742.	● 603.	
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 . .			● 0.0276%

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 column (c).			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H . .			● %

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

- 1 Describe briefly the nature and location(s) of the California business activities. SEE STATEMENT 12
- 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 schedule 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
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	(e) Gain (loss) (a)+(b)+(c)+(d)
1	⊙	⊙	⊙	⊙	⊙
	⊙	⊙	⊙	⊙	⊙
	⊙	⊙	⊙	⊙	⊙
2 Total gain (loss).	⊙	⊙	⊙	⊙	⊙

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

2020

Alternative Minimum Tax and
Credit Limitations - Corporations

P (100)

Attach to Form 100 or Form 109.

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

3637018

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation

1	Net income (loss) after state adjustments. Enter the amount from Form 100, line 17; Schedule R, line 1c; or Form 109, the lesser of line 1 or line 2. See instructions	1	564,462	00
2	Adjustments. See instructions.			
a	Depreciation of tangible property placed in service after 1986 and before 1999	2a		00
b	Amortization of certified pollution control facilities placed in service after 1986	2b		00
c	Amortization of mining exploration and development costs incurred after 1987	2c		00
d	Basis adjustments in determining gain or loss from sale or exchange of property	2d		00
e	Long-term contracts entered into after February 28, 1986	2e		00
f	Installment sales of certain property.	2f		00
g	Tax shelter farm activities (personal service corporations only)	2g		00
h	Passive activities (closely held corporations and personal service corporations only)	2h		00
i	Certain loss limitations	2i		00
j	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	2j		00
k	Merchant marine capital construction funds	2k		00
l	Combine line 2a through line 2k	2l		00
3	Tax preference items. See instructions.			
a	Depletion	3a		00
b	Intangible drilling costs	3b		00
c	Add line 3a and line 3b.	3c		00
4	Pre-adjustment alternative minimum taxable income (AMTI):			
a	Combine line 1, line 2l, and line 3c	4a	564,462	00
b	Apportioned pre-adjustment AMTI. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 4a	4b	156	00
5	Adjusted current earnings (ACE) adjustment:			
a	Enter ACE. See instructions	5a	564,462	00
b	Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a	5b	156	00
c	Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets	5c		00
d	Multiply line 5c by 75% (.75) and enter the result as a positive number	5d		00
e	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive)	5e		00
f	ACE adjustment:			
	• If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount.			
	• If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount	5f		00
6	Combine line 4b and line 5f. If zero or less, enter -0-	6	156	00
7	a Reduction for disaster loss deduction, if any, from Form 100, line 21			
	b AMT net operating loss deduction. See instructions	7b		00
c	Combine line 7a and line 7b	7c		00
8	AMTI. Subtract line 7c from line 6	8	156	00
9	Enter \$40,000 exemption. See instructions	9	40,000	00
10	Enter \$150,000 limitation. See instructions	10	150,000	00
11	Subtract line 10 from line 8. If zero or less, enter -0-	11	NONE	00
12	Multiply line 11 by 25% (.25)	12	NONE	00
13	Exemption. Subtract line 12 from line 9. If zero or less, enter -0-	13	40,000	00
14	Subtract line 13 from line 8. If zero or less, enter -0-	14	NONE	00
15	Multiply line 14 by 6.65% (.0665)	15	800	00
16	Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions	16		00

Adjusted Current Earnings (ACE) Worksheet

1	Pre-adjustment AMTI . Enter the amount from Schedule P (100), line 4a, or Schedule P (100W), line 4a.	1	564,462.
2	ACE depreciation adjustment:		
	a AMT depreciation	2a	
	b ACE depreciation:		
	(1) Post-1998 property.	2b(1)	
	(2) Post-1990, pre-1998 property.	2b(2)	
	(3) Post 1987, pre-1990 property.	2b(3)	
	(4) Post-1981, pre-1987 property.	2b(4)	
	(5) Property described in sections 168(f)(1) through (4)	2b(5)	
	(6) Other property	2b(6)	
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6).	2b(7)	
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
	a Tax-exempt interest income.	3a	
	b Death benefits from life insurance contracts	3b	
	c All other distributions from life insurance contracts (including surrenders).	3c	
	d Inside buildup of undistributed income in life insurance contracts.	3d	
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e.	3f	
4	Disallowance of items not deductible from E&P:		
	a Allowable deduction to a credit union	4a	
	b Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4b	
	c Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a and 4b	4c	
5	Other adjustments based on rules for figuring E&P:		
	a Intangible drilling costs	5a	
	b Circulation expenditures	5b	
	c Organizational expenditures	5c	
	d LIFO inventory adjustments	5d	
	e Installment sales	5e	
	f Total other E&P adjustments. Combine lines 5a through 5e.	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts.	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property.	9	
10	Interest income	10	
11	Interest expense	11	
12	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 11. Enter the result here and on Schedule P (100), line 5a, or Schedule P (100W), line 5a	12	564,462.

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation (continued)

17	TMT. Add line 15 and line 16 from Side 1	17	800	00
18	Regular tax before credits. Enter the amount from Form 100, line 23 or Form 109, line 10. See instructions.	18	800	00
19	AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions	19		00

Part II Credits that Reduce Tax. See instructions.

1	Regular tax from Form 100, line 23 or Form 109, line 10	1	800	00
2	TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable)	2	800	00

	(a) Credit amount	(b) Credit used this year*	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess regular tax.				
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits.		3	NONE
A1 Credits that reduce excess regular tax and have no carryover provisions.				
4	Code: 162 Prison Inmate Labor Credit.	4	NONE	
A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.				
5	Code: <input type="radio"/> Credit Name: _____	5	<input type="radio"/>	<input type="radio"/>
6	Code: <input type="radio"/> Credit Name: _____	6	<input type="radio"/>	<input type="radio"/>
7	Code: <input type="radio"/> Credit Name: _____	7	<input type="radio"/>	<input type="radio"/>
8	Code: <input type="radio"/> Credit Name: _____	8	<input type="radio"/>	<input type="radio"/>
9	Code: 188 Credit for prior year AMT from Part III, line 3	9	NONE	<input type="radio"/>
Section B - Credits that may reduce regular tax below TMT.				
10	If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c)		10	NONE
B Credits that reduce net tax and have carryover provisions. See instructions.				
11	Code: <input type="radio"/> Credit Name: _____	11	<input type="radio"/>	<input type="radio"/>
12	Code: <input type="radio"/> Credit Name: _____	12	<input type="radio"/>	<input type="radio"/>
13	Code: <input type="radio"/> Credit Name: _____	13	<input type="radio"/>	<input type="radio"/>
14	Code: <input type="radio"/> Credit Name: _____	14	<input type="radio"/>	<input type="radio"/>
Section C - Credits that may reduce AMT. See instructions.				
15	Enter the AMT from Part I, line 19.		15	
16a	Code: 180 Solar Energy Credit carryover from Section B, column (d)	16a	<input type="radio"/>	<input type="radio"/>
16b	Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d)	16b	<input type="radio"/>	<input type="radio"/>
17	Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d)	17	<input type="radio"/>	<input type="radio"/>
18	Adjusted AMT. Enter the balance from line 17, column (c) here and on Form 100, line 29 or Form 109, Side 1, line 13		18	

Part III Credit for Prior Year AMT

1	Enter the AMT from the 2019 Schedule P (100). See instructions.	1		00
2	Carryover of unused credit for prior year AMT. See instructions	2		00
3	Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a).	3		00

*If the corporation is subject to the credit limitation, the total of credits in Part II, column (b) cannot exceed \$5,000,000. For taxpayers included in a combined report, the limitation is applied at the group level. See instructions for more information.

2020 Apportionment and Allocation of Income

R

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

For calendar year 2020 or fiscal year beginning month (mm/dd/yyyy) 01/01/2020, and ending (mm/dd/yyyy) 12/31/2020.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

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	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	564,46200

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 schedule.	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 General Information M.	13	00
14 Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
15 Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.	15	564,46200
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	564,46200
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0276 %
b Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	15600

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

FOR SCHEDULE P COMPUTATION OF AMTI

Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	156	00
34	Contributions adjustment from Schedule R-6, line 15		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	156	00

2020 Apportionment and Allocation of Income

R

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

For calendar year 2020 or fiscal year beginning month (mm/dd/yyyy) 01/01/2020, and ending (mm/dd/yyyy) 12/31/2020.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

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	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	564,46200
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 schedule.		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 General Information M.		13	00
14 Total separately apportionable business income (loss). Combine line 10 through line 13.		14	00
15 Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.		15	564,46200
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	564,46200
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.		18a	0.0276 %
b Business income (loss) apportioned to California. Multiply line 17 by line 18a.		18b	15600
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

FOR SCHEDULE P COMPUTATION OF ACE

Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	156	00
34	Contributions adjustment from Schedule R-6, line 15		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	156	00

2020

Sales of Business Property

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

D-1

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

Name(s) as shown on tax return

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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 2020 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)
	SEE STATEMENT 13						-31,472.
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:						7
IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. Partnerships or Limited Liability Companies (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Form 540 and Form 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.							
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-						9
S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Form 540 and Form 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Form 100 and Form 100W filers, enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.							

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):

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
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 Form 540NR) only.

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

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

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

Relate the properties on lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23 Gross sales price	23 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Cost or other basis plus expense of sale	24 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Depreciation (or depletion) allowed or allowable	25 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Adjusted basis. Subtract line 25 from line 24	26 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total gain. Subtract line 26 from line 23	27 <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	28a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 28a	28b <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. See instructions	29a <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. See instructions	29b <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	29c <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	29d <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the smaller of line 29c or line 29d.	29e <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only). See instructions	29f <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f.	29g <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	30a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a. See instructions	30b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the smaller of line 27 or line 30b	30c <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	31a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 31a	31b <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	32a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 32a	32b <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"/>

2020**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations****3805Q**

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

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

3637018

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C corporation

FEIN

☐ S corporation ☐ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

43-1862691

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

☐**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.****Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number.	1	00
2	2020 disaster loss included in line 1. Enter as a positive number	2	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	00
4 a	Enter the amount of the loss incurred by a new business included in line 3	4a	00
b	Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c	Add line 4a and line 4b.	4c	00
5	General NOL. Subtract line 4c from line 3.	5	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	00

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

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) If the corporation taxable income is \$1,000,000 or more, see instructions	(g) Available balance	
		156.	

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below*	(d) Initial loss - See instructions	(e) Carryover from 2019	(f) Amount used in 2020	(h) Carryover to 2021 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2019		GEN		<input checked="" type="radio"/> 177.	156.	<input checked="" type="radio"/> 21.
<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"/>

Current Year NOLs

						col. (d) minus col. (f) See instructions.
3 2020		DIS				
4 2020						
2020						
2020						
2020						

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

Part III 2020 NOL deduction

1	Total the amounts in Part II, line 2, column (f).	1	156	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	156	00

2020

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	25,000.

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

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 2021. 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 of 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	10,381.
----	---	----	---------

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	10,381.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	10,381.
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	NONE

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	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
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	

CALIFORNIA FORM 100, SIDE 1 -- DETAIL

=====

LINE 8 - OTHER ADDITIONS	

FEDERAL CONTRIBUTION DEDUCTION	33,641
CALIFORNIA NET GAIN OR LOSS	-31,472

TOTAL LINE 8 - OTHER ADDITIONS	2,169
	=====

CALIFORNIA FORM 100, SIDE 2 -- DETAIL

LINE 14 - CONTRIBUTIONS

1) NI AFTER STATE ADJ FROM LN. 17 BEFORE CONTRIBUTIONS	596,886
3) NET INCOME FOR CONTRIBUTIONS CALCULATION	596,886
4) CONTRIBUTIONS LIMITATIONS (10%)	59,689
5) AMOUNT ACTUALLY CONTRIBUTED (INCLUDING CARRYOVER)	32,424

CONTRIBUTIONS DEDUCTION (LESSER OF LINE 4 OR LINE 5)	32,424
=====	

LINE 15 - OTHER DEDUCTIONS

FEDERAL NET GAIN/LOSS FROM 4797	-31,472

TOTAL LINE 15 - OTHER DEDUCTIONS	-31,472
=====	

LINE 32 - ESTIMATED TAX PAYMENTS

1ST INSTALLMENT PAYMENT	730

TOTAL LINE 32 - ESTIMATED TAX PAYMENTS	730
=====	

CALIFORNIA FORM 100, SIDE 3 -- DETAIL

=====

QUESTION K, PART 1

MORE THAN 50% OF THE VOTING STOCK OF THE CORPORATION WAS OWNED BY A
SINGLE INTEREST:

NAME:	JUSTINE PETERSON HOUSING AND REINVESTMENT COR
ADDRESS:	1023 N. GRAND BLVD.
CITY, ST ZIP:	ST. LOUIS, MO 63106
EMPLOYER ID:	43-1769074
PERCENT OWNED:	100.00

CALIFORNIA FORM 100, SIDE 3 -- DETAIL

=====

QUESTION P - LOCATION OF PRINCIPAL ACCOUNTING RECORDS

ADDRESS: 1023 N. GRAND BLVD.
CITY, ST ZIP: ST. LOUIS, MO 63106

CALIFORNIA FORM 100, SIDE 4, SCHEDULE A -- DETAIL

=====

SCH A - TAXES DEDUCTED

(A)	(B)	(C)	(D)
NATURE OF TAX	TAXING AUTHORITY	TOTAL AMOUNT	NONDEDUCTIBLE AMOUNT

TAXES NOT BASED ON INCOME		7,575.	
		-----	-----
TOTAL - SCH A, TAXES		12,796.	5,221
		=====	=====

CALIFORNIA FORM 100, SIDE 4, SCHEDULE F -- DETAIL

=====

LINE 5B - OTHER INTEREST	

TOTAL LINE 5B - OTHER INTEREST	-----
	1,097,903
	=====

LINE 10 - OTHER INCOME	

LOAN FEES	480,214
MISC INCOME	26
GRANTS AND DONATIONS	605,598

TOTAL LINE 10 - OTHER INCOME	1,085,838
	=====

CALIFORNIA FORM 100, SIDE 4, SCHEDULE F -- DETAIL

LINE 18 - INTEREST DEDUCTION

OTHER INTEREST

335,404

TOTAL LINE 18 - INTEREST DEDUCTION

335,404
=====

LINE 19 - CONTRIBUTIONS

CONTRIBUTIONS MADE DURING CURRENT YEAR

32,424

CARRYOVER OF PRIOR YEAR CONTRIBUTIONS

1,217

TOTAL AMOUNT OF DEDUCTIBLE CONTRIBUTIONS

33,641

TOTAL LINE 19 - CONTRIBUTIONS33,641
=====

LINE 27 - OTHER DEDUCTIONS

EXPENSES RELATED TO RENTAL ACTIVITIES

15,764

ADMIN EXPENSE

327,531

PROFESSIONAL SERVICES

55,412

SUPPLIES

93,190

INSURANCE

4,098

MISC EXPENSES

13,740

RECORDING FEE

151

TOTAL LINE 27 - OTHER DEDUCTIONS509,886
=====

CALIFORNIA FORM 100, SIDE 5, SCHEDULE L -- DETAIL

LINE 5 - OTHER CURRENT ASSETS	BEGINNING	ENDING
-----	-----	-----
ACCRUED INTEREST	168,451.	NONE
DUE FROM/ TO AFFILIATE	1,881,218.	NONE
FEDERAL ACCRUED TAXES OVERPAYMENT	89,760.	NONE
PREPAID INSURANCE	1,044.	NONE
STATE ACCRUED TAXES OVERPAYMENT	15,230.	NONE
PREPAID EXPENSES AND OTHER	NONE	30,294.
INCOME TAXES PREPAID AND RECEIVABLE	NONE	29,142.
	-----	-----
TOTAL LINE 5 - OTHER CURRENT ASSETS	2,155,703.	59,436.
	=====	=====
LINE 8 - OTHER INVESTMENTS		

INVESTMENT IN REAL ESTATE	908,938.	1,114,776.
	-----	-----
TOTAL LINE 8 - OTHER INVESTMENTS	908,938.	1,114,776.
	=====	=====
LINE 13 - OTHER ASSETS		

NMTC COSTS	70,579.	NONE
NOTE RECEIVABLE	8,160,158.	11,646,274.
	-----	-----
TOTAL LINE 13 - OTHER ASSETS	8,230,737.	11,646,274.
	=====	=====
LINE 17 - OTHER CURRENT LIABILITIES		

ACCRUED INTEREST	31,042.	3,348.
	-----	-----
TOTAL LINE 17 - OTHER CURRENT LIABILITIES	31,042.	3,348.
	=====	=====

CALIFORNIA FORM 100, SIDE 5, SCHEDULE L -- DETAIL
=====

LINE 20 - OTHER LIABILITIES	BEGINNING	ENDING
-----	-----	-----
DEFERRED INCOME TAXES	305,000.	329,000.
DUE TO AFFILIATES	8,166,784.	14,843,743.
	-----	-----
TOTAL LINE 20 - OTHER LIABILITIES	8,471,784.	15,172,743.
	=====	=====

CALIFORNIA FORM 100, SIDE 6, SCHEDULES M-1 AND M-2 -- DETAIL

SCH M-1, LINE 4 - TAXABLE INCOME
NOT RECORDED ON BOOKS THIS YEAR-----
TAXABLE GRANTS

515,898.

TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS

515,898.
=====SCH M-1, LINE 5 - EXPENSES RECORDED ON
BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN-----
CHANGE IN DOUBTFUL ACCOUNTS

700,000.

IMPAIRMENT LOSS

150,995.

PREPAID INSURANCE

282.

TOTAL EXPENSES RECORDED ON BOOKS NOT IN THE RETURN

851,277.
=====SCH M-1, LINE 7 - INCOME RECORDED ON
BOOKS THIS YEAR NOT INCLUDED IN RETURN-----
CDFI GRANT REVENUE

916,000.

TOTAL INCOME RECORDED ON BOOKS NOT IN THE RETURN

916,000.
=====SCH M-1, LINE 8 - DEDUCTIONS IN TAX
RETURN NOT CHARGED AGAINST BOOK INCOME-----
CONTRIBUTIONS

1,217.

TOTAL DEDUCTIONS IN RETURN NOT RECORDED ON BOOKS

1,217.
=====

SCH M-2, LINE 6 - OTHER DECREASES

MISCELLANEOUS ADJUSTMENTS

5.

TOTAL LINE 6 - OTHER DECREASES

5.
=====

CALIFORNIA SCHEDULE R, SIDE 3, SCHEDULE R-1 -- DETAIL

=====

LINE 1C - OTHER GROSS RECEIPTS	EVERYWHERE	WITHIN CA
-----	-----	-----
	-----	-----
TOTAL LINE 1C - OTHER GROSS RECEIPTS	2,183,742.	603.
	=====	=====

CALIFORNIA SCHEDULE R, SIDE 4, SCHEDULE R-2 -- DETAIL

=====

QUESTION 1

COMMUNITY DEVELOPMENT BY PROVIDING INDIVIDUAL AND FAMILY SERVICES

NON-SECTION 179 ASSETS ONLY
CALIFORNIA SCHEDULE D-1, SIDE 1 -- DETAIL

=====

PART I - LONG-TERM GAIN OR LOSS						

(A) DESCRIPTION OF PROPERTY	(B) DATE ACQUIRED	(C) DATE SOLD	(D) GROSS SALES PRICE	(E) DEPR ALLOWED	(F) COST OR OTHER BASIS PLUS IMPROV & SALE EXPENSE	(G) GAIN OR LOSS

RENTAL REAL ESTATE		12/31/2020	9,903.		41,375.	-31,472.
TOTAL PART I - LONG-TERM GAIN OR LOSS						-31,472.
						=====

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2020

Jurisdiction: California

Name: Great Rivers Community

No of Attachments: 1

Return No: C9598QR0

PDF Attachment Description

PDF File Name

File Size

California Attachment- Federal 1120

C9598QR0_CA_California Attachment.pdf

68,798

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

TYPE OR PRINT	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) \$ 22,842,922.

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

Income	1 a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	1,097,903.
	6 Gross rents	6	34,010.
	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	-31,472.
10 Other income (see instructions - attach statement)	10	1,085,838.	
11 Total income. Add lines 3 through 10	11	2,186,279.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	
	15 Bad debts	15	726,147.
	16 Rents	16	
	17 Taxes and licenses	17	12,796.
	18 Interest (see instructions)	18	335,404.
	19 Charitable contributions	19	33,641.
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	10,381.
	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)	26	509,886.
	27 Total deductions. Add lines 12 through 26	27	1,628,255.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	558,024.
29a Net operating loss deduction (see instructions)	29a	161,790.	
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c	161,790.	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	396,234.
	31 Total tax (Schedule J, Part I, line 11)	31	83,209.
	32 2020 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	106,000.
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input checked="" type="checkbox"/>	34	986.
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35	
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	21,805.
	37 Enter amount from line 36 you want: Credited to 2021 estimated tax 21,805. 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.

Paid Preparer Use Only	Signature of officer DONNA LARSON	Date 10/15/2021	Title CEO	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name DONNA LARSON	Preparer's signature	Date 10/15/2021	
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260	Check <input type="checkbox"/> if self-employed	
	Firm's address ▶ 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733	Phone no. 314-231-5544	PTIN P00043751	

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

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions		
2	Income tax. See instructions	2	83,209.
3	Base erosion minimum tax amount (attach Form 8991).	3	
4	Add lines 2 and 3	4	83,209.
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	83,209.
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	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f	
g	Other (see instructions - attach statement).	9g	
10	Total. Add lines 9a through 9g.	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	83,209.

Part II - Section 965 Payments (see instructions)

12	2020 net 965 tax liability paid from Form 965-B, Part II, column (k), line 4. Enter here and on page 1, line 32	12	
----	---	----	--

Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2019 overpayment credited to 2020	13	
14	2020 estimated tax payments.	14	80,000.
15	2020 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15.	16	80,000.
17	Tax deposited with Form 7004	17	26,000.
18	Withholding (see instructions).	18	
19	Total payments. Add lines 16, 17, and 18	19	106,000.
20	Refundable credits from:		
a	Form 2439.	20a	
b	Form 4136.	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions).	20d	
21	Total credits. Add lines 20a through 20d.	21	
22	2020 net 965 tax liability from Form 965-B, Part I, column (d), line 4. See instructions.	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33.	23	106,000.

Form **1120** (2020)

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 DEVELOPMENT		
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 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 ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ NONE		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions). . . ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ 161,790.		

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.		
15 a Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		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 or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," 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 15 ► \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Form **1120** (2020)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		845,758.		5,066,684.
2a	Trade notes and accounts receivable	4,235,193.		4,670,212.	
b	Less allowance for bad debts	()	4,235,193.	()	4,670,212.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)	STMT 6	2,155,703.		59,436.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)	STMT 6	908,938.		1,114,776.
10a	Buildings and other depreciable assets	471,800.		415,590.	
b	Less accumulated depreciation	(119,543.)	352,257.	(130,050.)	285,540.
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 (attach statement)	STMT 6	8,230,737.		11,646,274.
15	Total assets		16,728,586.		22,842,922.
Liabilities and Shareholders' Equity					
16	Accounts payable		273,631.		175,035.
17	Mortgages, notes, bonds payable in less than 1 year	STMT 6	28,145.		1,347,603.
18	Other current liabilities (attach statement)	STMT 6	31,042.		3,348.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		5,567,434.		3,585,141.
21	Other liabilities (attach statement)	STMT 7	8,471,784.		15,172,743.
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		1,674,990.		1,877,492.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		16,728,586.		22,842,922.

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	202,507.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$	
2	Federal income tax per books	-89,333.			
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): SEE STATEMENT 8	515,898.		SEE STATEMENT 8	916,000.
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ b Charitable contributions . \$ c Travel and entertainment . \$ SEE STATEMENT 8	113. 851,277.		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ b Charitable contributions . \$ SEE STATEMENT 8	1,217. 5,221.
6	Add lines 1 through 5	1,480,462.	9	Add lines 7 and 8	922,438.
			10	Income (page 1, line 28) - line 6 less line 9	558,024.

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

1	Balance at beginning of year	1,674,990.	5	Distributions: a Cash	
2	Net income (loss) per books	202,507.	b	Stock	
3	Other increases (itemize):		c	Property	
			6	Other decreases (itemize) STMT 8	5.
			7	Add lines 5 and 6	5.
4	Add lines 1, 2, and 3	1,877,497.	8	Balance at end of year (line 4 less line 7)	1,877,492.

Great Rivers Community Capital
Instructions for Filing
Form K-120
Kansas Corporation Income Tax Return
for the year ended December 31, 2020

Your return will be filed electronically. You do not need to file any forms with the state of Kansas.

The return shows a \$519 overpayment. We have applied it as follows:

Amount to be applied to 2021 estimated tax	\$519
Total Overpayment	\$519

DO NOT separately file Form K-120 with the state of Kansas. Doing so will delay the processing of your return.

The state of Kansas will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

K-120

Rev. 7-20

Page 1 of 6

2020**CORPORATE INCOME TAX**

021

151020

For the taxable year beginning

01012020

ending

12312020

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD

EIN this entity

EIN Federal Consolidated Parent

431862691

431769074

SAINT LOUIS

MO 63106

A. Method Used to Determine Income of Corporation in Kansas

B. Business Activity Code

G. Type of Federal Return Filed:

1. Activity wholly within Kansas - Single entity

624100

☒ 1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS

2. Consolidated

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

01012017

H. Have you submitted Form K-120EL?

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

D. Date Business Discontinued in KS

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

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

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

E. State and Month/Day/Year of Incorporation

J. Name or address has changed?

7. Common carrier mileage (Enclose mileage apportionment schedule)

MO 04221999

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

F. State of Commercial Domicile MO

Filing an amended corporate income return. Reason for amended return:
Note: This form cannot be used for tax years prior to 2020.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income 396234.00

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

2. Total state and municipal interest

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

563245.00

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

5221.00

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

0.3600

4. Federal net operating loss deduction

161790.00

A. 0.3600
B.5. Other additions to federal taxable
income (Sch. req.)15. Amount to Kansas (Multiply line 13 by
line 14)

2028.00

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

167011.00

16. Nonbusiness income - Kansas
(Sch. req.)7. Interest on U. S. government obligations
(Part V, line 2)

17. Kansas Expensing Recapture (Sch. req.)

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

18. Kansas Expensing Deduction (Sch. req.)

9. Other subtractions from federal taxable
income (Sch. req.)19. Kansas net income before NOL
deduction (Add lines 15, 16 and 17,
then subtract line 18)

2028.00

10. Total subtractions from federal taxable
income (Add lines 7, 8, & 9)20. Kansas net operating loss deduction
(Sch. req.)11. Net income before apportionment (Add
line 1 to line 6 and subtract line 10)

563245.00

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

Type the business name, address, EIN, phone number and contact persons name in the spaces provided.

If business name or address information has changed since last year, be sure to mark the "Name or Address Change" box with "X".

If you are paying for an amended return, mark the appropriate box with "X".

If you are filing an extension of time to file your return, mark the appropriate box with "X". Note that an extension of time is an extension to file, NOT an extension to pay

Make your check or money order payable to "Kansas Corporate Income Tax" for the full amount of your tax due.

Write the last 4 digits of your EIN on your check or money order, and ensure it contains a valid telephone number.

DO NOT send cash. If payment is not made on or before **April 15, 2021**, the tax due is subject to penalty and interest.

Do not attach the payment voucher or payment to your return or to each other. **Place them loosely** in the envelope with your return. If you have already mailed your return, or you filed electronically and didn't pay electronically, mail your payment and the voucher to:

KANSAS CORPORATE INCOME TAX
KANSAS DEPARTMENT OF REVENUE
PO BOX 750260
TOPEKA KS 66699-0260

NOTE: If *any due* date falls on a Saturday, Sunday, or legal holiday, substitute the next regular workday.

DO NOT SEND A PHOTOCOPY OF THIS VOUCHER

or risk the chance of our automated system not capturing your data correctly.

SEND THE ORIGINAL

K-120V

Rev. 7-20

021

2020 Kansas

CORPORATE INCOME
TAX VOUCHER



01012020

12312020

431862691

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD

Name or Address
Change

Amended
Return

Extension
Payment

SAINT LOUIS

MO 63106

XX

Daytime Phone Number:

Payment Amount

\$

600.00



159218431862691431862691010120123120

K-120**2020 CORPORATE INCOME TAX**

021

151120

Rev. 7-20


Page 2 of 6

GREAT RIVERS COMMUNITY CAPITAL

431862691

22. Kansas taxable income (Subtract line 20 from line 19 or enter line 21, as applicable)	2028.00	33. Overpayment from original return (This figure is a subtraction ; see instructions)	
23. Normal tax (4% of line 22)	81.00	34. Total prepaid credits (Add lines 28-32 and subtract line 33)	600.00
24. Surtax (3% of line 22 in excess of \$50,000)		35. Balance due (If line 27 exceeds line 34)	
25. Total tax (Add lines 23 and 24. If filing combined, use line 24 of K-121.)	81.00	36. Interest	
26. Total nonrefundable credits (Part I, line 28; cannot exceed amount on line 25)		37. Penalty	
27. Balance (Subtract line 26 from line 25; cannot be less than zero)	81.00	38. Estimated tax penalty	
28. Estimated tax paid and amount credited forward (Part II, line 4)		If annualizing to compute penalty, check this field	
29. Other tax payments (enclose separate schedule)		39. Total tax, interest & penalty due (Add lines 35-38) Complete Form K-120V & enclose it with your payment	
30. Amount paid with Kansas extension	600.00	40. Overpayment (If line 27 plus line 38 is less than line 34)	519.00
31. Total of all other refundable credits (Part I, line 35)		41. Refund. Enter the amount of line 40 you wish to be refunded	
32. Payments remitted with original return (See instructions)		42. Credit Forward. Enter the amount of line 40 (original return only) you wish to apply to 2021 estimated tax. (Line 42 cannot exceed the total of lines 28, 29 and 30)	519.00

☒ 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	CEO	Date	10/15/2021
Preparer Signature		Preparer Phone Number	3142315544	Preparer SSN or EIN/PTIN	P00043751
				Date	10/15/2021

CORPORATE INCOME TAX
PO BOX 750260
TOPEKA KS 66699-0260

For Office Use Only

9598QR K927 09/23/2021 11:20:31 V20-6.8F 1204845

PART I - NONREFUNDABLE CREDITS

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

REFUNDABLE CREDITS

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

PART II

ADDITIONAL INFORMATION

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

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

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

Name LINDA CLARK

Address 1023 N. GRAND BLVD.

ST. LOUIS MO 63106

Telephone 314-533-2411

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

Date	Amount	Date	Amount

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

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

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

☐ Revenue Agent's Report

☐ Net Operating Loss

☐ Amended Return

Years ended _____

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

a. Sales Tax _____

b. Compensating Use Tax _____

c. Withholding Tax _____

d. Other (specify) _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

Name of Corporation	Employer ID Number

PART IV SCHEDULE OF TAXES

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

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

<u>SEE STATEMENT 1</u>	<u>5,221.</u>
2. Total (Enter on line 3, page 1)	<u>5,221.</u>
3. Total other taxes	<u>7,575.</u>
4. Total taxes (Must equal line 17 of the federal return)	<u>12,796.</u>

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	<u>1,097,903.</u>
4. Total interest income (Must equal line 5 of the federal return)	<u>1,097,903.</u>

KANSAS Corporation Apportionment Schedule

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

For the taxable year beginning 01012020 , ending 12312020

Name as shown on Form K-120

Employer Identification Number (EIN)

GREAT RIVERS COMMUNITY CAPITAL**431862691****PART VI****APPORTIONMENT FORMULA**

A. Property		WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
		Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:						
Inventory						
Depreciable assets						
Land						
Other tangible assets (Enclose schedule) .						
Less: Construction in progress . . .						
Total property to be averaged . . .						
Average owned property (Beg. + End ÷ 2)						
(2) Net annual rented property. Multiplied 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. After the 10th year, the business must re-qualify.)		WITHIN KANSAS	TOTAL COMPANY			
(1) Compensation of officers						
(2) Wages, salaries and commissions .						
(3) Payroll expense included in cost of goods sold						
(4) Payroll expense included in repairs .						
(5) Other wages and salaries						
TOTAL PAYROLL (Enter on line 14B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)						B %
C. Sales (Gross receipts, less returns and allowances)						
(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		5,932.	1,097,903.			
Rents			34,010.			
Royalties						
Gains/losses from intangible asset sales						
Gross proceeds from tangible asset sales						
Other income (Enclose schedule)		2,051.	1,085,838.			
TOTAL SALES (Enter on line 14C, page 1)		7,983.	2,217,751.			C 0.3600 %
D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)						D(1) 0.3600 %
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 0.3600 %

PART VII Page 6 of 6**ADDITIONAL INFORMATION**

021

151520

1. Does the Kansas sales figure in Part VI include (1) all sales delivered from Kansas where purchaser is the U.S. Government and (2) all sales delivered from Kansas to states in which this corporation is immune from state income taxation under federal Public Law 86-272 (15 U.S.C. 381)? YES

If not, please explain: _____

b. Has any state determined that this corporation conducts or has conducted a unitary business with any other corporation? _____ No X Yes If yes, specify which state or states and enclose a complete list of the corporations conducting the unitary business.

3. Describe briefly the nature and location(s) of your Kansas business activities. _____

4. Are the amounts in the total company column (K-120AS, Part VI) the same as those reported in returns or reports to other states under the Uniform Division of Income for Tax Purposes Act? X Yes _____ No If no, please explain _____

2. If you claim that part of your net income is assignable to business done outside Kansas:

a. Enclose a list of all states in which this corporation is doing business and filing state corporation income or franchise tax returns. SEE STATEMENT 3

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

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

PART IX - KANSAS PASS-THROUGH SCHEDULE

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

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

PART X - KANSAS DISREGARDED ENTITY SCHEDULE

The disregarded entities listed below are included in this return

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

K-220

(Rev. 7-20)

2020

180118

**KANSAS UNDERPAYMENT OF ESTIMATED TAX
(CORPORATE INCOME TAX)**

Name as shown on Form K-120

Employer Identification Number (EIN)

GREAT RIVERS COMMUNITY CAPITAL

431862691

CURRENT AND PRIOR YEAR INFORMATION

1. Subtract line 31 from line 27 on current year's Form K-120 and enter result
2. Multiply line 1 by 90%
3. Prior year's tax liability (Subtract line 31 from line 27 of last year's Form K-120).

1	81.
2	73.
3	

PART I - EXCEPTIONS TO THE PENALTY

4. Enter in Columns (1) through (4) the installment due dates that correspond to the 15th day of the 4th, 6th, 9th and 12th month of the taxable year
5. Cumulative timely paid estimated tax payments and credit forward from the beginning of the tax year through each installment due date
6. Exception 1 - Cumulative amount from either line 2 or line 3, whichever is less.
7. Exception 2 - Tax on annualized 2020 income

	(1)	(2)	(3)	(4)
4	04/15/2020	06/15/2020	09/15/2020	12/15/2020
5				
6	25% of line 2 or 3	50% of line 2 or 3	75% of line 2 or 3	100% of line 2 or 3
7	22.5% of tax	45% of tax	67.5% of tax	90% of tax

PART II - FIGURING THE PENALTY

8. Amount of underpayment. Enter the sum of line 6 less line 5; or line 7, less line 5; whichever is applicable
9. Due date of each installment
10. Number of days from the due date of the installment in one column to the due date of the next installment in the next column or to 12/31/20; whichever is earlier. If paid late, see instructions
11. For calendar years enter the number of days from 1/1/21 to the due date of the return or the date the tax was paid, whichever was earlier. For fiscal years or if tax was paid late, see instructions.
12. Line 10
366 X (6% X amount on line 8).
13. Line 11
365 X (4% X amount on line 8).
14. Penalty (Add lines 12 and 13).
15. Total penalty. Add amounts in each column of line 14 and enter total here and on the *Estimated Tax Penalty* line of Form K-120.

8				
9	04/15/2020	06/15/2020	09/15/2020	12/15/2020
10	61	92	91	16
11				
12				
13				
14				
15				

KANSAS FORM K-120, PAGE 4 DETAIL
=====

PART IV, LINE 1 - TAXES ON OR MEASURED BY INCOME

STATE AND LOCAL INCOME TAXES	5,221.

TOTAL	5,221.
	=====

KANSAS FORM K-120AS, PAGE 1 DETAIL

=====

PART VI - OTHER INCOME	KANSAS	TOTAL
-----	-----	-----
OTHER RECEIPTS	2,051.	1,085,838.
SERVICE INCOME	NONE	NONE
	-----	-----
TOTAL	2,051.	1,085,838.
	=====	=====

KANSAS FORM K-120AS, PAGE 2 DETAIL

=====

PART VII - QUESTION 2A

CA
MO
RI
MI

Great Rivers Community Capital
Instructions for Filing
Form 4891
Michigan Corporate Income Tax Annual Return
for the year ended December 31, 2020

Your return will be filed electronically. You do not need to file any forms with the state of Michigan.

The return shows a \$100 overpayment. We have applied it as follows:

Amount to be refunded	\$100
Total Overpayment	\$100

DO NOT separately file Form 4891 with the state of Michigan. Doing so will delay the processing of your return.

The state of Michigan will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

2020 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

		MM-DD-YYYY			MM-DD-YYYY
1. Return is for calendar year 2020 or for tax year beginning:		01-01-2020	and ending:		12-31-2020
2. Taxpayer Name (print or type) GREAT RIVERS COMMUNITY CAPITAL			3. Federal Employer Identification Number (FEIN) 43-1862691		
4. Street Address 1023 N. GRAND BLVD					
City SAINT LOUIS			State MO	ZIP/Postal Code 63106	Country Code
5. NAICS (North American Industry Classification System) Code 624100		6. If a Final Return, Enter Effective End Date		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)			

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

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

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero)	9a.	2,956	00
b. Proportionate Michigan sales from unitary Flow-Through Entities (FTEs) (include Form 4900).	9b.		00
c. Michigan sales. Add lines 9a and 9b	9c.	2,956	00
d. Total sales of the corporation/UBG	9d.	2,183,741	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.		00
f. Total sales. Add lines 9d and 9e	9f.	2,183,741	00
g. Apportionment percentage. Divide 9c by 9f	9g.	0.1353	%
10. a. Gross receipts from corporate activities (see instructions).	10a.	2,183,741	00
10. b. Apportioned gross receipts from FTEs	10b.		00
11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b.	11.	2,955	00

PART 1: CORPORATE INCOME TAX

Unitary Business Groups: Amounts reported for all members on Form 4897 must be summed and carried to the corresponding line on Form 4891.

12. Federal taxable income. (Amount includes agricultural activities. See instructions.)	12.	396,234	00
13. Domestic production activities deduction based on IRC § 199 reported on federal Form 8903, to the extent deducted from federal taxable income.	13.		00
14. Miscellaneous (see instructions).	14.		00
15. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment	15a.		00
b. Gain/loss adjustment on sale of eligible depreciable asset(s)	15b.		00
c. Add lines 15a and 15b. If negative, enter as negative	15c.		00
16. Add lines 12, 13, 14 and 15c. If negative, enter as negative	16.	396,234	00
17. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero	17.		00
18. Business Income. Subtract line 17 from line 16. (UBGs, see instructions.) If negative, enter as negative	18.	396,234	00

Additions to Business Income

19. Interest income and dividends derived from obligations or securities of states other than Michigan.	19.		00
20. Taxes on or measured by net income including tax imposed under CIT	20.	5,221	00
21. Any carryback or carryover of a federal net operating loss (enter as a positive number).	21.	161,790	00
22. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer	22.		00
23. Expenses from the production of oil and gas, and/or minerals (see instructions).	23.		00
24. Miscellaneous (see instructions).	24.		00
25. Total Additions to Income. Add lines 19 through 24.	25.	167,011	00
26. Corporate Income Tax Base After Additions. Add lines 18 and 25. If negative, enter as negative.	26.	563,245	00

Form 4, Instructions for Application for Extension of Time to File Michigan Tax Returns

Important Information

An extension of time to file is not an extension of time to pay. Read the Line-by-Line Instructions before completing Form 4. The form and payment must be postmarked on or before the original due date of the return.

NOTE: Do not use this form for City of Detroit extensions. Use Form 5209 for individual city filing extensions or Form 5301 for city corporate extensions.

Income Tax (Individual, Composite and Fiduciary)

Individual and Fiduciary filers submit Form 4 or a copy of your federal extension. An extension of time to file the federal return automatically extends the time to file the Michigan return to the new federal due date. Composite filers must submit Form 4 even if a federal extension was filed. **An extension of time to file is not an extension of time to pay.** If you have not been granted a federal extension, the Michigan Department of Treasury (Treasury) will grant a 6 month extension for Individual Income Tax (IIT) and composite returns, or a 5.5 month extension for fiduciary returns.

- Do not file this form if you are not submitting a required extension payment with this form.
- If, at the time the extension is filed, it is determined additional Michigan tax is due, send the amount due and a completed Form 4 or a copy of your federal extension form. If filing Form 4, do not send a copy of the federal extension to Treasury. Retain a copy for your records. Extension requests received without required payment will be denied. Late filing penalty and interest will accrue on the unpaid tax from the original due date of the return.
- Payments made to date include withholding, estimated tax payments, a credit forward from the previous tax year, and any other payments previously made for this tax year. IIT filers should include any Michigan withholding.
- An extension is not necessary when you expect to claim a refund. Late filing penalty may not apply as refunds can be claimed up to 4 years from the original due date without an extension.

CIT and MBT

Business tax filers must use this form to request an extension and must file it even if the Internal Revenue Service has approved a federal extension.

- If this form is properly prepared, meeting all listed conditions, and filed timely, Treasury will grant you an extension to the last day of the eighth month beyond the original due date regardless of whether you are granted a federal extension.
- Do not send a copy of the federal extension to Treasury. Retain a copy for your records.
- An extension of time to file is not an extension of time to pay.** If there will be a business tax liability, payment must be included with this form and/or appropriate estimated tax payments must have been made during the tax year, **or the extension request will be denied.** Late filing penalty and interest will accrue on the unpaid tax from the original due date of the return.

NOTE: Public Act 38 of 2011 established the Michigan Corporate Income Tax (CIT). The CIT took effect January 1, 2012, and replaced the Michigan Business Tax (MBT), except for certain businesses that opt to continue claiming certificated credits. **Fiscal Filers** of the CIT or MBT must consult either the "Supplemental Instructions for Standard Fiscal CIT Filers" section in the *CIT Forms and Instructions for Standard Taxpayers* (Form 4890) or the "Supplemental Instructions for Standard Fiscal MBT Filers" section in the *MBT Forms and Instructions for Standard Taxpayers* (Form 4600), for additional details on completing Form 4.

NOTE: Business tax filers should check the box for CIT or MBT based on the business tax they plan to file. However, this form will extend both business taxes for the 2020 tax year if it is properly prepared, meets all listed conditions, and is filed timely. This form does not make the election to remain under the MBT.

Unitary Business Group (UBG)

A UBG must file a combined return for its business taxes under the name and Federal Employer Identification Number (FEIN) or Michigan Treasury (TR) assigned number of the Designated Member (DM) of the group. Only the DM may submit a valid

Detach here and mail with your payment. Do not fold or staple the application.

Michigan Department of Treasury, Form 4 (Rev. 05-20)

Issued under the authority of Public Acts 281 of 1967, as amended and 36 of 2007.

Application for Extension of Time to File Michigan Tax Returns

Make check payable to "State of Michigan." Print "Michigan Extension" and last four digits of filer's Social Security number or full account number on the check. **Mail to: Michigan Department of Treasury, PO Box 30774, Lansing, MI 48909**

1. Extension request is for the following tax Check ONLY ONE <input type="checkbox"/> Income Tax (excludes Home Heating Credit) <input type="checkbox"/> Michigan Business Tax <input type="checkbox"/> Fiduciary Tax (includes Composite Filers) <input checked="" type="checkbox"/> Corporate Income Tax	2. Month and Year Your Tax Year Ends (MM-YYYY) 12-2020 4. <input checked="" type="checkbox"/> Check if extension is requested for good cause (see instructions). 6. <input checked="" type="checkbox"/> Check if an extension was granted for filer's federal tax return.	3. Full Federal Employer Identification or TR No. 43-1862691 5. Filer's Full Social Security No. (9 digits) 7. Spouse's Full Social Security No. (if filing jointly)
8. Business or Trust Name GREAT RIVERS COMMUNITY CAPITAL		9. Tentative Annual Tax 100
10. Filer's Name (first name, middle initial, last name) or Fiduciary/Trustee Name		11. Total Payments Made to Date
12. Mailing Address (Address, City, State and ZIP Code) 1023 N. GRAND BLVD SAINT LOUIS MO 63106		13. Payment Amount 100 .00

DO NOT WRITE IN THIS SPACE

PART 1: CORPORATE INCOME TAX (Continued)**Subtractions from Business Income**

27. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions)	27.		00
28. Dividends and royalties received from persons other than U.S. persons and foreign operating entities	28.		00
29. Interest income derived from United States obligations	29.		00
30. Income from the production of oil and gas, and/or minerals (see instructions)	30.		00
31. Miscellaneous (see instructions)	31.		00
32. Total Subtractions from Income. Add lines 27 through 31	32.		00
33. Corporate Income Tax Base. Subtract line 32 from line 26. If negative, enter as negative	33.	563,245	00
34. Apportioned Corporate Income Tax Base. Multiply line 33 by percentage on line 9g	34.	762	00
35. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions)	35.		00
36. Total apportioned Corporate Income Tax Base. Add line 34 and line 35	36.	762	00
37a. Available CIT business loss carryforward (see instructions). Enter as positive	37a.		00
37b. <input type="checkbox"/> Check if any loss on line 37a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
38. Subtract line 37a from line 36. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions)	38.	762	00
39. Corporate Income Tax Before Credit. Multiply line 38 by 6% (0.06). If less than zero, enter zero	39.	46	00

PART 2: TOTAL CORPORATE INCOME TAX

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

PART 3: PAYMENTS AND TAX DUE

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

44. Overpayment credited from prior period return (MBT or CIT)	44.		00
45. Estimated tax payments	45.		00
46. Tax paid with request for extension	46.	100	00
47. Payment total. Add lines 44 through 46	47.	100	00
48. TAX DUE. Subtract line 47 from line 43. If less than zero, leave blank	48.		00
49. Underpaid estimate penalty and interest from Form 4899, line 38	49.		00
50. Annual Return Penalty (see instructions)	50.		00
51. Annual Return Interest (see instructions)	51.		00
52. PAYMENT DUE. If line 48 is blank, go to line 53. Otherwise, add lines 48 through 51	52.		00

PART 4: REFUND OR CREDIT FORWARD

53. Overpayment. Subtract lines 43, 49, 50 and 51 from line 47. If less than zero, leave blank (see instructions)	53.	100	00
54. CREDIT FORWARD. Amount on line 53 to be credited forward and used as an estimate for next CIT tax year	54.		00
55. REFUND. Subtract line 54 from line 53	55.	100	00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P00043751	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) BKD, LLP	
Authorized Signer's Name (print or type) DONNA LARSON	Date 10-15-2021	Preparer's Business Address and Telephone Number (print or type) 211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 314-231-5544	
Title CPA	Telephone Number 3145332411		

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

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

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

Great Rivers Community Capital
Instructions for Filing
Form MO-1120
Missouri Corporation Income Tax Return
for the year ended December 31, 2020

Your return will be filed electronically. You do not need to file any forms with the state of Missouri.

There is no tax due for the current year.

DO NOT separately file Form MO-1120 with the state of Missouri. Doing so will delay the processing of your return.

The state of Missouri will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

MISSOURI DEPARTMENT OF
REVENUE
2020 Corporation Income Tax Return

Department Use Only
(MM/DD/YY)

Missouri Tax
I.D. Number

Missouri Corporation Income
Tax Return for 2020

Beginning
(MM/DD/YY)

Ending
(MM/DD/YY)

Federal Employer
I.D. Number

Charter
Number

Corporation
Name

Address

City

State

ZIP



20111011062

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

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

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

Computation of Income Tax

1. Federal taxable income from Federal Form 1120, Line 30	1	396,234	.00
2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income	2	5,221	.00
3. Missouri modifications - Additions (complete Part 1)	3		.00
4. Total additions - Add Lines 2 and 3	4	5,221	.00
5. Missouri modifications - Subtractions (complete Part 2)	5	489,147	.00
6. Balance - Line 1 plus Line 4 less Line 5	6	-87,692	.00
7. Federal income tax - Current year (complete Page 4, Part 3)	7	41,605	.00
8. Taxable Income - All sources - Line 6 less Line 7	8	-129,297	.00
9. Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete Form MO-MS.			
Method <input type="text" value="2A"/> Percent <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Multiply Line 8 by the percentage	9		.00
10. Missouri dividends deduction (see instructions)	10		.00
11. Enterprise zone or rural empowerment zone income modification	11		.00
12. Bring jobs home deduction (see instructions)	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		.00

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Go to www.irs.gov/Form7004 for instructions and the latest information.

**Print
or
Type**

Name	Identifying number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691
Number, street, and room or suite no. (If P.O. box, see instructions.)	
1023 N. GRAND BLVD	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)	
SAINT LOUIS, MO 63106	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for. **1 2**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. . . ☐
- 5a The application is for calendar year 20 20, or tax year beginning _____, 20 __, and ending _____, 20 __
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions - attach explanation)

6 Tentative total tax	6	106,000.
7 Total payments and credits. See instructions	7	80,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	26,000.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

Tax

15. Corporation income tax - 4% of Line 14 15 .00

16. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611 (see instructions) 16 .00

17. Total tax - Add Lines 15 and 16. 17 .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 .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 .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 .00

25. If Line 24 is more than Line 17, enter overpayment here 25 .00

26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below. 26 .00

Refund or Tax Due

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

27. Overpayment to be applied to next filing period 27 .00

28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund 28 .00

29. If Line 24 is less than Line 17, enter underpayment here 29 .00

30. Enter the total of the below on Line 30. 30 .00

Interest .00 Penalty .00 MO-2220 .00

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

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

Department Use Only

☐ S ☐ E ☐ F

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

Signature

Signature of Officer Printed Name **ROBERT BOYLE**

Telephone Number 3 1 4 5 3 3 2 4 1 1 Date Signed (MM/DD/YY) 1 0 1 5 2 1

Preparer's Signature (Including Internal Preparer) *Robert Boyle* Preparer's FEIN, SSN, or PTIN P 0 0 0 4 3 7 5 1

Telephone Number 3 1 4 2 3 1 5 5 4 4 Date Signed (MM/DD/YY) 1 0 1 5 2 1

Did you pay a tax return preparer to complete your return, but they failed to sign the return or provide their Internal Revenue Service preparer tax identification number? If you marked Yes, please insert their name, address, and phone number in the applicable sections of the signature block above. ☐ Yes ☐ No

Mailing instructions on page 4



20111021062

MO-1120 Page 2

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 , Part 1, Line 19 or Form MO-1065 , Line 11.		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 - Attached a detailed schedule	1a		.00		
1b. Less related expenses. Omit if less than \$500 - Enter Line 1a less Line 1b on Line 1	1b		.00	1	.00
2. Federally taxable - Missouri exempt obligations		2			.00
3. Agriculture disaster relief (Section 143.121.3(10), RSMo)		3			.00
4. Previously taxed income.		4			.00
5. Amount of any state income tax refund included in federal taxable income.		5			.00
6. Capital gain exclusion from the sale of low income housing project.		6			.00
7. Fiduciary and partnership adjustment -Enter share of adjustment from Form MO-1041, Part 1, Line 20 or Form MO-1065, Line 12.. . . .		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	489,147		.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	489,147		.00



20111031062

Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 11	1	83,209	.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	41,605	.00
Consolidated federal and separate Missouri returns must complete Lines 4 through 6.			
4. Numerator - Enter the amount of separate company federal taxable income).	4		.00
5. Denominator -Enter the total positive separate company federal taxable income)	5		.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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

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

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. Enclose a copy of the consolidated income statement for this year and the year of the loss. If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the credit first became available.

		M	M	D	D	Y	Y
1. Year of loss.	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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

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

Form MO-1120 (Revised 12-2020)



REVENUE

Form

**2020 Corporation Allocation and
Apportionment of Income Schedule**Department Use Only
(MM/DD/YY)

Attachment Sequence No. 1120-01

MO-MS

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

Missouri Tax I.D. Number

Do not complete this form if all income is from Missouri sources.

Federal Employer I.D. Number

Charter Number

Corporation Name **GREAT RIVERS COMMUNITY CAPITAL**

Select a box below and enter the method and the percentage calculated on Form MO-1120 for Line 9 Method and Percent.

☒ Two A - Receipts Factor Apportionment - **Section 143.455.2, RSMo** - (Complete Part 1)

Special Methods - See Instructions and Attach Detailed Explanation

☐ Three - Transportation

☐ Four - Railroad

☐ Five - Interstate Bridge

☐ Six - Telephone and Telegraph

Note: Complete mileage information below for Method Three - Six and enter the percentage on Form MO-1120, Line 9.

Missouri Miles ÷ Total Miles = . %

☐ Seven - Other Approved Method - Letter of Approval from the Director of Revenue or citation to Missouri rule authorizing industry-specific method must be included (**see instructions**).

Method Two A - Receipts Factor Apportionment

1. Amount of receipts in Missouri
 2. Amount of receipts everywhere
 3. Receipts Factor - Divide Line 1 by Line 2. %

Note: Stop here if you do not have any Nonapportionable Income and you do not have a Net Operating Loss on Federal Form 1120, Line 29a.
Enter Line 3 on Form MO-1120, Line 9 Percent.

4. Taxable income - All sources (Form MO-1120, Line 8)
 5. Net Operating Loss (from Federal Form 1120, Line 29a)
 6. Taxable Income - All Sources - Add Line 4 and Line 5.
 7. Nonapportionable Income - Everywhere - Attach a detailed Form MO-NAI to be considered
 8. Apportioned Missouri Income - Subtract Line 7 from Line 6, then multiply by Line 3
 9. Nonapportionable Income - Missouri-allocated - Attach a detailed Form MO-NAI to be considered
 10. Apportioned Net Operating Loss - See Instructions
 11. Preliminary Missouri Taxable Income - Add Lines 8 and 9, then subtract Line 10
 12. Divide Line 11 by Line 4. Enter on Form MO-1120, Line 9 Percent %



20104011062

Form MO-MS (Revised 01-2021)

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

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

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

0D2813 4.000

9598QR K927 09/23/2021 11:20:31 V20-6.8F 1204845

Apportionment Election

Part 1 - Receipts Factor Apportionment Method Schedule

REVENUEForm
MO-2220 **2020 Corporation Underpayment
of Estimated Tax Schedule**Department Use Only
(MM/DD/YY)

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

Taxable Year Beginning (MM/DD/YY)

0	1
---	---

0	1
---	---

2	0
---	---

 Ending (MM/DD/YY)

1	2
---	---

3	1
---	---

2	0
---	---

Missouri Tax I.D. Number

9	9	9	9	9	9	9	9
---	---	---	---	---	---	---	---

 Federal Employer I.D. Number

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

Charter Number

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

Part 1 - How to Figure the Underpayment

1. Enter 90% of amount of 2020 tax (Form MO-1120, Lines 14 and 15 less approved credits for corporation income tax or 100% of 2019 tax, whichever is smaller. (If this amount is \$250 or less, do not complete this form.)					00
	(a)	(b)	(c)	(d)	
2. Enter in Columns (a) through (d) the installment due dates (that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of the tax year) Filers with installments due on or after April 15, 2020, and before July 15, 2020, see instructions	04/15/2020	06/15/2020	09/15/2020	12/15/2020	
3. Enter 25% of Line 1 in Columns (a) through (d)	00	00	00	00	00
4. Amount paid or credited by installment due date	00	00	00	00	00
5. Overpayment of previous installment (see instructions)	00	00	00	00	00
6. Total of Lines 4 and 5	00	00	00	00	00
7. Underpayment (Line 3 less Line 6)	00	00	00	00	00
8. Overpayment (Line 6 less Line 3)	00	00	00	00	00

Part 2 - Exceptions to the Addition to Tax

Read instructions for Lines 9 through 14 before entering an amount. If claiming Exception 2, 3, or 5, provide the Missouri taxable income for the months needed to make the calculations by completing Part 4 of this form.

9. Total amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of the tax year	00	00	00	00
10. Exception 1, prior year's tax (see instructions),	25% of Tax	50% of Tax	75% of Tax	100% of Tax
11. Exception 2, tax on annualized income (see instructions),	22.5% of Tax	45% of Tax	67.5% of Tax	90% of Tax
12. Exception 3, tax on income over 3, 5, 8, and 11 month periods (see instructions)	90% of Tax	90% of Tax	90% of Tax	90% of Tax
13. Exception 4, tax on prior year's income using current year's rates (see instructions)	25% of Tax	50% of Tax	75% of Tax	100% of Tax
14. Exception 5, tax on annualized income (see instructions),	22.5% of Tax	45% of Tax	67.5% of Tax	90% of Tax

Part 3 - How to Figure the Addition to Tax

15. Enter the same installment dates from Line 2	04/15/2020	06/15/2020	09/15/2020	12/15/2020
16. Amount of underpayment from Line 7	00	00	00	00
17. Enter the payment date or the 15th day of the 4th month after the close of the tax year, whichever is earlier				
18. Number of days from due date of installment to the date shown on Line 17				
19. Number of days on Line 18 after 4/15/2020 and before 1/1/2021				
20. Number of days on Line 18 after 12/31/2020 and before 1/1/2022				
21. Number of days on Line 18 after 12/31/2021 and before 3/15/2022				
22. Number of days on Line 19 X 4% X amount on Line 16 366	00	00	00	00
23. Number of days on Line 20 X 4% X amount on Line 16 365	00	00	00	00
24. Number of days on Line 21 X % X amount on Line 16 365	00	00	00	00
25. Addition to tax (total of Lines 22 through 24)	00	00	00	00
26. Add Columns (a) through (d), Line 25, enter here and on Form MO-1120, Line 30				00

* For corporations with a tax year that ends after August 31, 2021, see the instructions for Line 24.



20114011062

If claiming Exception 2, 3, or 5 on the Schedule MO-2220, provide the Missouri taxable income for the appropriate months used to make the calculations.

Month of Taxable Year		Missouri Taxable Income	Month of Taxable Year		Missouri Taxable Income	Month of Taxable Year		Missouri Taxable Income
1	First	00	5	Fifth	00	9	Ninth	00
2	Second	00	6	Sixth	00	10	Tenth	00
3	Third	00	7	Seventh	00	11	Eleventh	00
4	Fourth	00	8	Eighth	00	12	Twelfth	00

Purpose of Schedule

Form MO-2220 is used by a corporation to determine whether it is subject to addition to tax for underpayment of estimated tax, and if so, the amount of addition to tax. Estimated tax is a corporation's expected income tax liability. For further information regarding underpayment of estimated tax, see **12 CSR 10-2.067**. Estimated tax payments are required if Missouri estimated tax can reasonably be expected to be \$250 or more.

Large Corporation

A corporation, or any predecessor corporation, that in any of the three preceding taxable years had a federal taxable income of at least one million dollars and had a Missouri taxable income of at least one hundred thousand dollars is a large corporation. Large corporations use Exception 2, 3, or 5. All other corporations use Exception 1, 2, 3, or 4 (**Section 143.761.4 and 6, RSMo**).

How to Use This Schedule

Complete Part 1 of Form MO-2220 to find out if there is an underpayment for any of the four payment periods. If there is an underpayment on Line 7 (Column a, b, c, or d) go to Part 2 - Exceptions to the Addition to Tax. If no exceptions apply for a payment period, go to Part 3 - How to Figure the Addition to Tax. If using Form MO-2220 to show Exception 2, 3, or 5, complete Part 4.

Part 1 - How to Figure the Underpayment

Complete Part 1, Lines 1 through 8. The instructions for most of these lines are on the form itself. Follow the instructions below for Lines 1, 4, 5, and 7. All estimated income tax payments due on or after April 15, 2020, and before July 15, 2020, were postponed to July 15, 2020. If impacted by the extension, do not complete column (a). Enter the figures applicable to January 1, 2020, through June 30, 2020, in column (b).

Line 1 - Approved corporation tax credits cannot exceed **Form MO-1120**, Lines 13 and 14. The corporation is generally required to enter the 15th day of the 4th, 6th, 9th, and 12th months of its tax year. However, if the installment due date was on or after April 15, 2020, and before July 15, 2020, enter July 15, 2020, in column (b). Enter the figures applicable to January 1, 2020, through June 30, 2020, in column (b).

Line 4 - A prior year's overpayment will be applied against the earliest installment unless the corporation has requested otherwise.

Line 5 - Apply as a credit against the next installment any overpayment shown on Line 8 that is greater than all prior underpayments.

Line 7 - If Line 7 shows an underpayment, complete Part 2 to see if any of the exceptions apply.

Part 2 - Exceptions to the Addition to Tax

The corporation will not be liable for addition to tax if the tax payments (amounts shown on Line 9) equal or exceed any amount determined for the same period under the following exception provisions. However, filing an estimated tax payment, amended estimated tax payment, or payment on the last installment date of the taxable year will not relieve the corporation of addition to tax for failure to pay by the designated due dates. A different exception may be applied for each underpayment, but a separate computation page must be attached. If none of the exceptions apply, complete Lines 15 through 26.

Line 10 - Exception 1, prior year's tax - This exception applies if the current year estimated tax payment(s) equals or exceeds the tax shown on the prior year return. The prior year tax return must cover a period

of 12 months and show a tax liability (**Section 143.761.4(1), RSMo**). If there was no tax liability see Exception 4. Exception 1 does not apply to large corporations.

Line 11 - Exception 2, tax on annualized income - This exception applies if the estimated tax payment(s) equals or exceeds 90 percent of the tax on the annualized Missouri taxable income for periods from the first of the year to the end of the month preceding that in which an installment is due (**Section 143.761.4(2), RSMo**). A corporation may annualize its income as follows:

(1) Compute the Missouri taxable income from the first of the tax year up to and including the month prior to that in which an installment is due.

(2) Multiply the result of step (1) by 12.

(3) Divide the result of step (2) by the number of months in the computation period. Computations must be attached.

Line 12 - Exception 3, tax on income over periods of 3, 5, 8, and 11 month - This exception applies if the estimated tax payment(s) equals or exceeds 90 percent of the tax computed, at the rate applicable to the current taxable year, on the basis of the actual Missouri taxable income for the calendar months in the taxable year preceding the date prescribed for payment (**Section 143.761.4(3), RSMo**). Computations must be attached.

Line 13 - Exception 4, tax on prior year's income using current year's rates - This exception applies if the estimated tax payment(s) equals or exceeds the tax computed by using the current year's rates, but based on the facts shown on the prior year's return and the law that applies to the prior year (**Section 143.761.4(4), RSMo**). Exception 4 does not apply to large corporations.

Line 14 - Exception 5, tax on annualized income - This exception applies if the estimated tax payment(s) equals or exceeds 90 percent of the amount the corporation would owe if its estimated tax was a tax figured on annualized Missouri taxable income for the months preceding an installment date (**Section 143.761.4(5), RSMo**). A corporation may annualize its income as follows:

(1) For the first three months if the installment was required to be paid in the fourth month.

(2) For the first three months or the first five months if the installment was required to be paid in the sixth month.

(3) For the first six months or for the first eight months if the installment was required to be paid in the ninth month.

(4) For the first nine months or for the first 11 months if the installment was required to be paid in the 12th month.

To annualize, multiply Missouri taxable income for the period by 12 and divide the result by the number of months in the period (3, 5, 6, 8, 9, or 11 as the case may be). Only a large corporation may use this exception. Computations must be attached.

Part 3 - How to Figure the Addition to Tax

If no exception applies, complete Lines 15 through 26 to determine the amount of addition to tax.

Line 24 - For underpayments after January 1, 2022, a corporation must use an interest rate that the Department of Revenue will announce by November 1, 2021.

Form MO-2220 (Revised 12-2020)

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

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

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



20114021062

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2020
Name: Great Rivers Community
Return No: C9598QR0

Jurisdiction: Missouri
No of Attachments: 1

PDF Attachment Description	PDF File Name	File Size
MO NOL Att	C9598QR0_MO_MO NOL Att.pdf	46,101

SUPPLEMENTAL ATTACHMENT TO FORM MO-1120

MISSOURI NOL CARRYFORWARD

THE 2019 FEDERAL NET OPERATING LOSS WAS CARRIED BACK 5 YEARS.
THIS AMOUNT WAS DISALLOWED FOR MISSOURI AND WILL BE CARRIED
FORWARD TO 2020.

NOL FROM 2019	489,147
AMOUNT USED IN PRIOR YEARS	-
AMOUNT USED IN CURRENT YEAR	<u>(489,147)</u>
NOL CARRYFORWARD TO 2021	<u><u>-</u></u>

Great Rivers Community Capital
Instructions for Filing
Form RI-1120C
Rhode Island Business Corporation Tax Return
for the year ended December 31, 2020

Your return will be filed electronically. You do not need to file any forms with the state of Rhode Island.

There is no tax due for the current year.

DO NOT separately file Form RI-1120C with the state of Rhode Island. Doing so will delay the processing of your return.

The state of Rhode Island will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

State of Rhode Island Division of Taxation
2020 RI-1120C
Business Corporation Tax Return



20110110620101

Federal employer identification number 43-1862691
RI Secretary of State ID number 000894304

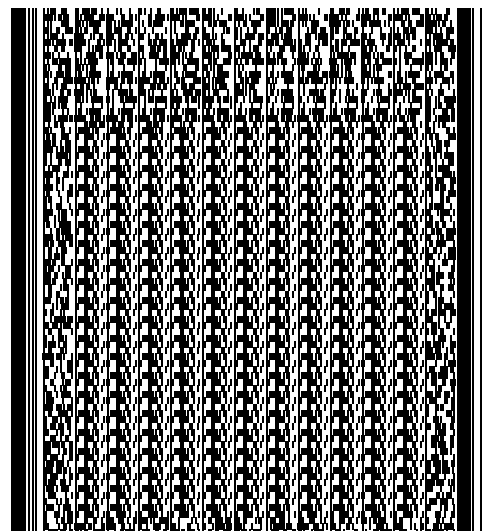
For the taxable year from 01/01/2020 through 12/31/2020

Name
GREAT RIVERS COMMUNITY CAPITAL

Address 1
1023 N. GRAND BLVD
Address 2

City, town or post office SAINT LOUIS
State MO ZIP code 63106

E-mail address
NAICS code 624100



Initial Return Short Year Pro-Forma Final Return Amended Return

Address Change 1120F Combined Return* *If a combined return, how many companies are included in this return: _____

A Gross Receipts A 00
B Depreciable Assets B 415590 00
C Total Assets. C 22842922 00

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

1 Federal taxable income (see instructions). 1 558024 00
2 Total Deductions from page 3, Schedule B, line 1g 2 00
3 Total Additions from page 3, Schedule C, line 1d 3 400 00
4 Adjusted taxable income. Line 1 less line 2 plus line 3 4 558424 00
5 Rhode Island Apportionment Ratio from page 5, Schedule H, line 2. Carry to six (6) decimal places. 5 0.000008
6 Apportioned Rhode Island taxable income. Multiply line 4 times line 5 6 4 00
7 Research and development adjustments (see instructions, attach schedule). 7 00
8a Pollution control and hazardous waste adjustment (see instructions) 8a 00
b Capital investment deduction (see instructions). 8b 00
9 Total adjustments. Add lines 7, 8a and 8b. 9 00
10a Rhode Island adjusted taxable income. Subtract line 9 from line 6. 10a 4 00

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

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

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

1062

0D4811 1.000

9598QR K927 09/23/2021 11:20:31 V20-6.8F 1204845

EXTENSION REQUEST INSTRUCTIONS

EXTENSION REQUEST:

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

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

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

TO BE EFFECTIVE:

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

NOTE:

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

ONLINE PAYMENT

Your extension payment can be made online. For more information, visit:
<https://www.ri.gov/taxation/business/index.php>

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

OY4819 1.000

RI-7004

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

CTX01202043186269100



16113210620101

YOUR COPY

DO NOT FILE THIS COPY WITH THE
RHODE ISLAND DIVISION OF TAXATION

NAME
GREAT RIVERS COMMUNITY CAPITAL

FEDERAL EMPLOYER IDENTIFICATION NUMBER
431862691

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

Signature of officer or agent.

1062

RI-7004

For the Taxable Year Ending: _____

ESTIMATED TAX CURRENT YEAR	\$	400 00
AMOUNT PAID AND CREDITED TO DATE	\$	00
AMOUNT DUE WITH EXTENSION	\$	400 00
AMOUNT ENCLOSED	\$	400 00

RI-7004

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

CTX01202043186269100



16113210620101

NAME
GREAT RIVERS COMMUNITY CAPITAL

ADDRESS
1023 N. GRAND BLVD

CITY, STATE, ZIP CODE
SAINT LOUIS MO 63106

FEDERAL EMPLOYER IDENTIFICATION NUMBER
431862691

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

Signature of officer or agent.

1062

RI-7004

For the Taxable Year Ending: _____

ESTIMATED TAX CURRENT YEAR	\$	400 00
AMOUNT PAID AND CREDITED TO DATE	\$	00
AMOUNT DUE WITH EXTENSION	\$	400 00
AMOUNT ENCLOSED	\$	400 00

State of Rhode Island Division of Taxation
2020 RI-1120C
Business Corporation Tax Return



20110110620102

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691

10 b Rhode Island adjusted taxable income from page 1, Schedule A, line 10a	10b	4	00
11 Rhode Island income tax. Multiply line 10b times 7% (0.07).	11		00
12 Rhode Island Credits from Schedule B-CR 2020 - Business Credit Schedule, line 21.	12		00
13 Tax. Subtract line 12 from line 11, but not less than the minimum tax of \$400.00	13	400	00
14 a Recapture of credits	14a		00
b Jobs Growth Tax	14b		00
15 Total tax due. Add lines 13, 14a and 14b	15	400	00
16 Payments made on 2020 declaration of estimated tax	16		00
17 a Other payments	17a	400	00
b Rhode Island pass-through withholding. Attach RI-1099PT(s) (This amount should equal the total Pass-Through withholding amount from page 3, Schedule D, line 1f).	17b		00
18 a TOTAL PAYMENTS. Add lines 16, 17a and 17b	18a	400	00
b Previously processed overpayments (if filing an amended return).	18b		00
c NET PAYMENTS. Subtract line 18b from line 18a.	18c	400	00
19 Net tax due. Subtract line 18c from line 15.	19		00
20 a Late payment interest	20a		00
b Late payment penalty	20b		00
c Underestimating interest	20c		00
d Late filing penalty	20d		00
e Total interest and penalty amounts. Add lines 20a, 20b, 20c and 20d.	20e		00
21 Total due with return. Add lines 19 and 20e (Please use Form RI-1120V)	21		00
22 Overpayment. Subtract lines 15 and 20e from line 18c.	22		00
23 Amount of overpayment to be credited to 2021.	23		00
24 Amount of overpayment to be refunded. Subtract line 23 from line 22	24		00

State of Rhode Island Division of Taxation
2020 RI-1120C
Business Corporation Tax Return



20110110620103

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691

Schedule B - Deductions to Federal Taxable Income

1 a Net operating loss deduction (see instructions - attach schedule)	1a	00
b Special deductions	1b	00
c Exempt dividends and interest from page 4, Schedule F, line 10	1c	00
d Foreign dividend gross-up (s78) US 1120, Schedule C, line 18	1d	00
e Bonus depreciation and Section 179 expense adjustment	1e	00
f Modification for Tax Incentives for Employers under RIGL § 44-55-4.1. Attach Form RI-107	1f	00
g TOTAL DEDUCTIONS. Add lines 1a through 1f. Enter here and on RI-1120C, page 1, Schedule A, line 2.	1g	00

Schedule C - Additions to Federal Taxable Income

1 a Interest (see instructions)	1a	00
b Rhode Island corporate taxes (see instructions)	1b	400 00
c Bonus depreciation	1c	00
d TOTAL ADDITIONS. Add lines 1a through 1c. Enter here and on RI-1120C, page 1, Schedule A, line 3	1d	400 00

Schedule D - Pass-through Withholding

Name	Federal Employer Identification Number	Pass-through Withholding Amount
1 a		00
b		00
c		00
d		00
e		00
f Total Pass-through withholding (add lines 1a thru 1e) Enter total here and on Page 2, line 17b		00

State of Rhode Island Division of Taxation
2020 RI-1120C
Business Corporation Tax Return



20110110620104

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691

Schedule E - General Information

1 a Location of principal place of business in Rhode Island 1023 N. GRAND BLVD. ST. LOUIS MO 63106

b Location of corporation's books and records 1023 N. GRAND BLVD. ST. LOUIS MO 63106

c List states to which you are liable for income or excise taxes for the taxable year . . . CA MO KS MI

d State and date of incorporation MO 04/22/1999

e President Treasurer

2 a Salaries and wages paid or incurred in Rhode Island 2a 00

b Salaries and wages paid or incurred everywhere 2b 00

3 a Total RI average net book value of assets 3a 00

b Total everywhere average net book value of assets 3b 00

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 00

2 Amount of such dividends included in Special Deductions, Schedule B, line 1b 2 00

3 Balance of Exempt Dividends. Line 1 less line 2 3 00

Foreign Dividends included on lines 14, 16b, 16c & 20

4 More than 20% owned _____ X 65% 4 00

5 Less than 20% owned _____ X 50% 5 00

6 100% owned _____ X 100% 6 00

7 Interest on obligations of public service corporations liable for Rhode Island Gross Earnings Tax 7 00

8 Interest on certain obligations of the US (attach schedule) 8 00

9 Interest on obligations of US possessions and other interest exempt under Rhode Island Law (attach schedule) . . . 9 00

10 Total. Add lines 3 through 9. Enter here and on page 3, Schedule B, line 1c 10 00

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

Enter amount for year that ended:	2020	2019	2018	2017	2016
	558024 00	-490347 00	-161790 00	273056 00	00

State of Rhode Island Division of Taxation
2020 RI-1120C
Business Corporation Tax Return



20110110620105

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	43-1862691

Schedule H - Apportionment

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

Column A
Rhode Island

Column B
Everywhere

1 a Gross receipts	{ Rhode Island Sales	00	00
	{ Sales Under 44-11-14(a)(2)(i)(B)	00	
b Dividends	1b	00	00
c Interest	1c	8 00	1097903 00
d Rents	1d	NONE 00	34010 00
e Royalties	1e	00	00
f Capital gains	1f	00	00
g Ordinary income	1g	00	00
h Other income	1h	12 00	1085838 00
i Income exempt from federal taxation	1i	00	00
j Total. Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h and 1i	1j	20 00	2617833 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		0.000008

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

Authorized officer signature	Print name	Date	Telephone number
	ROBERT BOYLE	10/15/2021	(314) 533-2411
Paid preparer signature	Print name	Date	Telephone number
	DONNA LARSON	10/15/2021	314-231-5544
Paid preparer address	City, town or post office	State	ZIP Code PTIN
211 N. BROADWAY, SUIT	ST. LOUIS	MO	63102 P00043751

May the Division of Taxation contact your preparer? YES ☒

Great Rivers Community Capital
Instructions for Filing
Form E-234
City of St. Louis Earnings Tax Return
for the year ended December 31, 2020

The original return should be signed (using full name and title) and dated on page 1 by an authorized officer of the corporation.

This return shows an overpayment of \$2,153. We have applied it as follows:

Amount to be applied to 2021	\$2,153
Total Overpayment	\$2,153

The original return should be filed on or before October 15, 2021 with the following:

Gregory F.X.Daly, Collector of Revenue
1200 Market St. #410
St. Louis, Missouri 63103-2841

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service).

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

TAXABLE YEAR BEGINNING 01/01/2020 AND ENDING 12/31/2020

FOR OFFICE USE ONLY

TYPE OF RETURN:

- ☐ E-2 INDIVIDUAL (LLC, 1099-Misc., Schedule C)
☐ E-3 PARTNERSHIP (LLC, Trust, 1065)
☒ E-4 CORPORATION (LLC, Sub S, 1120, 1120S)

DAYTIME TELEPHONE #:

FEIN OR SSN #: 43-1862691

PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

E-MAIL:

GREAT RIVERS COMMUNITY CAPITAL

1023 N. GRAND BLVD

SAINT LOUIS, MO 63106

Check applicable boxes: (1) ☐ Due month change

(2) ☐ Amended return (3) ☐ Change in address

(4) ☐ Account terminated

DATE & REASON (REQUIRED):

TO WHOM SOLD OR TRANSFERRED:

ADDRESS OF NEW OWNER:

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

VERIFIED BY

AUDITED BY

SECTION A - NET PROFIT

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions (less Returns and Allowances)	1.		
2. Cost of Goods Sold (attach itemized list)	2.		
3. Gross Profit (subtract line 2 from line 1)	3.		
4. Other Income or Loss (attach itemized list) <u>SEE STATEMENT 1</u>	4.	2,186,279.	
5. Total Gross Profit (add lines 3 and 4)	5.	2,186,279.	
6. Business Expenses (use Section A-1 on the reverse side)	6.	1,589,393.	
7. Net Profit or Loss (subtract line 6 from line 5)	7.	596,886.	

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


8. (a) Allocation percent (line 2)	8a.	59.427504	%
(b) Net Profit by allocation (line 7 multiplied by line 8a)	8b.	354,714.	

SECTION C - COMPUTATION OF TAX

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	354,714.	
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	3,547.	
11. Payroll Expense Tax Credit (complete Section C-1 on the reverse side)	11.	NONE	
12. Net Earnings Tax Due (line 10 minus line 11)	12.	3,547.	
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.	5,700.	
14. Subtotal (line 12 minus line 13)	14.	-2,153.	
15. Penalty _____ % (5% per month, 25% maximum)	15.		
16. Interest _____ % (1% per month)	16.		
17. Amount Due	17.		
18. Amount Overpaid. <input type="checkbox"/> Refund or <input checked="" type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.	2,153.	

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.

10/15/2021 (Date)	 (Signature)	211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 (Typed or Printed Name)	 (Title)
(Signature of preparer other than taxpayer)	P00043751 (FEIN/SSN of preparer)	(Address, City, State, Zip)	
314-231-5544 (Preparer Telephone #)	(E-Mail Address)		

Please mail all returns and payments to:

GREGORY F.X. DALY
COLLECTOR OF REVENUE
1200 MARKET STREET, ROOM 410
ST. LOUIS, MO 63103-2841

WEBSITE: www.stlouiscollector.com

Telephone: (314) 622-4248

Fax: (314) 622-4847

**APPLICATION FOR EXTENSION OF TIME TO FILE
BUSINESS EARNINGS TAX RETURN (FORM E-234)**

(Application does not extend time to pay)

GREGORY F.X. DALY, COLLECTOR OF REVENUE, CITY OF ST. LOUIS

FOR OFFICE USE ONLY

Check type
of Business:

☐ Self-Employed
(Business and
Professional Persons)

☐ Partnership

☒ Corporation

Name of Taxpayer:

FEIN or SSN: (See instruction 4)

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Trade Name:

Address:

1023 N. GRAND BLVD

City, State & Zip Code:

SAINT LOUIS, MO

63106

Telephone No.:

I request a 6-month extension of time until OCTOBER 15, 20 21, to file the Earnings Tax Form E-234 for the taxpayer named above for ☒ calendar year 2020 or ☐ tax year beginning _____ 20 _____, and ending _____ 20 _____.
If you do not pay the amount of tax due by the regular due date, you will owe interest. You may also be charged penalties. See instructions 8 and 9.

If this tax year is for less than 12 months, check reason, (See Instruction 6)

☐ Initial return ☐ Final return ☐ Change in accounting period
☐ Other (explain) _____

A PAYMENT OF 100% OF YOUR ESTIMATED TAX DUE FOR THE CURRENT TAX YEAR IS REQUIRED WITH THIS REQUEST. MAKE CHECK PAYABLE TO: GREGORY F.X. DALY, COLLECTOR OF REVENUE. (See Instruction 8 & 9).
AMOUNT PAID WITH THIS EXTENSION REQUEST \$ 5,700.

04/15/2021

Taxpayer's Signature

Type or Print Name

Title

Date

ONLY TAXPAYERS WHOSE EXTENSION HAS BEEN REJECTED WILL BE NOTIFIED.

**FAILURE TO PAY AT LEAST 90% OF THE ACTUAL TAX DUE WILL RESULT IN
PENALTIES BEING ASSESSED FROM THE ORIGINAL DUE DATE (See Instruction 9).**

FOR OFFICE USE ONLY

☐ Your application for extension of time to file is granted until _____ 20_____. Interest accrues on unpaid tax at the rate of 12 percent a year during the period of any extension. (See Instruction 8).

☐ Your extension has been rejected for the following reasons:

☐ We cannot grant your extension request due to the following Earnings and/or Payroll Expense Tax delinquency(s) indicated on the attached "Statement of Tax Delinquency".

☐ We cannot grant your extension request due to Personal Property Tax delinquency for account number _____. Please contact (314) 622-4108 for assistance with resolving this delinquency.

If the requirement causing this rejection is satisfied within 10 days, your request may be resubmitted or you may contact our office at (314) 622-4248.

Approval Date

Reject Date

Extension Section - Earnings Tax Division

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	
2. Commissions		9. Repairs	
3. Depreciation	10,381.	10. Taxes (Except Federal, State and Local Income Taxes) (Itemized list required)	7,575.
4. Dues and Publications		11. Utilities and Telephone	
5. Insurance		12. Wages and Salaries	
6. Legal and Professional		13. Other Deductions (itemized list required) SEE STATEMENT 2	1,571,437.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	1,589,393.

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			
VIKKI FRANK-	1855 CALVERT ST		117-48-4592	10,000.	NONE
NW SUITE 405	WASHINGTON DC				
GOLDBERG HELLER-	2227 SOUTH		37-1265461	14,526.	NONE
ST. ROUTE 157	EDWARDSVILLE IL				
WEISMAN LAW	904 S. 4TH ST.		43-1913575	5,554.	1.0000
SUITE 302,	STL MO 63102				
JEFF WEISMAN	904 S. 4TH STREET		43-1913575	6,915.	1.0000
SUITE 302	STL MO, 63102				
(Please attach additional sheets or 1099-Misc. as necessary.)					

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.		1,330,756.	683,244.	51.342545
(b) Gross Receipts		2,217,752.	1,497,259.	67.512463
(c) Wages & Salaries (except Officers)				
			Total Percentage %	118.855008
2. ALLOCATION PERCENTAGE:	Total of Percentages divided by number of factors used 59.427504 %. Enter this percent on line 8a, Section B.			

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.

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 (reverse side) 3,547. x 25 % = NONE
- Smaller of lines 3 and 4 (Please enter this amount on line 11, Section C) = NONE

ST. LOUIS E-234, PAGE 1 DETAIL
=====

SCH A, LINE 4 - OTHER INCOME/(LOSS)

INTEREST	1,097,903.
GROSS RENT	34,010.
NET GAIN OR LOSS	-31,472.
OTHER INCOME	1,085,838.

TOTAL	2,186,279.
	=====

ST. LOUIS E-234, PAGE 2 DETAIL

=====

SECTION A-1, LINE 13 - OTHER DEDUCTIONS	

INTEREST	335,404.
BAD DEBTS	726,147.
EXPENSES FROM RENTAL/PASSIVE ACTIVITIES	15,764.
ADMIN EXPENSE	327,531.
PROFESSIONAL SERVICES	55,412.
SUPPLIES	93,190.
INSURANCE	4,098.
MISC EXPENSES	13,740.
RECORDING FEE	151.

TOTAL	1,571,437.
	=====