

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)

\$ 20,702,876.

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		1,065,147.
	6	Gross rents	6		34,115.
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10	Other income (see instructions - attach statement)	10	SEE. STATEMENT. 1.	1,277,864.	
11	Total income. Add lines 3 through 10	11		2,377,126.	
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		512,339.
	16	Rents	16		
	17	Taxes and licenses	17	SEE. STATEMENT. 2.	37,016.
	18	Interest (see instructions)	18		197,908.
	19	Charitable contributions	19	SEE. STATEMENT. 3.	18,000.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		13,677.
	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. 4.	893,899.
	27	Total deductions. Add lines 12 through 26	27		1,672,839.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		704,287.
Tax, Refundable Credits, and Payments	29a	Net operating loss deduction (see instructions)	29a		
	b	Special deductions (Schedule C, line 24)	29b		
	c	Add lines 29a and 29b	29c		
30	Taxable income. Subtract line 29c from line 28. See instructions	30		704,287.	
31	Total tax (Schedule J, Part I, line 11)	31		147,900.	
32	Reserved for future use	32			
33	Total payments and credits (Schedule J, Part III, line 23)	33		185,600.	
34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34			
35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35			
36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		37,700.	
37	Enter amount from line 36 you want: Credited to 2022 estimated tax 37,700. Refunded	37			

Sign Here

Signature of officer LINDA CLARK

Date 10/15/2022

CONTROLLER

Title

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

See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

DONNA J LARSON

Preparer's signature

Date 10/15/2022

Check ☐ if self-employed

PTIN P00043751

Firm's name

FORVIS, 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](http://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 21 , 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	185,600.
7	<b>Total</b> payments and credits. See instructions . . . . .	7	83,600.
8	<b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . .	8	102,000.

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

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

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

<b>1</b>	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions		
<b>2</b>	Income tax. See instructions	<b>2</b>	147,900.
<b>3</b>	Base erosion minimum tax amount (attach Form 8991)	<b>3</b>	
<b>4</b>	Add lines 2 and 3	<b>4</b>	147,900.
<b>5a</b>	Foreign tax credit (attach Form 1118)	<b>5a</b>	
<b>b</b>	Credit from Form 8834 (see instructions)	<b>5b</b>	
<b>c</b>	General business credit (attach Form 3800)	<b>5c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8827)	<b>5d</b>	
<b>e</b>	Bond credits from Form 8912	<b>5e</b>	
<b>6</b>	<b>Total credits.</b> Add lines 5a through 5e	<b>6</b>	
<b>7</b>	Subtract line 6 from line 4	<b>7</b>	147,900.
<b>8</b>	Personal holding company tax (attach Schedule PH (Form 1120))	<b>8</b>	
<b>9a</b>	Recapture of investment credit (attach Form 4255)	<b>9a</b>	
<b>b</b>	Recapture of low-income housing credit (attach Form 8611)	<b>9b</b>	
<b>c</b>	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	<b>9c</b>	
<b>d</b>	Interest due under the look-back method - income forecast method (attach Form 8866)	<b>9d</b>	
<b>e</b>	Alternative tax on qualifying shipping activities (attach Form 8902)	<b>9e</b>	
<b>f</b>	Interest/tax due under section 453A(c) and/or section 453(l)	<b>9f</b>	
<b>g</b>	Other (see instructions - attach statement)	<b>9g</b>	
<b>10</b>	<b>Total.</b> Add lines 9a through 9g	<b>10</b>	
<b>11</b>	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	<b>11</b>	147,900.

**Part II - Reserved For Future Use**

<b>12</b>	Reserved for future use	<b>12</b>	
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**Part III - Payments and Refundable Credits**

<b>13</b>	2020 overpayment credited to 2021	<b>13</b>	21,805.
<b>14</b>	2021 estimated tax payments	<b>14</b>	61,795.
<b>15</b>	2021 refund applied for on Form 4466	<b>15</b>	( )
<b>16</b>	Combine lines 13, 14, and 15	<b>16</b>	83,600.
<b>17</b>	Tax deposited with Form 7004	<b>17</b>	102,000.
<b>18</b>	Withholding (see instructions)	<b>18</b>	
<b>19</b>	<b>Total payments.</b> Add lines 16, 17, and 18	<b>19</b>	185,600.
<b>20</b>	Refundable credits from:		
<b>a</b>	Form 2439	<b>20a</b>	
<b>b</b>	Form 4136	<b>20b</b>	
<b>c</b>	Reserved for future use	<b>20c</b>	
<b>d</b>	Other (attach statement - see instructions)	<b>20d</b>	
<b>21</b>	<b>Total credits.</b> Add lines 20a through 20d	<b>21</b>	
<b>22</b>	Reserved for future use	<b>22</b>	
<b>23</b>	<b>Total payments and credits.</b> Add lines 19 and 21. Enter here and on page 1, line 33	<b>23</b>	185,600.

**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
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(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.) . . . . . ▶ \$		

**Schedule K Other Information** (continued from page 4)

	Yes	No
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> 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 ► \$ _____		
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . . . .		X
If "Yes," complete and attach Schedule UTP.		
<b>15 a</b> Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? . . . . .	X	
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	X	
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20</b> Is the corporation operating on a cooperative basis? . . . . .		X
<b>21</b> 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 ► \$ _____		
<b>22</b> 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.		
<b>23</b> 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
<b>24</b> Does the corporation satisfy one or more of the following? See instructions . . . . .		X
<b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</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.		
<b>c</b> The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
<b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
If "Yes," enter amount from Form 8996, line 15 . . . . . ► \$ _____		
<b>26</b> 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** (2021)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash . . . . .		5,066,684.		2,699,528.
2a	Trade notes and accounts receivable . . . . .	4,670,212.		2,663,982.	
b	Less allowance for bad debts . . . . .	( )	4,670,212.	( )	2,663,982.
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .	STMT 5	59,436.		42,491.
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .	STMT 5	1,114,776.		1,248,926.
10a	Buildings and other depreciable assets . . . . .	415,590.		256,866.	
b	Less accumulated depreciation . . . . .	( 130,050. )	285,540.	( 58,928. )	197,938.
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 5	11,646,274.		13,850,011.
15	Total assets . . . . .		22,842,922.		20,702,876.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		175,035.		143,609.
17	Mortgages, notes, bonds payable in less than 1 year . . . . .	STMT 5	1,347,603.		313,404.
18	Other current liabilities (attach statement) . . . . .	STMT 5	3,348.		1,401,717.
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .		3,585,141.		2,039,922.
21	Other liabilities (attach statement) . . . . .	STMT 6	15,172,743.		13,587,115.
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 . . . . .		1,877,492.		2,535,549.
26	Adjustments to shareholders' equity (attach statement) . . . . .				
27	Less cost of treasury stock . . . . .		( )		( )
28	Total liabilities and shareholders' equity . . . . .		22,842,922.		20,702,876.

**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 . . . . .	658,057.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books . . . . .	219,849.			
3	Excess of capital losses over capital gains . . . . .				
4	Income subject to tax not recorded on books this year (itemize): <u>SEE STATEMENT 7</u>	634,488.		<u>SEE STATEMENT 7</u>	1,678,103.
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 7</u>	907,302.		<u>SEE STATEMENT 7</u>	34,138.
6	Add lines 1 through 5 . . . . .	2,419,696.	8	Deductions on this return not charged against book income this year (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . . . . \$ _____ <u>SEE STATEMENT 7</u>	3,168.
			9	Add lines 7 and 8 . . . . .	1,715,409.
			10	Income (page 1, line 28) - line 6 less line 9	704,287.

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

1	Balance at beginning of year . . . . .	1,877,492.	5	Distributions: a Cash . . . . .	
2	Net income (loss) per books . . . . .	658,057.	b	Stock . . . . .	
3	Other increases (itemize): _____ _____		c	Property . . . . .	
4	Add lines 1, 2, and 3 . . . . .	2,535,549.	6	Other decreases (itemize): _____	
			7	Add lines 5 and 6 . . . . .	
			8	Balance at end of year (line 4 less line 7)	2,535,549.

**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](http://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](http://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	658,057.
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	658,057.

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	20,702,876.	17,485,767.
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) . . . . .	1,065,147.			1,065,147.
14 Total accrual to cash adjustment . . . . .				
15 Hedging transactions . . . . .				
16 Mark-to-market income (loss) . . . . .	-232,302.	232,302.		
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 . . . . .				
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 . . . . .				
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) . . . . .	1,678,103.	-1,043,615.		634,488.
26 Total income (loss) items. Combine lines 1 through 25 . . . . .	2,510,948.	-811,313.		1,699,635.
27 Total expense/deduction items (from Part III, line 39) . . . . .	-1,107,099.	707,808.	149,735.	-249,556.
28 Other items with no differences . . . . .	-745,792.			-745,792.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28 . . . . .	658,057.	-103,505.	149,735.	704,287.
b PC insurance subgroup reconciliation totals . . . . .				
c Life insurance subgroup reconciliation totals . . . . .				
30 Reconciliation totals. Combine lines 29a through 29c . . . . .	658,057.	-103,505.	149,735.	704,287.

**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 . . . . .	149,735.		-149,735.	
2 U.S. deferred income tax expense . . . . .	38,000.	-38,000.		
3 State and local current income tax expense . . . . .	32,114.	-393.		31,721.
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) . . . . .	197,908.			197,908.
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 . . . . .				
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 . . . . .				
31 Depreciation . . . . .	10,509.	3,168.		13,677.
32 Bad debt expense . . . . .	675,000.	-675,000.		
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 9 3,833.	2,417.		6,250.
39 <b>Total expense/deduction items.</b> Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive . . . . .	1,107,099.	-707,808.	-149,735.	249,556.



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> 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 . . . . .	<b>38</b>	\$		

\*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](http://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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**Attachment  
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 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 2022. 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 2021	17	13,070.
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 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	01/01/2021	17,430.	27.5 yrs.	MM	S/L	607.
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2021 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	<b>Total.</b> 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	13,677.
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 1X2300 1.000  
9598QR K927 08/31/2022 11:25:31 V21-6.5F 1204845Form **4562** (2021)

**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
<b>25</b> 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 . . . . . <b>25</b>								
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . . <b>28</b>								
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . . <b>29</b>								

**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
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .						
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use?						

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

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2021 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2021 tax year . . . . . <b>43</b>					
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . <b>44</b>					



**Supplemental Attachment to Schedule M-3**

► Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.

► Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for the latest information.

OMB No. 1545-0123

Name of common parent

GREAT RIVERS COMMUNITY CAPITAL

Employer identification number

43-1862691

Name of subsidiary

Employer identification number

**Part I Cost of Goods Sold**

Cost of Goods Sold Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
<b>1</b> Amounts attributable to cost flow assumptions . . . . .				
<b>2</b> Amounts attributable to:				
<b>a</b> Stock option expense . . . . .				
<b>b</b> Other equity-based compensation . . . . .				
<b>c</b> Meals and entertainment . . . . .				
<b>d</b> Parachute payments . . . . .				
<b>e</b> Compensation with section 162(m) limitation . . . . .				
<b>f</b> Pension and profit sharing . . . . .				
<b>g</b> Other post-retirement benefits . . . . .				
<b>h</b> Deferred compensation . . . . .				
<b>i</b> Reserved . . . . .				
<b>j</b> Amortization . . . . .				
<b>k</b> Depletion . . . . .				
<b>l</b> Depreciation . . . . .				
<b>m</b> Corporate-owned life insurance premiums . . . . .				
<b>n</b> Other section 263A costs . . . . .				
<b>3</b> Inventory shrinkage accruals . . . . .				
<b>4</b> Excess inventory and obsolescence reserves . . . . .				
<b>5</b> Lower of cost or market write-downs . . . . .				
<b>6</b> Other items with differences (attach statement) . . . . .				
<b>7</b> Other items with no differences				
<b>8</b> <b>Total cost of goods sold.</b> Add lines 1 through 7 in columns a, b, c, and d. Enter totals on the applicable Schedule M-3. See instructions . . . . .				

For Paperwork Reduction Act Notice, see instructions.

Form **8916-A** (Rev. 11-2019)

**Part II Interest Income**

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
<b>1</b>	Tax-exempt interest income				
<b>2</b>	Interest income from hybrid securities				
<b>3</b>	Sale/lease interest income				
<b>4a</b>	Intercompany interest income - From outside tax affiliated group				
<b>4b</b>	Intercompany interest income - From tax affiliated group				
<b>5</b>	Other interest income	1,065,147.			1,065,147.
<b>6</b>	Total interest income. Add lines 1 through 5 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	1,065,147.			1,065,147.

**Part III Interest Expense**

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
<b>1</b>	Interest expense from hybrid securities				
<b>2</b>	Lease/purchase interest expense				
<b>3a</b>	Intercompany interest expense - Paid to outside tax affiliated group				
<b>3b</b>	Intercompany interest expense - Paid to tax affiliated group				
<b>4</b>	Other interest expense	197,908.			197,908.
<b>5</b>	Total interest expense. Add lines 1 through 4 in columns a, b, c, and d. Enter total on the applicable Schedule M-3. See instructions.	197,908.			197,908.

**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: 12/31/2021

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	633,205.
MISC INCOME	10,171.
GRANTS AND DONATIONS	634,488.
	-----
TOTAL	1,277,864.
	=====

FORM 1120, PAGE 1 DETAIL  
=====

LINE 17 - TAX SUMMARY  
-----

TAXES (EXCLUDING INCOME TAXES)	5,295.
OTHER STATE AND LOCAL TAXES	31,721.
	-----
TOTAL	37,016.
	=====

LINE 17 - TAXES AND LICENSES  
-----

TAXES AND LICENSES	5,295.
STATE AND LOCAL INCOME TAXES	31,721.
	-----
TOTAL	37,016.
	=====

FORM 1120, PAGE 1 DETAIL

## LINE 19 - CONTRIBUTION DEDUCTION

1. TAXABLE INCOME EXCLUDING CONTRIBUTIONS	722,287.
2. LESS: NOL CARRYOVER	
3. PLUS: CAPITAL LOSS CARRYBACK	
4. TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS	722,287.
5. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	72,229.
6. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	18,000.
7. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT (LESSER OF LINE 5 OR LINE 6)	18,000.
8. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 25% LIMIT (LINE 4 X 25% MINUS LINE 7)	162,572.
9. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT TO 25% LIMIT	NONE
10. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 25% LIMIT (LESSER OF LINE 8 OR LINE 9)	NONE
11. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LINE 4 X 10% MINUS LINE 7 MINUS LINE 10)	
12. AMOUNT OF CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS	
13. DEDUCTION FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LESSER OF LINE 11 OR LINE 12)	
14. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LINE 4 X 25% MINUS LINE 7,10,13)	
15. AMOUNT OF CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS	
16. DEDUCTION FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LESSER OF LINE 14 OR LINE 15)	
17. TOTAL CONTRIBUTION DEDUCTION (ADD LINES 7, 10, 13, 16)	18,000.

## LINE 19 - CURRENT YEAR CONTRIBUTIONS

CURRENT YEAR CONTRIBUTIONS	18,000.
TOTAL CURRENT YEAR CONTRIBUTIONS	18,000.
LESS: CONTRIBUTIONS SUBJECT TO 10% INCOME LIMITATION	18,000.
CURRENT YEAR CONTRIBUTIONS SUBJECT TO 25% INCOME LIMITATION	NONE

FORM 1120, PAGE 1 DETAIL

=====

LINE 26 - OTHER DEDUCTIONS

-----

PROFESSIONAL FEES	16,005.
INSURANCE	6,250.
SUPPLIES	98,578.
MISCELLANEOUS EXPENSES	8,463.
RENTAL RE MAINTENANCE	19,707.
ADMIN EXPENSES	713,204.
PROGRAM EXPENSE	1,444.
NMTC AMORTIZATION EXPENSES	30,248.

-----

TOTAL	893,899.
-------	----------

=====

## FORM 1120, PAGE 6 DETAIL

SCH L, LINE 6 -  
OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES AND OTHER	30,294.	42,491.
INCOME TAXES PREPAID AND RECEIVABLE	29,142.	NONE
TOTAL	59,436.	42,491.

## SCH L, LINE 9 - OTHER INVESTMENTS

INVESTMENT IN REAL ESTATE	1,114,776.	1,248,926.
TOTAL	1,114,776.	1,248,926.

## SCH L, LINE 14 - OTHER ASSETS

NOTE RECEIVABLE	11,646,274.	13,850,011.
TOTAL	11,646,274.	13,850,011.

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

CURRENT PORTION OF LONG TERM DEBT	1,347,603.	313,404.
TOTAL	1,347,603.	313,404.

SCH L, LINE 18 -  
OTHER CURRENT LIABILITIES

ACCRUED INTEREST	3,348.	3,076.
DEFERRED INCOME	NONE	1,304,412.
INCOME TAXES PAYABLE	NONE	94,229.
TOTAL	3,348.	1,401,717.



FORM 1120, PAGE 6 DETAIL

=====

SCH L, LINE 21 - OTHER LIABILITIES	BEGINNING	ENDING
-----	-----	-----
DUE TO AFFILIATES	14,843,743.	13,220,115.
DEFERRED TAXES	329,000.	367,000.
	-----	-----
TOTAL	15,172,743.	13,587,115.
	=====	=====

FORM 1120, PAGE 6 DETAIL  
=====

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

TAXABLE GRANTS	634,488.
	-----
TOTAL	634,488.
	=====

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

CHANGE IN DOUBTFUL ACCOUNTS	675,000.
IMPAIRMENT LOSS	232,302.
	-----
TOTAL	907,302.
	=====

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

CDFI GRANT REVENUE	1,678,103.
	-----
TOTAL	1,678,103.
	=====

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

STATE TAXES	31,721.
PREPAID INSURANCE	2,417.
	-----
TOTAL	34,138.
	=====

SCHEDULE M-3, PART II DETAIL

=====

LINE 25 - OTHER INCOME (LOSS) ITEMS WITH DIFFERENCES

-----

DESCRIPTION	INCOME (LOSS) PER INCOME STMT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	INCOME (LOSS) PER TAX RETURN
-----	-----	-----	-----	-----
CDFI GRANTS	1,678,103.	-1,043,615.		634,488.
	-----	-----	-----	-----
TOTAL	1,678,103.	-1,043,615.		634,488.
	=====	=====	=====	=====

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	3,833.	2,417.		6,250.
	-----	-----	-----	-----
TOTAL	3,833.	2,417.		6,250.
	=====	=====	=====	=====

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR \_\_\_\_\_

FORM \_\_\_\_\_

**2021 California e-file Return Authorization for Corporations 8453-C**Corporation name  
**GREAT RIVERS COMMUNITY CAPITAL**California 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) . . . . . **1 754,008.**

2 Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10) . . . . . **2 115.**

3 Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 18) . . . . . **3 800.**

4 Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 20) . . . . . **4**

5 Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 27) . . . . . **5**

**Part II Settle the Account Electronically for Taxable Year 2021**

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 2022** (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 2021 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **CONTROLLER**

**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, 2021 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  Date **09/08/2022** Check if also paid preparer ☒ Check if self-employed ☐ ERO's PTIN **P00043751**

Firm's name (or yours if self-employed) and address **FORVIS, LLP**  
**211 N. BROADWAY, SUITE 600**  
**ST. LOUIS, MO** Firm's FEIN **44-0160260**  
ZIP code **63102-2733**

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 \_\_\_\_\_

FTB 8453-C 2021

2021

# California Corporation Franchise or Income Tax Return

100

RP

3637018 GREA 43-1862691 21  
 TYB 01-01-2021 TYE 12-31-2021  
 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	704,287	00
	2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A	2	31,721	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	18,000	00
	9	Total. Add line 1 through line 8	9	754,008	00

Form at bottom of page.

**Installment 1** - File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

**If no payment is due, do not mail this form.**

**WHERE TO FILE:**

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**ONLINE SERVICES:**

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

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM --- DETACH HERE ---

**Caution:** The corporation may be required to pay electronically. See instructions.

TAXABLE YEAR

Installment 1  
CALIFORNIA FORM

**2022 Corporation Estimated Tax**

**100-ES**

3637018 GREA 43-1862691 000000000000 22 FORM 1  
TYB 01-01-2022 TYE 12-31-2022  
GREAT RIVERS COMMUNITY CAPITAL

1023 N GRAND BLVD  
SAINT LOUIS MO 63106 636-225-2900

EST TAX AMT 800. QSUB TAX AMT  
TOTAL PAYMENT AMT 800.

027

6101226

Form 100-ES 2021

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 <b>STMT. 2.</b>	14	18,000	00	
	15	Other deductions. Attach schedule(s)	15		00	
	16	Total. Add line 10 through line 15	16		18,000	00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	17		736,008	00
	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.	18		136	00
	19	Net operating loss (NOL) deduction. See instructions	19	21	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		115	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	<b>Balance.</b> 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	<b>Total tax.</b> Add line 28 and line 29	30		800	00
	Payments	31	Overpayment from prior year allowed as a credit	31		00
32		<b>2021 Estimated tax payments.</b> See instructions <b>STMT. 2.</b>	32	800	00	
33		2021 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	<b>Use tax. This is not a total line.</b> 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	<b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line 36	38			00
	39	<b>Franchise or income tax due.</b> If line 30 is more than line 37, subtract line 37 from line 30	39			00
	40	<b>Overpayment.</b> 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 2022 estimated tax.	41			00
	42	<b>Refund.</b> Subtract line 41 from line 40. See instructions to have the refund directly deposited.	42			00
		<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	<b>Total amount due.</b> 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 EN-SP, 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

**CC** 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? . . . . . ● ☐ Yes ☒ No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) ● \_\_\_\_\_ 3. Amount last remitted ☐ \$ \_\_\_\_\_

<b>Sign Here</b>	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.			● Telephone
	Signature of officer ▶	Title <b>CONTROLLER</b>	Date <b>10/15/2022</b>	
	Officer's email address (optional)			<b>636-225-2900</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date <b>10/15/2022</b>	Check if self-employed ▶ <input type="checkbox"/>	● PTIN <b>P00043751</b>
	Firm's name (or yours, if self-employed) and address <b>▶ FORVIS LLP</b> <b>211 N BROADWAY SUITE 600</b> <b>ST. LOUIS, MO 63102-2733</b>			● Firm's FEIN <b>44-0160260</b> ● Telephone <b>314-231-5544</b>
	May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 5			00
			00
<b>Total.</b> 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.		37,016.	31,72100

Income	<b>1</b>	a) Gross receipts or gross sales _____ b) Less returns and allowance _____ c) Balance . . . •	<b>1c</b>		00
	<b>2</b>	Cost of goods sold. Attach federal Form 1125-A (California Schedule V) . . . . . •	<b>2</b>		00
	<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . . •	<b>3</b>		00
	<b>4</b>	Total dividends. Attach federal Schedule C, (California Schedule H (100)). . . . . •	<b>4</b>		00
	<b>5</b>	a) Interest on obligations of the United States and U.S. instrumentalities . . . . . • b) Other interest. Attach schedule . . . . . SEE. STATEMENT. 6. . . . . •	<b>5a</b> <b>5b</b>	 1,065,147	 00
	<b>6</b>	Gross rents . . . . . •	<b>6</b>	34,115	00
	<b>7</b>	Gross royalties . . . . . •	<b>7</b>		00
	<b>8</b>	Capital gain net income. Attach federal Schedule D (California Schedule D). . . . . •	<b>8</b>		00
	<b>9</b>	Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1) . . . . . •	<b>9</b>		00
	<b>10</b>	Other income (loss). Attach schedule . . . . . SEE. STATEMENT. 6. . . . . •	<b>10</b>	1,277,864	00
	<b>11</b>	<b>Total income.</b> Add line 3 through line 10. . . . . •	<b>11</b>	2,377,126	00
Deductions	<b>12</b>	Compensation of officers. Attach federal Form 1125-E or equivalent schedule . . . . . •	<b>12</b>		00
	<b>13</b>	Salaries and wages (not deducted elsewhere) . . . . . •	<b>13</b>		00
	<b>14</b>	Repairs and maintenance . . . . . Ⓞ	<b>14</b>		00
	<b>15</b>	Bad debts . . . . . •	<b>15</b>	512,339	00
	<b>16</b>	Rents . . . . . •	<b>16</b>		00
	<b>17</b>	Taxes (California Schedule A). See instructions . . . . . •	<b>17</b>	37,016	00
	<b>18</b>	Interest. Attach schedule. . . SEE. STATEMENT. 7. . . •	<b>18</b>	197,908	00
	<b>19</b>	Charitable Contributions. Attach schedule. STMT. 7. . . . •	<b>19</b>	18,000	00
	<b>20</b>	Depreciation. Attach federal Form 4562 and FTB 3885 . . Ⓞ	<b>20</b>	13,677	
	<b>21</b>	Less depreciation claimed elsewhere on return . . . . Ⓞ	<b>21a</b>		
			<b>21b</b>	13,677	00
	<b>22</b>	Depletion. Attach schedule . . . . . •	<b>22</b>		00
	<b>23</b>	Advertising . . . . . Ⓞ	<b>23</b>		00
	<b>24</b>	Pension, profit-sharing plans, etc. . . . . Ⓞ	<b>24</b>		00
	<b>25</b>	Employee benefit plans . . . . . Ⓞ	<b>25</b>		00
	<b>26</b>	a) Total travel and entertainment _____ b) Deductible amounts . . . . . •	<b>26b</b>		00
	<b>27</b>	Other deductions. Attach schedule . . STMT. 7. . . . . •	<b>27</b>	893,899	00
	<b>28</b>	Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions . . . . . •	<b>28</b>		00
	<b>29</b>	<b>Total deductions.</b> Add line 12 through line 28 . . . . . •	<b>29</b>	1,672,839	00
<b>30</b>	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1. . . •	<b>30</b>	704,287	00	

<b>1</b>	LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ _____	<b>1</b>		00
<b>2</b>	Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	<b>2</b>		00
<b>3</b>	Interest on tax attributable to installment: <b>a</b> Sales of certain timeshares and residential lots	<b>3a</b>		00
	<b>b</b> Method for nondealer installment obligations	<b>3b</b>		00
<b>4</b>	IRC Section 197(f)(9)(B)(ii) election	<b>4</b>		00
<b>5</b>	Credit recapture name: _____	<b>5</b>		00
<b>6</b>	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.	<b>6</b>		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	<b>a</b> Additional IRC Section 263A costs. Attach schedule . . . . .	<b>4a</b>	00
	<b>b</b> Other costs. Attach schedule . . . . .	<b>4b</b>	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)
<b>Assets</b>				
1 Cash . . . . .		5,066,684.		2,699,528.
2 <b>a</b> Trade notes and accounts receivable . . . . .	4,670,212.		2,663,982.	
<b>b</b> Less allowance for bad debts . . . . .	( )	4,670,212.	( )	2,663,982.
3 Inventories . . . . .				
4 Federal and state government obligations . . . . .				
5 Other current assets. Attach schedule(s) . . . . .	STMT 8	59,436.		42,491.
6 Loans to stockholders/officers. Attach schedule . . . . .				
7 Mortgage and real estate loans . . . . .				
8 Other investments. Attach schedule(s) . . . . .	STMT 8	1,114,776.		1,248,926.
9 <b>a</b> Buildings and other fixed depreciable assets . . . . .	415,590.		256,866.	
<b>b</b> Less accumulated depreciation . . . . .	( 130,050 )	285,540.	( 58,928 )	197,938.
10 <b>a</b> Depletable assets . . . . .				
<b>b</b> Less accumulated depletion . . . . .	( )		( )	
11 Land (net of any amortization) . . . . .				
12 <b>a</b> Intangible assets (amortizable only) . . . . .				
<b>b</b> Less accumulated amortization . . . . .	( )		( )	
13 Other assets. Attach schedule(s) . . . . .	STMT 8	11,646,274.		13,850,011.
14 <b>Total assets</b> . . . . .		22,842,922.		20,702,876.
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable . . . . .		175,035.		143,609.
16 Mortgages, notes, bonds payable in less than 1 year . . . . .		1,347,603.		313,404.
17 Other current liabilities. Attach schedule(s) . . . . .	STMT 8	3,348.		1,401,717.
18 Loans from stockholders. Attach schedule(s) . . . . .				
19 Mortgages, notes, bonds payable in 1 year or more . . . . .		3,585,141.		2,039,922.
20 Other liabilities. Attach schedule(s) . . . . .	STMT 9	15,172,743.		13,587,115.
21 Capital stock: <b>a</b> Preferred stock . . . . .				
<b>b</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 . . . . .		1,877,492.		2,535,549.
25 Adjustments to shareholders' equity. Attach schedule . . . . .				
26 Less cost of treasury stock . . . . .		( )		( )
27 <b>Total liabilities and stockholders' equity</b> . . . . .		22,842,922.		20,702,876.

**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 . . . . .	658,057.	7	Income recorded on books this year not included in this return (itemize)	
2	Federal income tax . . . . .	219,849.	a	Tax-exempt interest. \$	
3	Excess of capital losses over capital gains . .		b	Other . . . . .	\$ 1,678,103. STMT 10
4	Taxable income not recorded on books this year (itemize) . . . . .		c	Total. Add line 7a and line 7b. . . . .	1,678,103.
	SEE STATEMENT 10 . . . . .	634,488.	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. . \$	3,168.
a	Depreciation. . \$		b	State tax refunds. \$	31,721.
b	State taxes. . . \$		c	Other . . . . .	\$ 2,417. STMT 10
c	Travel and entertainment . \$		d	Total. Add line 8a through line 8c. . . .	37,306.
d	Other . . . . .	\$ 907,302. STMT 10	9	Total. Add line 7c and line 8d. . . . .	1,715,409.
e	Total. Add line 5a through line 5d. . . .	907,302.	10	Net income per return.	
6	Total. Add line 1 through line 5e. . . . .	2,419,696.		Subtract line 9 from line 6 . . . . .	704,287.

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

1	Balance at beginning of year. . . . .	1,877,492.	5	Distributions: a Cash . . . . .	
2	Net income per books . . . . .	658,057.		b Stock. . . . .	
3	Other increases (itemize) . . . . .			c Property . . . . .	
			6	Other decreases (itemize) . . . . .	
4	Total. Add line 1 through line 3 . . . . .	2,535,549.	7	Total. Add line 5 and line 6 . . . . .	
			8	Balance at end of year.	
				Subtract line 7 from line 4 . . . . .	2,535,549.

**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 . . . . .			2	00
3	Unused capital loss carryover from 2020 . . . . .			3	00
4	Net short-term capital gain (loss). Combine line 1 through line 3 . . . . .			4	00

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

5					00
					00
					00
					00
					00
6	Enter gain from Schedule D-1, line 9 and/or any capital gain distributions. . . . .			6	00
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37. . . . .			7	00
8	Net long-term capital gain (loss). Combine line 5 through line 7. . . . .			8	00
9	Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8). . . . .			9	00
10	Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4) . . .			10	00
11	Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5.				
	If losses exceed gains, carry forward losses to 2022 . . . . .			11	00

# 2021 Apportionment and Allocation of Income

## R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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.**

<b>1 a</b> 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	736,008	00
<b>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b		00
<b>c</b> Total. Combine line 1a and line 1b.	1c	736,008	00

**Nonbusiness Income (Loss) from All Sources.** See General Information A for definitions and examples.

<b>2</b> 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
<b>3</b> Interest. Attach schedule.	3		00
<b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4		00
<b>5</b> Royalties. Attach schedule.	5		00
<b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6		00
<b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7		00
<b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule.	8		00
<b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8.	9		00

**Business Income (Loss) before Apportionment** (subject to a separate apportionment formula)

<b>10</b> Nonunitary partnership or LLC business income (loss).	10		00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11		00
<b>12</b> Business income (loss) deferred from prior years. See General Information L.	12		00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M.	13		00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13.	14		00
<b>15</b> 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	736,008	00
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16		00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	736,008	00
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0185	%
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	136	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.

<b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):			
<b>a</b> Dividends included in line 2 above.	19a		00
<b>b</b> Interest included in line 3 above.	19b		00
<b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20		00
<b>21</b> Royalties. Attach schedule.	21		00
<b>22</b> 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
<b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23		00
<b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule.	24		00
<b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25		00
<b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26		00
<b>27</b> Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	27		00

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

<b>28</b> California business income (loss) from a nonunitary partnership or LLC. . . . .	●	<b>28</b>	00	
<b>29</b> California income (loss) from a separate trade or business. Attach supplemental schedule R. . . . .	●	<b>29</b>	00	
<b>30</b> California business income (loss) deferred from prior years. See General Information L . . . . .	●	<b>30</b>	00	
<b>31</b> Total business income (loss) separately apportioned to California. Combine line 28 through line 30 . . . . .	●	<b>31</b>		00
<b>Net Income (Loss) for California Purpose</b>				
<b>32</b> Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M. . . . .	●	<b>32</b>		00
<b>33</b> Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32. . . . .	●	<b>33</b>	136	00
<b>34</b> Contributions adjustment from Schedule R-6, line 15 . . . . .	●	<b>34</b>		00
<b>35</b> 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 . . . . .	●	<b>35</b>	136	00

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GREAT RIVERS COMMUNITY CAPITAL

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

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
<b>1 Sales:</b> Gross receipts, less returns, and allowances . . . .			
<b>a</b> Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California . . . . .			
(ii) Shipped from within California . . . . .			
<b>b</b> Sales shipped from California to:			
(i) The United States Government . . . . .			
(ii) Purchasers in a state where the taxpayer is not taxable. . .			
<b>c</b> Total other gross receipts . . . . .	● 2,343,011.		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. . . . .		● 434.	
<b>d</b> Sales from partnerships or LLCs treated as partnerships	●	●	
<b>Total sales</b> . . . . .	● 2,343,011.	● 434.	
<b>2 Apportionment percentage.</b> 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 . .			● 0.0185%

**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
<b>1 Property:</b> 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 .			
<b>Total property</b> . . . . .	●	●	● %
<b>2 Payroll:</b> Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
<b>Total payroll</b> . . . . .	●	●	● %
<b>3 Sales:</b> Gross receipts, less returns, and allowances. See General Information G and Specific Instructions . . . . .			
<b>a</b> Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California . . . . .			
(ii) Shipped from within California. . . . .			
<b>b</b> Sales shipped from California to:			
(i) The United States Government . . . . .			
(ii) Purchasers in a state where the taxpayer is not taxable. . .			
<b>c</b> Total other gross receipts . . . . .	●	●	
<b>Total sales</b> . . . . .	●	●	● %
<b>4 Total percent.</b> Add the percentages in column (c). . . . .			● %
<b>5 Apportionment percentage.</b> 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.



2021

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	736,008	00
2	<b>Adjustments.</b> 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	<b>Tax preference items.</b> See instructions.			
a	Depletion . . . . .	3a		00
b	Intangible drilling costs . . . . .	3b		00
c	Add line 3a and line 3b. . . . .	3c		00
4	<b>Pre-adjustment alternative minimum taxable income (AMTI):</b>			
a	Combine line 1, line 2l, and line 3c . . . . .	4a	736,008	00
b	<b>Apportioned pre-adjustment AMTI.</b> If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 4a . . . . .	4b	136	00
5	<b>Adjusted current earnings (ACE) adjustment:</b>			
a	Enter ACE. See instructions. . . . .	5a	736,008	00
b	<b>Apportioned ACE.</b> If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a . . . . .	5b	136	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	<b>ACE adjustment:</b>			
	• 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	136	00
7	<b>a</b> Reduction for disaster loss deduction, if any, from Form 100, line 21 . . . . .			
	<b>b</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	136	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

<b>1</b>	Pre-adjustment AMTI . Enter the amount from Schedule P (100), line 4a, or Schedule P (100W), line 4a. . . . .	<b>1</b>	736,008.
<b>2</b>	ACE depreciation adjustment:		
	<b>a</b> AMT depreciation . . . . .	<b>2a</b>	
	<b>b</b> ACE depreciation:		
	<b>(1)</b> Post-1998 property. . . . .	<b>2b(1)</b>	
	<b>(2)</b> Post-1990, pre-1998 property. . . . .	<b>2b(2)</b>	
	<b>(3)</b> Post 1987, pre-1990 property. . . . .	<b>2b(3)</b>	
	<b>(4)</b> Post-1981, pre-1987 property. . . . .	<b>2b(4)</b>	
	<b>(5)</b> Property described in sections 168(f)(1) through (4) . . . . .	<b>2b(5)</b>	
	<b>(6)</b> Other property . . . . .	<b>2b(6)</b>	
	<b>(7)</b> Total ACE depreciation. Add lines 2b(1) through 2b(6). . . . .	<b>2b(7)</b>	
	<b>c</b> ACE depreciation adjustment. Subtract line 2b(7) from line 2a . . . . .	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):		
	<b>a</b> Tax-exempt interest income. . . . .	<b>3a</b>	
	<b>b</b> Death benefits from life insurance contracts . . . . .	<b>3b</b>	
	<b>c</b> All other distributions from life insurance contracts (including surrenders). . . . .	<b>3c</b>	
	<b>d</b> Inside buildup of undistributed income in life insurance contracts. . . . .	<b>3d</b>	
	<b>e</b> Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) . . . . .	<b>3e</b>	
	<b>f</b> Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e. . . . .	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:		
	<b>a</b> Allowable deduction to a credit union . . . . .	<b>4a</b>	
	<b>b</b> Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) . . . . .	<b>4b</b>	
	<b>c</b> Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a and 4b . . . . .	<b>4c</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:		
	<b>a</b> Intangible drilling costs . . . . .	<b>5a</b>	
	<b>b</b> Circulation expenditures . . . . .	<b>5b</b>	
	<b>c</b> Organizational expenditures . . . . .	<b>5c</b>	
	<b>d</b> LIFO inventory adjustments . . . . .	<b>5d</b>	
	<b>e</b> Installment sales . . . . .	<b>5e</b>	
	<b>f</b> Total other E&P adjustments. Combine lines 5a through 5e. . . . .	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools . . . . .	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts. . . . .	<b>7</b>	
<b>8</b>	Depletion . . . . .	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property. . . . .	<b>9</b>	
<b>10</b>	Interest income . . . . .	<b>10</b>	
<b>11</b>	Interest expense . . . . .	<b>11</b>	
<b>12</b>	<b>Adjusted current earnings.</b> 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 . . . . .	<b>12</b>	736,008.

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

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

**Part II Credits that Reduce Tax. See instructions.**

1	Regular tax from Form 100, line 23 or Form 109, line 10 . . . . .	<input type="radio"/> 1	800	00
2	TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable) . . . . .	<input type="radio"/> 2	800	00

	(a) Credit amount	(b) *Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
<b>Section A - Credits that reduce excess regular tax.</b>				
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. . . . . <input type="radio"/> 3 NONE			
<b>A1 Credits that reduce excess regular tax and have no carryover provisions.</b>				
4	Code: 162 Prison Inmate Labor Credit. . . . . <input type="radio"/> 4 <input type="radio"/> NONE			
<b>A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.</b>				
5	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Code: 188 Credit for prior year AMT from Part III, line 3 . . . . .	<input type="radio"/>	<input type="radio"/> NONE	<input type="radio"/>
<b>Section B - Credits that may reduce regular tax below TMT.</b>				
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) . . . . . <input type="radio"/> 10 NONE			
<b>B Credits that reduce net tax and have carryover provisions. See instructions.</b>				
11	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Code: <input type="radio"/> Credit Name: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Section C - Credits that may reduce AMT. See instructions.</b>				
15	Enter the AMT from Part I, line 19. . . . . <input type="radio"/> 15			
16a	Code: 180 Solar Energy Credit carryover from Section B, column (d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16b	Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d) . . . . .	<input type="radio"/>	<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 . . . . . <input type="radio"/> 18			

**Part III Credit for Prior Year AMT**

1	Enter the AMT from the 2020 Schedule P (100). See instructions. . . . .	<input type="radio"/> 1		00
2	Carryover of unused credit for prior year AMT. See instructions . . . . .	<input type="radio"/> 2		00
3	Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a). . . . .	<input type="radio"/> 3		00

\*If the corporation is subject to the credit limitation, the total of credits in Part II, Sections A and B, 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.

# 2021 Apportionment and Allocation of Income

# R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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.**

<b>1 a</b> 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>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
<b>c</b> Total. Combine line 1a and line 1b.	1c	736,00800

**Nonbusiness Income (Loss) from All Sources.** See General Information A for definitions and examples.

<b>2</b> 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
<b>3</b> Interest. Attach schedule.	3	00
<b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
<b>5</b> Royalties. Attach schedule.	5	00
<b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
<b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
<b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
<b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8.	9	00

**Business Income (Loss) before Apportionment** (subject to a separate apportionment formula)

<b>10</b> Nonunitary partnership or LLC business income (loss).	10	00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
<b>12</b> Business income (loss) deferred from prior years. See General Information L.	12	00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
<b>15</b> 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	736,00800
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	736,00800
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0185 %
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	13600

**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.

<b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):		
<b>a</b> Dividends included in line 2 above.	19a	00
<b>b</b> Interest included in line 3 above.	19b	00
<b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
<b>21</b> Royalties. Attach schedule.	21	00
<b>22</b> 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
<b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
<b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
<b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
<b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
<b>27</b> 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	
<b>California Business Income (Loss)</b> 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
<b>Net Income (Loss) for California Purpose</b>			
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. . . . .		13600
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 . . . . .		13600

# 2021 Apportionment and Allocation of Income

# R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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.**

<b>1 a</b> 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>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
<b>c</b> Total. Combine line 1a and line 1b.	1c	736,00800
<b>Nonbusiness Income (Loss) from All Sources.</b> See General Information A for definitions and examples.		
<b>2</b> 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
<b>3</b> Interest. Attach schedule.	3	00
<b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
<b>5</b> Royalties. Attach schedule.	5	00
<b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
<b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
<b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
<b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8.	9	00
<b>Business Income (Loss) before Apportionment</b> (subject to a separate apportionment formula)		
<b>10</b> Nonunitary partnership or LLC business income (loss).	10	00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
<b>12</b> Business income (loss) deferred from prior years. See General Information L.	12	00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
<b>15</b> 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	736,00800
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	736,00800
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0185 %
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	13600
<b>Nonbusiness Income (Loss) Allocable to California.</b> 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.		
<b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):		
<b>a</b> Dividends included in line 2 above.	19a	00
<b>b</b> Interest included in line 3 above.	19b	00
<b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
<b>21</b> Royalties. Attach schedule.	21	00
<b>22</b> 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
<b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
<b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
<b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
<b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
<b>27</b> 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	
<b>California Business Income (Loss)</b> 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
<b>Net Income (Loss) for California Purpose</b>			
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. . . . .		13600
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 . . . . .		13600

**2021****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	2021 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	
		136.	

**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 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2019		GEN	<input checked="" type="radio"/>	21.	21.	115.	<input checked="" type="radio"/>
<input type="radio"/>			<input type="radio"/>				<input type="radio"/>
<input type="radio"/>			<input type="radio"/>				<input type="radio"/>
<input type="radio"/>			<input type="radio"/>				<input type="radio"/>

**Current Year NOLs**

							col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021							
2021							
2021							
2021							

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

**Part III 2021 NOL deduction**

1	Total the amounts in Part II, line 2, column (f).	1	21	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	21	00



# Corporation Depreciation and Amortization

2021

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 <b>smaller</b> 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 2022. 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	13,677.
----	---	----	---------

## 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) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) . . . . .	16	13,677.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22 . . . . .	17	13,677.
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	18,000
	-----
TOTAL LINE 8 - OTHER ADDITIONS	18,000
	=====

## CALIFORNIA FORM 100, SIDE 2 -- DETAIL

## LINE 14 - CONTRIBUTIONS

1) NI AFTER STATE ADJ FROM LN. 17 BEFORE CONTRIBUTIONS	754,008
3) NET INCOME FOR CONTRIBUTIONS CALCULATION	754,008
4) CONTRIBUTIONS LIMITATIONS (10%)	75,401
5) AMOUNT ACTUALLY CONTRIBUTED (INCLUDING CARRYOVER)	18,000
CONTRIBUTIONS DEDUCTION (LESSER OF LINE 4 OR LINE 5)	18,000

## LINE 32 - ESTIMATED TAX PAYMENTS

1ST INSTALLMENT PAYMENT	800
TOTAL LINE 32 - ESTIMATED TAX PAYMENTS	800

## LINE 14 - 5 YEAR CONTRIBUTION CARRYOVER

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CARRYOVER TO NEXT YEAR
12/31/2021	18,000.	18,000.	
TOTAL	18,000.	18,000.	

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			
TAXES AND LICENSES		5,295.	
		-----	-----
TOTAL - SCH A, TAXES		37,016.	31,721
		=====	=====

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

=====

LINE 5B - OTHER INTEREST	
-----	
TOTAL LINE 5B - OTHER INTEREST	-----
	1,065,147
	=====

LINE 10 - OTHER INCOME	
-----	
LOAN FEES	633,205
MISC INCOME	10,171
GRANTS AND DONATIONS	634,488
	-----
TOTAL LINE 10 - OTHER INCOME	1,277,864
	=====

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

## LINE 18 - INTEREST DEDUCTION

OTHER INTEREST

197,908

TOTAL LINE 18 - INTEREST DEDUCTION

197,908

## LINE 19 - CONTRIBUTIONS

CONTRIBUTIONS MADE DURING CURRENT YEAR

18,000

TOTAL AMOUNT OF DEDUCTIBLE CONTRIBUTIONS

18,000

TOTAL LINE 19 - CONTRIBUTIONS

18,000

## LINE 27 - OTHER DEDUCTIONS

PROFESSIONAL FEES

16,005

INSURANCE

6,250

SUPPLIES

98,578

MISCELLANEOUS EXPENSES

8,463

RENTAL RE MAINTENANCE

19,707

ADMIN EXPENSES

713,204

PROGRAM EXPENSE

1,444

NMTC AMORTIZATION EXPENSES

30,248

TOTAL LINE 27 - OTHER DEDUCTIONS

893,899



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

=====

LINE 5 - OTHER CURRENT ASSETS	BEGINNING	ENDING
-----	-----	-----
PREPAID EXPENSES AND OTHER	30,294.	42,491.
INCOME TAXES PREPAID AND RECEIVABLE	29,142.	NONE
	-----	-----
TOTAL LINE 5 - OTHER CURRENT ASSETS	59,436.	42,491.
	=====	=====
LINE 8 - OTHER INVESTMENTS		
-----		
INVESTMENT IN REAL ESTATE	1,114,776.	1,248,926.
	-----	-----
TOTAL LINE 8 - OTHER INVESTMENTS	1,114,776.	1,248,926.
	=====	=====
LINE 13 - OTHER ASSETS		
-----		
NOTE RECEIVABLE	11,646,274.	13,850,011.
	-----	-----
TOTAL LINE 13 - OTHER ASSETS	11,646,274.	13,850,011.
	=====	=====
LINE 17 - OTHER CURRENT LIABILITIES		
-----		
ACCRUED INTEREST	3,348.	3,076.
DEFERRED INCOME	NONE	1,304,412.
INCOME TAXES PAYABLE	NONE	94,229.
	-----	-----
TOTAL LINE 17 - OTHER CURRENT LIABILITIES	3,348.	1,401,717.
	=====	=====

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

LINE 20 - OTHER LIABILITIES	BEGINNING	ENDING
-----	-----	-----
DUE TO AFFILIATES	14,843,743.	13,220,115.
DEFERRED TAXES	329,000.	367,000.
	-----	-----
TOTAL LINE 20 - OTHER LIABILITIES	15,172,743.	13,587,115.
	=====	=====

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	634,488.
	-----
TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS	634,488.
	=====

SCH M-1, LINE 5 - EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	
-----	
CHANGE IN DOUBTFUL ACCOUNTS	675,000.
IMPAIRMENT LOSS	232,302.
	-----
TOTAL EXPENSES RECORDED ON BOOKS NOT IN THE RETURN	907,302.
	=====

SCH M-1, LINE 7 - INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN RETURN	
-----	
CDFI GRANT REVENUE	1,678,103.
	-----
TOTAL INCOME RECORDED ON BOOKS NOT IN THE RETURN	1,678,103.
	=====

SCH M-1, LINE 8 - DEDUCTIONS IN TAX RETURN NOT CHARGED AGAINST BOOK INCOME	
-----	
PREPAID INSURANCE	2,417.
	-----
TOTAL DEDUCTIONS IN RETURN NOT RECORDED ON BOOKS	2,417.
	=====

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

=====

LINE 1C - OTHER GROSS RECEIPTS	EVERYWHERE	WITHIN CA
-----	-----	-----
	-----	-----
TOTAL LINE 1C - OTHER GROSS RECEIPTS	2,343,011.	434.
	=====	=====

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

=====

QUESTION 1

-----

COMMUNITY DEVELOPMENT BY PROVIDING INDIVIDUAL AND FAMILY SERVICES

**Electronic Filing Information: PDF attachments Included in this Return**

**Tax Year:** 2021

**Jurisdiction:** California

**Name:** Great Rivers Community

**No of Attachments:** 2

**Return No:** C9598QR1

PDF Attachment Description	PDF File Name	File Size
CA Sched R for Sched P	C9598QR1_CA_CA Sched R for Sched P.pdf	54,245
CA Fed 1120 attach	C9598QR1_CA_CA Fed 1120 attach.pdf	180,489

# 2021 Apportionment and Allocation of Income

## R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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.**

<b>1 a</b> 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>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
<b>c</b> Total. Combine line 1a and line 1b.	1c	736,00800
<b>Nonbusiness Income (Loss) from All Sources.</b> See General Information A for definitions and examples.		
<b>2</b> 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
<b>3</b> Interest. Attach schedule.	3	00
<b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
<b>5</b> Royalties. Attach schedule.	5	00
<b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
<b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
<b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
<b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8.	9	00
<b>Business Income (Loss) before Apportionment</b> (subject to a separate apportionment formula)		
<b>10</b> Nonunitary partnership or LLC business income (loss).	10	00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
<b>12</b> Business income (loss) deferred from prior years. See General Information L.	12	00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
<b>15</b> 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	736,00800
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	736,00800
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0185 %
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	13600
<b>Nonbusiness Income (Loss) Allocable to California.</b> 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.		
<b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):		
<b>a</b> Dividends included in line 2 above.	19a	00
<b>b</b> Interest included in line 3 above.	19b	00
<b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
<b>21</b> Royalties. Attach schedule.	21	00
<b>22</b> 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
<b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
<b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
<b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
<b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
<b>27</b> 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	
<b>California Business Income (Loss)</b> 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
<b>Net Income (Loss) for California Purpose</b>			
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. . . . .	136	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 . . . . .	136	00



# 2021 Apportionment and Allocation of Income

# R

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

For calendar year 2021 or fiscal year beginning month (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

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.**

<b>1 a</b> 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>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
<b>c</b> Total. Combine line 1a and line 1b.	1c	736,00800

**Nonbusiness Income (Loss) from All Sources.** See General Information A for definitions and examples.

<b>2</b> 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
<b>3</b> Interest. Attach schedule.	3	00
<b>4</b> Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
<b>5</b> Royalties. Attach schedule.	5	00
<b>6</b> Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
<b>7</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
<b>8</b> Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
<b>9</b> Total nonbusiness income (loss). Combine line 2 through line 8.	9	00

**Business Income (Loss) before Apportionment** (subject to a separate apportionment formula)

<b>10</b> Nonunitary partnership or LLC business income (loss).	10	00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
<b>12</b> Business income (loss) deferred from prior years. See General Information L.	12	00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
<b>15</b> 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	736,00800
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	736,00800
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0185 %
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	13600

**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.

<b>19</b> Dividends and interest income (if taxpayer's commercial domicile is in California):		
<b>a</b> Dividends included in line 2 above.	19a	00
<b>b</b> Interest included in line 3 above.	19b	00
<b>20</b> Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
<b>21</b> Royalties. Attach schedule.	21	00
<b>22</b> 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
<b>23</b> Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
<b>24</b> Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
<b>25</b> Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
<b>26</b> Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
<b>27</b> 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	
<b>California Business Income (Loss)</b> 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
<b>Net Income (Loss) for California Purpose</b>			
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. . . . .		13600
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 . . . . .		13600

<b>A Check if:</b> <input type="checkbox"/> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input checked="" type="checkbox"/> 4 Schedule M-3 attached	<b>TYPE OR PRINT</b>	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>B Employer identification number</b> 43-1862691 <b>C Date incorporated</b> 04/22/1999 <b>D Total assets (see instructions)</b> \$ 20,702,876.
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return    (2) <input type="checkbox"/> Final return    (3) <input type="checkbox"/> Name change    (4) <input type="checkbox"/> Address change			

<b>Income</b>	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		1,065,147.
	6	Gross rents	6		34,115.
	7	Gross royalties	7		
	8	Capital gain net income (attach Schedule D (Form 1120))	8		
	<b>Deductions (See instructions for limitations on deductions.)</b>	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10		Other income (see instructions - attach statement)	10	SEE. STATEMENT. 1.	1,277,864.
11		<b>Total income.</b> Add lines 3 through 10	11		2,377,126.
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		512,339.
16		Rents	16		
17		Taxes and licenses	17	SEE. STATEMENT. 2.	37,016.
18		Interest (see instructions)	18		197,908.
19		Charitable contributions	19	SEE. STATEMENT. 3.	18,000.
20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		13,677.	
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. 4.	893,899.	
27	<b>Total deductions</b> Add lines 12 through 26	27		1,672,839.	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		704,287.	
<b>Tax, Refundable Credits, and Payments</b>	29a	Net operating loss deduction (see instructions)	29a		
	b	Special deductions (Schedule C, line 24)	29b		
	c	Add lines 29a and 29b	29c		
30	<b>Taxable income.</b> Subtract line 29c from line 28. See instructions	30		704,287.	
31	Total tax (Schedule J, Part I, line 11)	31		147,900.	
32	Reserved for future use	32			
33	Total payments and credits (Schedule J, Part III, line 23)	33		185,600.	
34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34			
35	<b>Amount owed.</b> If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35			
36	<b>Overpayment.</b> If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36		37,700.	
37	Enter amount from line 36 you want: <b>Credited to 2022 estimated tax</b> 37,700. <b>Refunded</b>	37			

<b>Sign Here</b>	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 <u>LINDA CLARK</u> Date <u>10/15/2022</u>	Title <u>CONTROLLER</u>	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DONNA J LARSON	Preparer's signature 	Date 10/15/2022	Check <input type="checkbox"/> if self-employed	PTIN P00043751
	Firm's name ▶ FORVIS, LLP				Firm's EIN ▶ 44-0160260
	Firm's address ▶ 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733				Phone no. 314-231-5544

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

<b>1</b>	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions		
<b>2</b>	Income tax. See instructions	<b>2</b>	147,900.
<b>3</b>	Base erosion minimum tax amount (attach Form 8991)	<b>3</b>	
<b>4</b>	Add lines 2 and 3	<b>4</b>	147,900.
<b>5a</b>	Foreign tax credit (attach Form 1118)	<b>5a</b>	
<b>b</b>	Credit from Form 8834 (see instructions)	<b>5b</b>	
<b>c</b>	General business credit (attach Form 3800)	<b>5c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8827)	<b>5d</b>	
<b>e</b>	Bond credits from Form 8912	<b>5e</b>	
<b>6</b>	<b>Total credits.</b> Add lines 5a through 5e	<b>6</b>	
<b>7</b>	Subtract line 6 from line 4	<b>7</b>	147,900.
<b>8</b>	Personal holding company tax (attach Schedule PH (Form 1120))	<b>8</b>	
<b>9a</b>	Recapture of investment credit (attach Form 4255)	<b>9a</b>	
<b>b</b>	Recapture of low-income housing credit (attach Form 8611)	<b>9b</b>	
<b>c</b>	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	<b>9c</b>	
<b>d</b>	Interest due under the look-back method - income forecast method (attach Form 8866)	<b>9d</b>	
<b>e</b>	Alternative tax on qualifying shipping activities (attach Form 8902)	<b>9e</b>	
<b>f</b>	Interest/tax due under section 453A(c) and/or section 453(l)	<b>9f</b>	
<b>g</b>	Other (see instructions - attach statement)	<b>9g</b>	
<b>10</b>	<b>Total.</b> Add lines 9a through 9g	<b>10</b>	
<b>11</b>	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	<b>11</b>	147,900.

**Part II - Reserved For Future Use**

<b>12</b>	Reserved for future use	<b>12</b>	
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**Part III - Payments and Refundable Credits**

<b>13</b>	2020 overpayment credited to 2021	<b>13</b>	21,805.
<b>14</b>	2021 estimated tax payments	<b>14</b>	61,795.
<b>15</b>	2021 refund applied for on Form 4466	<b>15</b>	( )
<b>16</b>	Combine lines 13, 14, and 15	<b>16</b>	83,600.
<b>17</b>	Tax deposited with Form 7004	<b>17</b>	102,000.
<b>18</b>	Withholding (see instructions)	<b>18</b>	
<b>19</b>	<b>Total payments.</b> Add lines 16, 17, and 18	<b>19</b>	185,600.
<b>20</b>	Refundable credits from:		
<b>a</b>	Form 2439	<b>20a</b>	
<b>b</b>	Form 4136	<b>20b</b>	
<b>c</b>	Reserved for future use	<b>20c</b>	
<b>d</b>	Other (attach statement - see instructions)	<b>20d</b>	
<b>21</b>	<b>Total credits.</b> Add lines 20a through 20d	<b>21</b>	
<b>22</b>	Reserved for future use	<b>22</b>	
<b>23</b>	<b>Total payments and credits.</b> Add lines 19 and 21. Enter here and on page 1, line 33	<b>23</b>	185,600.

**Schedule K Other Information** (see instructions)

<b>1</b> Check accounting method: <b>a</b> <input type="checkbox"/> Cash <b>b</b> <input checked="" type="checkbox"/> Accrual <b>c</b> <input type="checkbox"/> Other (specify) ▶ _____	<b>Yes</b>	<b>No</b>
<b>2</b> See the instructions and enter the:		
<b>a</b> Business activity code no. ▶ <u>624100</u>		
<b>b</b> Business activity ▶ <u>INDIV &amp; FAMILY SERVI</u>		
<b>c</b> Product or service ▶ <u>COMMUNITY DEVELOPMENT</u>		
<b>3</b> Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .	X	
If "Yes," enter name and EIN of the parent corporation ▶ <u>JUSTINE PETERSEN HOUSING</u> <u>43-1769074</u>		
<b>4</b> At the end of the tax year:		
<b>a</b> 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>b</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
<b>5</b> At the end of the tax year, did the corporation:		
<b>a</b> 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 <b>Form 851</b> , 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>b</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
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

<b>6</b> 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 <b>Form 5452</b> , 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
<b>7</b> 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: <b>(a)</b> Percentage owned ▶ _____ and <b>(b)</b> Owner's country ▶ _____ <b>(c)</b> The corporation may have to file <b>Form 5472</b> , 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
<b>8</b> 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 <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.		
<b>9</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>NONE</u>		
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ <u>1</u>		
<b>11</b> 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.		
<b>12</b> Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) . . . . . ▶ \$ _____		

**Schedule K Other Information** (continued from page 4)

	Yes	No
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year <b>and</b> 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 ► \$ _____		
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . . . .		X
If "Yes," complete and attach Schedule UTP.		
<b>15 a</b> Did the corporation make any payments in 2021 that would require it to file Form(s) 1099? . . . . .	X	
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	X	
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20</b> Is the corporation operating on a cooperative basis? . . . . .		X
<b>21</b> 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 ► \$ _____		
<b>22</b> 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.		
<b>23</b> 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
<b>24</b> Does the corporation satisfy one or more of the following? See instructions . . . . .		X
<b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</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.		
<b>c</b> The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
<b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
If "Yes," enter amount from Form 8996, line 15 . . . . . ► \$ _____		
<b>26</b> 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** (2021)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash . . . . .		5,066,684.		2,699,528.
2a	Trade notes and accounts receivable . . . . .	4,670,212.		2,663,982.	
b	Less allowance for bad debts . . . . .	( )	4,670,212.	( )	2,663,982.
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach statement) . . . . .	STMT 5	59,436.		42,491.
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach statement) . . . . .	STMT 5	1,114,776.		1,248,926.
10a	Buildings and other depreciable assets . . . . .	415,590.		256,866.	
b	Less accumulated depreciation . . . . .	( 130,050. )	285,540.	( 58,928. )	197,938.
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 5	11,646,274.		13,850,011.
15	Total assets . . . . .		22,842,922.		20,702,876.
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		175,035.		143,609.
17	Mortgages, notes, bonds payable in less than 1 year . . . . .	STMT 5	1,347,603.		313,404.
18	Other current liabilities (attach statement) . . . . .	STMT 5	3,348.		1,401,717.
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .		3,585,141.		2,039,922.
21	Other liabilities (attach statement) . . . . .	STMT 6	15,172,743.		13,587,115.
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 . . . . .		1,877,492.		2,535,549.
26	Adjustments to shareholders' equity (attach statement) . . . . .				
27	Less cost of treasury stock . . . . .		( )		( )
28	Total liabilities and shareholders' equity . . . . .		22,842,922.		20,702,876.

**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 . . . . .	658,057.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books . . . . .	219,849.			
3	Excess of capital losses over capital gains . . . . .				
4	Income subject to tax not recorded on books this year (itemize): SEE STATEMENT 7	634,488.		SEE STATEMENT 7	1,678,103.
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . \$ _____ c Travel and entertainment . \$ _____ SEE STATEMENT 7	907,302.		8 Deductions on this return not charged against book income this year (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . \$ _____ SEE STATEMENT 7	3,168.
6	Add lines 1 through 5 . . . . .	2,419,696.		9 Add lines 7 and 8 . . . . .	1,715,409.
				10 Income (page 1, line 28) - line 6 less line 9	704,287.

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

1	Balance at beginning of year . . . . .	1,877,492.	5	Distributions: a Cash . . . . .	
2	Net income (loss) per books . . . . .	658,057.		b Stock . . . . .	
3	Other increases (itemize): _____			c Property . . . . .	
			6	Other decreases (itemize): _____	
			7	Add lines 5 and 6 . . . . .	
4	Add lines 1, 2, and 3 . . . . .	2,535,549.	8	Balance at end of year (line 4 less line 7)	2,535,549.



**K-120**

Rev. 7-21

Page 1 of 6

**2021 CORPORATE INCOME TAX**

021

151021

For the taxable year beginning

01012021

ending

12312021

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:

1. Activity wholly within Kansas - Single entity

2. Activity wholly within Kansas - Consolidated

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

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

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

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

7. Common carrier mileage (Enclose mileage apportionment schedule)

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

## B. Business Activity Code:

624100

## C. Date Business Began in KS:

01122017

## D. Date Business Discontinued in KS:

## E. State and Month/Day/Year of Incorporation:

MO 04221999

## F. State of Commercial Domicile: MO

## G. Type of Federal Return Filed:

☒ 1. Separate

2. Consolidated

## H. Have you submitted Form K-120EL?

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

## J. Name or address has changed?

Filing an amended corporate income return. Reason for amended return:  
Note: This form cannot be used for tax years prior to 2021.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income 704287.00

2. Total state and municipal interest

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

31721.00

4. Federal net operating loss deduction

5. 250 deduction related to Global Intangible  
Low-Taxed Income (GILTI)  
(I.R.C. § 250(a)(1)(B)) (Sch. req.)6. Business interest expense carryforward  
deduction (I.R.C. § 163(j)) (Sch. req.)7. Other additions to federal taxable  
income (Sch. req.)8. Total additions to federal taxable income  
(Add lines 2 - 7)

31721.00

9. Interest on U. S. government obligations  
(Part V, line 2)10. I.R.C. § 78 and 80% of foreign dividends  
(Sch. req.)11. Global Intangible Low-Taxed Income  
(GILTI) (I.R.C. § 951(A)) (Sch. req.)12. Disallowed business interest deduction  
(I.R.C. § 163(j)) Sch. req.)13. Contribution to capital exceptions  
(I.R.C. § 118) (Sch. req.)14. Disallowed business meal expenses  
(I.R.C. § 274) (Sch. req.)15. Other subtractions from federal taxable  
income (Sch. req.)16. Total subtractions from federal taxable  
income (Add lines 9 - 15)17. Net income before apportionment (Add  
line 1 to line 8 and subtract line 16)

736008.00

18. Nonbusiness income - Total company  
(Sch. req.)19. Apportionable business income  
(Subtract line 18 from line 17)

736008.00

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

A

C.

0.2079

0.2079

B

21. Amount to Kansas (Multiply line 19 by  
line 20)

1530.00

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

23. Kansas Expensing Recapture (Sch. req.)

# 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](http://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 21, 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	185,600.
7 <b>Total</b> payments and credits. See instructions . . . . .	7	83,600.
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . .	8	102,000.

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

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

GREAT RIVERS COMMUNITY CAPITAL

431862691

24. Kansas Expensing Deduction (Sch. req.)

37. Total of all other refundable credits  
(Part I, line 37)25. Kansas net income before NOL  
deduction (Add lines 21, 22 and 23,  
then subtract line 24)

1530.00

38. Payments remitted with original return  
(See instructions)26. Kansas net operating loss deduction  
(Sch. req.)

7741.00

39. Overpayment from original return  
(This figure is a subtraction; see  
instructions)27. Combined report (Schedule K-121) or  
alternative/separate accounting income  
(Sch. req.)40. Total prepaid credits (Add lines 34-38  
and subtract line 39)

519.00

28. Kansas taxable income (Subtract line  
26 from line 25 or enter line 27, as  
applicable)

41. Balance due

29. Normal tax (4% of line 28)

42. Interest

30. Surtax (3% of line 28 in excess of  
\$50,000)

43. Penalty

31. Total tax (Add lines 29 and 30. If filing  
combined, use line 30 of K-121.)

44. Estimated tax penalty

32. Total nonrefundable credits (Part I, line  
30; cannot exceed amount on line 31)

If annualizing to compute penalty, check this field

33. Balance (Subtract line 32 from line 31;  
cannot be less than zero)45. Total tax, interest & penalty due (Add  
lines 41-44) Complete Form K-120V &  
enclose it with your payment34. Estimated tax paid and amount credited  
forward (Part II, line 4)

519.00

46. Overpayment

519.00

35. Other tax payments (enclose separate  
schedule)47. Refund. Enter the amount of line 46  
you wish to be refunded48. Credit Forward. Enter the amount of  
line 46 (original return only) you wish  
to apply to 2022 estimated tax. (Line  
48 cannot exceed the total of lines 34,  
35 and 36)

36. Amount paid with Kansas extension

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 CONTROLLER

Date 10/15/2022

Preparer  
Signature  
(Required)Preparer  
Phone Number 3142315544Preparer PTIN, EIN, or SSN  
(Required)

P00043751

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**PART I - NONREFUNDABLE CREDITS**

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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. Eisenhower Foundation Contribution Credit (Enclose Schedule K-43; See instructions) . . . . .
10. Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions) . . . . .
11. Friends of Cedar Crest Association Contribution Credit (Enclose Schedule K-46; See instructions) . . . . .
12. Qualified Charitable Distribution Credit (Enclose Schedule K-48) . . . . .
13. Research and Development Credit (Enclose Schedule K-53; See instructions) . . . . .
14. Venture Capital Credit - **for carryforward use only** (Enclose Schedule K-55; See instructions) . . . . .
15. Seed Capital Credit - **for carryforward use only** (Enclose Schedule K-55; See instructions) . . . . .
16. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions) . . . . .
17. Community Service Contribution Credit (Enclose Schedule K-60; See instructions) . . . . .
18. Alternative-Fueled Motor Vehicle Property Credit (Enclose Schedule K-62; See instructions) . . . . .
19. Low Income Student Scholarship Credit (Enclose Schedule K-70; see instructions) . . . . .
20. Law Enforcement Training Center Credit - **for carry forward use only** (Enclose Schedule K-72; see instructions) . . . . .
21. Petroleum Refinery Credit - **for carry forward use only** (Enclose Schedule K-73; see instructions) . . . . .
22. Kansas National Guard and Reserve Employer Credit (Enclose Schedule K-74; see instructions) . . . . .
23. Single City Port Authority Credit (Enclose Schedule K-76; see instructions) . . . . .
24. Qualifying Pipeline Credit - **for carry forward use only** (Enclose Schedule K-77; see instructions) . . . . .
25. BioMass-to-Energy Credit - **for carry forward use only** (Enclose Schedule K-79; see instructions) . . . . .
26. Environmental Compliance Credit (Enclose Schedule K-81; see instructions) . . . . .
27. Storage and Blending Equipment Credit - **for carry forward use only** (Enclose Schedule K-82; see instructions) . . . . .
28. Electric Cogeneration Facility Credit - **for carry forward use only** (Enclose Schedule K-83; see instructions) . . . . .
29. Farm Net Operating Loss (Enclose Schedule K-139F; see instructions) . . . . .
30. **Total nonrefundable credits (Add lines 1 - 29. Enter total here and on line 32, page 2)** . . . . .

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**REFUNDABLE CREDITS**

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31. Telecommunications Credit (Enclose Schedule K-36; See instructions) . . . . .
32. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions) . . . . .
33. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions) . . . . .
34. Community Service Contribution Credit (Enclose Schedule K-60; See instructions) . . . . .
35. Individual Development Account Credit (Enclose Schedule K-68; See instructions) . . . . .
36. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions) . . . . .
37. **Total refundable credits (Add lines 31 - 36. Enter total here and on line 37, 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. \_\_\_\_\_

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. \_\_\_\_\_

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

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).

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

☐ Revenue Agent's Report

☐ Net Operating Loss

☐ Amended Return

Years ended \_\_\_\_\_

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

Date	Amount	Date	Amount
CREDIT	519.		

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) \_\_\_\_\_

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

**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>31,721.</u>
2. Total (Enter on line 3, page 1) . . . . .	<u>31,721.</u>
3. Total other taxes . . . . .	<u>5,295.</u>
4. Total taxes (Must equal line 17 of the federal return) . . . . .	<u>37,016.</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 9, page 1) . . . . .	
3. Total other interest income . . . . .	<u>1,065,147.</u>
4. Total interest income (Must equal line 5 of the federal return) . . . . .	<u>1,065,147.</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

01012021

, ending

12312021

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 20A, page 1) . . . . .						A %
<b>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.)</b>						
		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 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1) . . . . .				B %		
<b>C. Sales (Gross receipts, less returns and allowances) . . . . .</b>						
(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 . . . . .		3,446.	1,065,147.			
Rents . . . . .			34,115.			
Royalties . . . . .						
Gains/losses from intangible asset sales . . . . .						
Gross proceeds from tangible asset sales . . . . .						
Other income (Enclose schedule) . . . . .	SEE STATEMENT 2	1,496.	1,277,864.			
TOTAL SALES (Enter on line 20C, page 1) . . . . .		4,942.	2,377,126.			
<b>D(1). Total percent (Sum of lines A, B &amp; C if utilizing three-factor formula) . . . . .</b>						
						D(1) 0.2079 %
<b>D(2). Total percent (Sum of lines A &amp; C if qualified and utilizing two-factor formula) . . . . .</b>						
						D(2) %
<b>E. Average percent of either D(1) or D(2), whichever is applicable (Enter on line 20, page 1) . . . . .</b>						
						E 0.2079 %

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? X No \_\_\_\_\_ 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. 7-21)

**2021**

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 37 from line 33 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	
2	
3	81.

**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 2021 income . . . . .

	(1)	(2)	(3)	(4)
4	04/15/2021	06/15/2021	09/15/2021	12/15/2021
5	519.	519.	519.	519.
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 12/31/21; whichever is earlier. If paid late, see instructions . . . . .
11. For calendar years enter the number of days from 1/1/22 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  
365 X (4% 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	04/15/2021	06/15/2021	09/15/2021	12/15/2021
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	31,721.
	-----
TOTAL	31,721.
	=====

KANSAS FORM K-120AS, PAGE 1 DETAIL

=====

PART VI - OTHER INCOME	KANSAS	TOTAL
-----	-----	-----
OTHER RECEIPTS	1,496.	1,277,864.
	-----	-----
TOTAL	1,496.	1,277,864.
	=====	=====

KANSAS FORM K-120AS, PAGE 2 DETAIL

=====

PART VII - QUESTION 2A

-----

CA  
MO  
RI  
MI

**Electronic Filing Information: PDF attachments Included in this Return**

**Tax Year:** 2021

**Jurisdiction:** Kansas

**Name:** Great Rivers Community

**No of Attachments:** 1

**Return No:** C9598QR1

**PDF Attachment Description**

**PDF File Name**

**File Size**

KS K120 Line 20 support

C9598QR1\_KS\_KS K120 Line 20 support.pdf

43,729

**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

01012021

, ending

12312021

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 20A, 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 20B, 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 . . . . .		3,446.	1,065,147.			
Rents . . . . .			34,115.			
Royalties . . . . .						
Gains/losses from intangible asset sales . . . . .						
Gross proceeds from tangible asset sales . . . . .						
Other income (Enclose schedule) . . . . .	SEE STATEMENT 2	1,496.	1,277,864.			
TOTAL SALES (Enter on line 20C, page 1) . . . . .		4,942.	2,377,126.			C 0.2079 %
D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula) . . . . .						D(1) 0.2079 %
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 20, page 1) . . . . .						E 0.2079 %

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? X No \_\_\_\_\_ 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)

## Great Rivers Community Capital

Instructions for Filing

Form 8879-C

U.S. Corp Income Tax Declaration for an IRS e-file Return  
for the year ended December 31, 2021

Federal Form 8879 meets the signature requirements for this state's electronically filed returns. No additional signature is required.

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

Amount to be applied to 2022 estimated tax	\$100
Total Overpayment	<b>\$100</b>

DO NOT separately file Form CIFT-620 with the state of Louisiana. Doing so will delay the processing of your return.

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

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

OMB No. 1545-1864

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

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

**2021**

Name of corporation

GREAT RIVERS COMMUNITY CAPITAL

Employer identification number

43-1862691

**Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	2,377,126.
2	Taxable income (Form 1120, line 30)	2	704,287.
3	Total tax (Form 1120, line 31)	3	147,900.
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	37,700.

**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 2021 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 FORVIS, LLP to enter my PIN 44016 as my signature  
ERO firm name do not enter all zeros  
on the corporation's 2021 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 10/15/2022 Title ▶ CONTROLLER

**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 2021 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 ▶ 09/08/2022

**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)



**Louisiana Department of Revenue**

Post Office Box 91011

Baton Rouge, LA 70821-9011

Enter your LA Revenue Account  
Number here (Not FEIN):

1888996001

For office  
use only.**Mark box if:**

LA Corporation Income Tax Return for <b>2021</b>	LA Corporation Franchise Tax Return for <b>2022</b>
<b>Mark box if:</b>	
Calendar Year filer	<input checked="" type="checkbox"/>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Began	Began
Ended	Ended

Name change.

Address change.

Amended return.

Entity is not required  
to file franchise tax.Entity is not required  
to file income tax.First time filing  
of this form.Final  
return

Legal Name

GREAT RIVERS COMMUNITY CAPITAL

Trade Name

Mailing Address

1023 N. GRAND BLVD

Unit Type

Unit Number

City

SAINT LOUIS

State

MO

ZIP

63106

Foreign Nation, if not United States (do not abbreviate)

**Computation of Income Tax - See instructions.**

1A. Louisiana net income before loss adjustments and income tax deduction	0
1B. Subchapter S corporation exclusion	0
Loss carryforward [ \$ .00]	
1C. less federal tax refund applicable to loss [ \$ .00]	0
1C1. Loss carryforward utilized	0
1D. Federal income tax deduction STMT 1	0
1D1. Federal Disaster Relief Credits	0
1E. Louisiana taxable income	0
2. Louisiana income tax	0
3. Nonrefundable income tax credits from Schedule NRC-P1	0
4. Income tax after priority 1 credits	0

A. Federal Employer Identification Number	431862691
B. Federal taxable income	704287
C. Federal income tax	147900
D. Income tax apportionment percentage	NONE
E. Gross revenues	0
F. Total assets	20702876
G. NAICS code	624100
H. Enter the state abbreviation for location of the principal place of business.	
I. Does the income of this corporation include the income of any disregarded entities?	Yes No <input checked="" type="checkbox"/>
J. Was the income of this corporation included in a consolidated federal income tax return?	Yes No <input checked="" type="checkbox"/>
K. If answered yes to J, enter FEIN of consolidated federal income tax return.	
L. Do the books of the corporation contain intercompany debt?	Yes No <input checked="" type="checkbox"/>
M. Enter the code for the federal form filed.	1
N. Enter the code for the type of entity.	1
O. Pass-through Entity Tax Election	

**Computation of Franchise Tax - See instructions.**

5A. Total capital stock, surplus, & undivided profits	3217109
5B. Franchise tax apportionment percentage	NONE
5C. Franchise taxable base	0
6. Amount of assessed value of real and personal property in Louisiana in 2021	0
7. Louisiana franchise tax	0
8. Nonrefundable franchise tax credits from Schedule NRC-P1	0
9. Franchise tax after priority 1 credits	0

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

**FOR OFFICE USE ONLY**
☐ Field  
Flag

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DEV ID 2395

22241



# 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](http://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 21, 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	185,600.
7 <b>Total</b> payments and credits. See instructions . . . . .	7	83,600.
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . .	8	102,000.

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

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

Net Amount Due				
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total	
10. Tax liability after priority 1 credits	10. 0	10. 0		
11. Refundable credits from Schedule RC-P2	11. 0	11. 0		
12. Tax liability after priority 2 credits	12. 0	12. 0		
13. Overpayment after priority 2 credits	13. 0	13. 0		
14. Nonrefundable credits from Schedule NRC-P3	14. 0	14. 0		
15. Tax liability after priority 3 credits	15. 0	15. 0		
16A. Overpayment after priority 2 credits	16A. 0	16A. 0		
16B. Refundable credits from Schedule RC-P4	16B. 0	16B. 0		
16C. Credit carryforward from prior year return	16C. 0	16C. 0		
16D. Estimated payments	16D. 0			
16E. Payment made with extension	16E. 100	16E. 0		
16F. Total refundable credits and payments	16F. 100	16F. 0		
17. Overpayment	17. 100	17. 0	17. 100	
18. Tax due	18. 0	18. 0		
19. Amount of Income tax overpayment applied to franchise tax		19. 0		
20. Net Tax due		20. 0		
21. Interest	21. 0	21. 0		
22. Delinquent filing penalty	22. 0	22. 0		
23. Delinquent payment penalty	23. 0	23. 0		
24. Additional donation to The Military Family Assistance Fund	24. 0	24. 0		
25. Total amount due	25. 0	25. 0		

↓ PAY THIS AMOUNT ↓

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

22242

Enter your LA Revenue Account Number here. ▶1888996001

Net Amount Due				
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total	
26. Net overpayment		26. 0	26. 100	
27. Amount of overpayment you want to donate to The Military Family Assistance Fund		27.	0	
28. Amount of overpayment to be refunded		28.	0	
29. Amount of overpayment to be credited to 2022		29.	100	

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: [www.revenue.louisiana.gov/LaTap](http://www.revenue.louisiana.gov/LaTap).

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.				
Signature of Officer		Title of Officer CONTROLLER		
Print Name of Officer LINDA CLARK		Telephone 636-225-2900	Date (mm/dd/yyyy) 10/15/2022	

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name DONNA LARSON		Preparer's Signature		Date (mm/dd/yyyy) 10/15/2022	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	FORVIS, LLP		Firm's FEIN ▶	44-0160260	
	Firm's Address ▶	211 N. BROADWAY, SUITE 600 ST. LOUI		Telephone ▶	314-231-5544	

**IMPORTANT!**

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PTIN, FEIN, or LDR Account  
Number of Paid Preparer

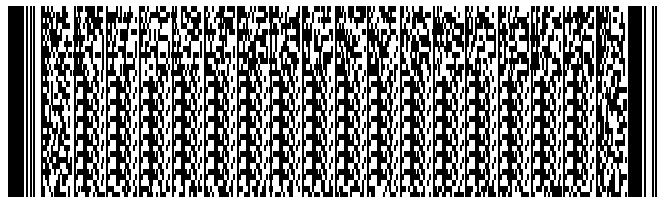
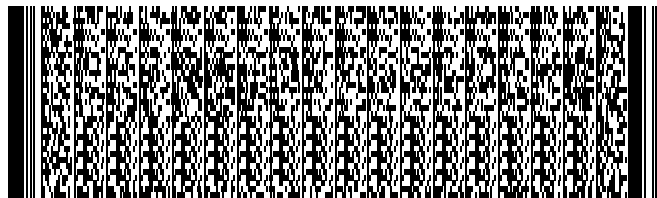
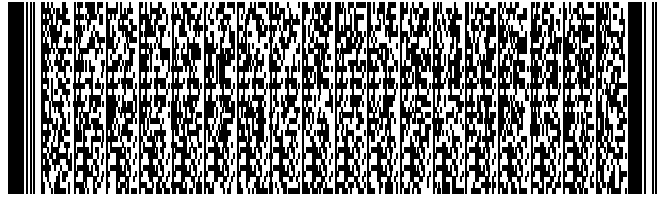
P00043751

For Office  
Use Only.



22243

Enter your LA Revenue Account Number here. ►1888996001



**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



**22244**

**Schedule NRC-P1 - Nonrefundable Priority 1 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			
7. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.		0	
8. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8.			0

Description	Code	Description	Code	Description	Code	Description	Code
Premium Tax	100	Qualified Playgrounds	150	Donations to Public Schools	170	Other	199
Bone Marrow	120	Debt Issuance	155	Conversion of Vehicle to Alternative Fuel	185		

**Schedule RC-P4 - Refundable Priority 4 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1.		0	
7. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter here and on CIFT-620, Line 16B, Col. 2.			0

Description	Code
Inventory Tax	50F
Ad Valorem Natural Gas	51F



22245

**Schedule NRC-P3 - Part I - Nonrefundable Priority 3 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			

Description	Code
Previously Unemployed	208
New Jobs Credit	224
Eligible Re-entrants	228
Apprenticeship	236
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310

Description	Code
Other	399
Refunds by Utilities	412
Donation to School Tuition Organization	424
QMC Music Job Creation Credit	454
Neighborhood Assistance	457
Research and Development	458

Description	Code
Ports of Louisiana Import Export Cargo	459
LA Import	460
LA Work Opportunity	461
Youth Jobs	462
Inventory Tax Credit Carried Forward & ITP	500

Description	Code
Ad Valorem Natural Gas Credit Carried Forward	502
Atchafalaya Trace	504
Cane River Heritage Area	506
Ports of Louisiana Investor	508
Enterprise Zone	510
Recycling Credit	550
Other	599

**Schedule NRC-P3 - Part II - Transferable, Nonrefundable Priority 3 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
7.			
7A.			
8.			
8A.			
9.			
9A.			
10. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1.		0	
11. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 2.			0

**IMPORTANT! These codes must be claimed on Lines 7 through 9.**

Description	Code
Motion Picture Investment	251
Research and Development	252
Historic Structures	253

Description	Code
Digital Interactive Media	254
Capital Company	257
LCDFI Credit	258

Description	Code
New Markets	259
Motion Picture Infrastructure	261
Angel Investor	262

Description	Code
Other	299



**Schedule RC-P2 - Part I - Refundable Priority 2 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			

**Schedule RC-P2 - Part II - Transferable, Refundable Priority 2 Tax Credits**

Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
6. Musical and Theatrical Production	6 2 F		
6A.			
7. Musical and Theatrical Production	6 2 F		
7A.			
8. Musical and Theatrical Production	6 2 F		
8A.			
9. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.		0	
10. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2.			0

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
Mentor-Protege	57F
Milk Producers	58F

Description	Code
Technology Commercialization	59F
School Readiness Child Care Provider	65F
School Readiness Business - Supported Child Care	67F

Description	Code
School Readiness Fees and Grants to Resource and Referral Agencies	68F
Retention and Modernization	70F

Description	Code
Digital Interactive Media and Software	73F
Other Refundable	80F





All applicable schedules must be completed.

**Schedule A - Required Information**

<b>1.</b> At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?  If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>  No <input checked="" type="checkbox"/>		<b>FEIN</b>	<b>Percentage</b>
		1		.00
		2		.00
		3		.00
		4		.00
		5		.00
<b>2.</b> At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?  If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes <input type="checkbox"/>  No <input checked="" type="checkbox"/>		<b>FEIN/SSN</b>	<b>Percentage</b>
		1		.00
		2		.00
		3		.00
		4		.00
		5		.00
<b>3.</b> If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes <input type="checkbox"/>  No <input checked="" type="checkbox"/>		<b>FEIN</b>	<b>Percentage</b>
		1		.00
		2		.00
		3		.00
		4		.00
		5		.00

**Schedule B - Computation of Income Tax Apportionment Percentage**

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
<b>1.</b> Net sales of merchandise and/or charges for services			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other gross apportionable income	2343011	0	
D. Total - Add the amounts in Columns 1 and 2.	2343011	0	NONE %
<b>2.</b> For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input type="checkbox"/>	0	0	0 %
<b>3.</b> For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input type="checkbox"/>			0 %
<b>4.</b> ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			0 %
<b>5.</b> Total of percents in Column 3			NONE %
<b>6.</b> Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			NONE %



Schedule C - Computation of Corporate Income Tax Property Ratio For Certain Oil & Gas Companies				
	Located Everywhere		Located in Louisiana	
	1. Beginning of year	2. End of year	3. Beginning of year	4. End of year
<b>Intangible Assets</b>				
1. Cash	0	0		
2. Notes and accounts receivable	0	0		
3. Reserve for bad debts	( 0 )	( 0 )		
4. Investment in U.S. govt. obligations	0	0		
5. Stock and obligations of subsidiaries	0	0		
6. Other investments - Attach schedule	0	0		
7. Loans to stockholders	0	0		
8. Other intangible assets - Attach schedule	0	0		
9. Accumulated depreciation	( 0 )	( 0 )		
10. Total intangible assets - Add Lines 1 through 9	0	0		
<b>Real and Tangible Assets</b>				
11. Inventories	0	0	0	0
12. Bldgs. and other depreciable assets	0	0	0	0
13. Accumulated depreciation	( 0 )	( 0 )	( 0 )	( 0 )
14. Depletable assets	0	0	0	0
15. Accumulated depletion	( 0 )	( 0 )	( 0 )	( 0 )
16. Land	0	0	0	0
17. Other real & tangible assets - Attach schedule	0	0	0	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0	0	0
19. Total real and tangible assets - Add Lines 11 through 18	0	0	0	0
20. Less real and tangible assets <b>not</b> used in production of net apportionable income - Attach schedule	0	0	0	0
21. Balance - Subtract Line 20 from Line 19	0	0	0	0
22. Beginning of year balance		0		0
23. Total - Add Lines 21 and 22.		0		0
24. Income tax property ratio (Line 23, Column 4 ÷ Line 23, Column 2)				NONE %



Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts	0	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	893899	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	24. <b>Total deductions - Add Lines 10 through 23.</b>	1672839	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	25. <b>Net income from all sources - Subtract Line 24 from Line 9.</b>	2377126	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	34115	.00	26A. Net rents and royalties from immovable or corporeal movable property	34115	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	1277864	.00	26E. Other allocable income	2343011	.00
9. <b>Total income - Add Lines 3 through 8.</b>	1311979	.00	26F. Allocable expenses	( 0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	2377126	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	0	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	0	.00
13. Bad debts	512339	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	37016	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	197908	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	18000	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	13677	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	( 0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.	0	.00



**Schedule E - Reconciliation of Income Per Books with Income Per Return**

1. Net income per books	658057	6. Total - Add Lines 1 through 5c.	2419696
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule. STMT 3	1678103
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule STMT 3	634488	a. Depreciation	3168
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule STMT 3	34138
b. Depletion	0	9. Total - Add Lines 7 through 8c.	1715409
c. Other - Attach schedule. STMT 3	1127151	10. Net income from all sources per return - Subtract Line 9 from Line 6.	704287

**Schedule G - Liabilities and Capital from Balance Sheet**

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	175035	143609
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	1347603	313404
3. Other current liabilities - Attach schedule. STMT 4	3348	1401717
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	3585141	2039922
7. Other liabilities - Attach schedule. STMT 4	15172743	13587115
8. Capital stock: a. Preferred stock	0	0
b. Common stock	10000	10000
9. Paid-in or capital surplus	671560	671560
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	1877492	2535549
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	22842922	20702876



22253

All applicable schedules must be completed.

<b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b> See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	704287
<b>2. Additions to federal net income:</b>	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
<b>3. Subtractions from federal net income:</b>	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	1065147
d. Road Home - The amount included in federal taxable income.	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	1065147
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	-360860



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

<b>Schedule G-1 Computation of Franchise Tax Base</b>	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	681560
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	681560
3. Surplus and undivided profits	2535549
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	3217109
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
<b>Total Franchise Taxable Base</b>	
12. Capital Stock: Common Stock	10000
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	671560
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	2535549
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	3217109

**Note:** All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	2699528	0
2. Notes and accounts receivable	2663982	0
3. Reserve for bad debts	( 0 )	( 0 )
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule STMT 5	1248926	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule STMT 5	13892502	0
9. Accumulated depreciation	( 0 )	( 0 )
10. Total intangible assets - Add Lines 1-9	20504938	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	256866	0
13. Accumulated depreciation	( 58928 )	( 0 )
14. Depletable assets	0	0
15. Accumulated depletion	( 0 )	( 0 )
16. Land	0	0
17. Other real & tangible assets - Attach schedule	0	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	197938	0
20. Total Assets - Add Lines 10 and 19	20702876	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		0 %



Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	2343011	0	
D. Total - If the ratio is not used, check the box.	2343011	0	NONE %
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box.			0 %
3. Total of applicable percents in Column 3			NONE %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			NONE %





**Schedule J - Calculation of Income Tax**

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box <input type="checkbox"/> and see the instructions.			0
2. Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income	0	x 4% =	0
b. Next \$25,000	0	x 5% =	0
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.	0		
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

**Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax**

1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box <input type="checkbox"/> and see the instructions.			0
2. Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income	0	x 2% =	0
b. Next \$75,000	0	x 4% =	0
c. Over \$100,000	0	x 6% =	0
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.	0		
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

**Schedule K - Summary of Estimated Tax Payments**

	Check number	Date	Amount
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request		04152022	100



**Schedule L - Calculation of Franchise Tax**

1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. <input type="checkbox"/>	0
2. Enter the amount of Line 1 or \$300,000, whichever is less.	0
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. See instructions for the suspension of the low-tier of the tax.	0
4. Subtract Line 2 from Line 1 and enter the result.	0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	0

**Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books**

1. Balance at beginning of year	1877492	b. Stock	0
2. Net income per books	658057	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	2535549	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	2535549

**Schedule N - Additional Information Required**

<p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Elsewhere:</p> <p><u>INDIV FAMILY SERVI</u></p> <p>_____</p> <p>_____</p>	<p>2. Indicate the date and state of incorporation. <u>04/22/1999</u></p> <p>3. Indicate parishes in which property is located.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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LOUISIANA FORM 620, PAGE 1 DETAIL

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LINE 1D - FEDERAL INCOME TAX DEDUCTION

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LA NET INCOME	NONE
LA NET INCOME BEFORE FEDERAL INCOME TAX DEDUCTION	NONE
FEDERAL NET INCOME	704,287.
RATIO OF LA NET INCOME TO FEDERAL NET INCOME	NONE
FEDERAL INCOME TAX LIABILITY	147,900.
FEDERAL INCOME TAX	147,900.
	-----
FEDERAL INCOME TAX ATTRIBUTABLE TO LA INCOME	NONE
	=====

## LOUISIANA FORM 620, PAGE 10 DETAIL

## SCH D, LINE 8 - OTHER INCOME

LOAN FEES	633,205.
MISC INCOME	10,171.
GRANTS AND DONATIONS	634,488.
TOTAL	1,277,864.

## SCH D, LINE 15 - TAXES

TAXES AND LICENSES	5,295.
OTHER STATE AND LOCAL TAXES	31,721.
TOTAL TAXES DEDUCTED ON THE FEDERAL RETURN	37,016.
TOTAL	37,016.

## SCH D, LINE 23 - OTHER DEDUCTIONS

PROFESSIONAL FEES	16,005.
INSURANCE	6,250.
SUPPLIES	98,578.
MISCELLANEOUS EXPENSES	8,463.
RENTAL RE MAINTENANCE	19,707.
ADMIN EXPENSES	713,204.
PROGRAM EXPENSE	1,444.
NMTC AMORTIZATION EXPENSES	30,248.
TOTAL	893,899.

LOUISIANA FORM 620, PAGE 11 DETAIL

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SCH E, LINE 4 - TAXABLE INCOME NOT RECORDED ON BOOKS

-----

TAXABLE GRANTS	634,488.
	-----
TOTAL	634,488.
	=====

SCH E, LINE 5C - OTHER EXPENSES ON BOOKS NOT DEDUCTED

-----

FEDERAL INCOME TAX	219,849.
CHANGE IN DOUBTFUL ACCOUNTS	675,000.
IMPAIRMENT LOSS	232,302.
	-----
TOTAL	1,127,151.
	=====

SCH E, LINE 7 - INCOME RECORDED ON BOOKS NOT INCLUDED IN RETURN

-----

CDFI GRANT REVENUE	1,678,103.
	-----
TOTAL	1,678,103.
	=====

SCH E, LN 8C - OTHER DED NOT CHARGED AGAINST BOOK INCOME

-----

STATE TAXES	31,721.
PREPAID INSURANCE	2,417.
	-----
TOTAL	34,138.
	=====

LOUISIANA FORM 620, PAGE 11 DETAIL - SCH G

=====

	BEGINNING	ENDING
LINE 3 - OTHER CURRENT LIABILITIES	-----	-----
-----		
ACCRUED INTEREST	3,348.	3,076.
DEFERRED INCOME	NONE	1,304,412.
INCOME TAXES PAYABLE	NONE	94,229.
	-----	-----
TOTAL	3348	1401717
	=====	=====

LINE 7 - OTHER LIABILITIES		
-----		
DUE TO AFFILIATES	14,843,743.	13,220,115.
DEFERRED TAXES	329,000.	367,000.
	-----	-----
TOTAL	15,172,743.	13,587,115.
	=====	=====

LOUISIANA FORM 620, PAGE 14 DETAIL-SCH H  
=====

	ENDING
LINE 6 - OTHER INVESTMENTS EVERYWHERE	-----
INVESTMENT IN REAL ESTATE	1,248,926.
TOTAL	----- 1,248,926. =====

LINE 8 - OTHER INTG. ASSETS EVERYWHERE	
PREPAID EXPENSES AND OTHER	42,491.
INCOME TAXES PREPAID AND RECEIVABLE	NONE
NOTE RECEIVABLE	13,850,011.
TOTAL	----- 13,892,502. =====

# 2021 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 2021 or for tax year beginning:				and ending:	
2. Taxpayer Name (print or type) GREAT RIVERS COMMUNITY CAPITAL		3. Federal Employer Identification Number (FEIN) 43-1862691			
4. Street Address 1023 N. GRAND BLVD					
City SAINT LOUIS		State MO	ZIP/Postal Code 63106	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 40 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.	1,321	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.	1,321	00
d. Total sales of the corporation/UBG . . . . .	9d.	2,343,011	00
e. Proportionate total sales from unitary FTEs (include Form 4900) . . . . .	9e.		00
f. Total sales. Add lines 9d and 9e . . . . .	9f.	2,343,011	00
g. Apportionment percentage. Divide line 9c by line 9f . . . . .	9g.	0.0563	%

10. a. Gross receipts from corporate activities (see instructions). . . . .	10a.	2,343,011	00
10. b. Apportioned gross receipts from FTEs . . . . .	10b.		00
11. <b>REQUIRED:</b> Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b. . . . .	11.	1,319	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.	704,287	00
13. Miscellaneous (see instructions). . . . .	13.		00
14. Adjustments due to decoupling of Michigan depreciation from IRC § 168(k). If adjustment is negative, enter as negative:			
a. Net bonus depreciation adjustment . . . . .	14a.		00
b. Gain/loss adjustment on sale of eligible depreciable asset(s) . . . . .	14b.		00
c. Add lines 14a and 14b. If negative, enter as negative . . . . .	14c.		00
15. Add lines 12, 13 and 14c. If negative, enter as negative . . . . .	15.	704,287	00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero . . . . .	16.		00
17. <b>Business Income.</b> Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative . . . . .	17.	704,287	00

## Additions to Business Income

18. Interest income and dividends derived from obligations or securities of states other than Michigan. . . . .	18.		00
19. Taxes on or measured by net income including tax imposed under CIT . . . . .	19.	31,721	00
20. Any carryback or carryover of a federal net operating loss (enter as a positive number). . . . .	20.		00
21. Royalty, interest, and other expenses paid to a related person that is not a UBG member of this taxpayer . . . . .	21.		00
22. Expenses from the production of oil and gas, and/or minerals (see instructions). . . . .	22.		00
23. Miscellaneous (see instructions). . . . .	23.		00
25. Total Additions to Income. Add lines 18 through 23. . . . .	24.	31,721	00
25. <b>Corporate Income Tax Base After Additions.</b> Add lines 17 and 24. If negative, enter as negative. . . . .	25.	736,008	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](http://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 21, 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	185,600.
7 <b>Total</b> payments and credits. See instructions . . . . .	7	83,600.
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions . . . . .	8	102,000.

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

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

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

26. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions) . . . . .	26.		00
27. Dividends and royalties received from persons other than U.S. persons and foreign operating entities . . . . .	27.		00
28. Interest income derived from United States obligations . . . . .	28.		00
29. Income from the production of oil and gas, and/or minerals (see instructions). . . . .	29.		00
30. Miscellaneous (see instructions). . . . .	30.		00
31. Total Subtractions from Income. Add lines 26 through 30. . . . .	31.		00
32. <b>Corporate Income Tax Base.</b> Subtract line 31 from line 25. If negative, enter as negative . . . . .	32.	736,008	00
33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g. . . . .	33.	414	00
34. Apportioned Income from non-unitary FTEs from Form 4898 (see instructions) . . . . .	34.		00
35. Total apportioned Corporate Income Tax Base. Add line 33 and line 34. . . . .	35.	414	00
36a. Available CIT business loss carryforward (see instructions). Enter as positive . . . . .	36a.		00
36b. <input type="checkbox"/> Check if any loss on line 36a was acquired in this filing period in an IRC 381(a)(1) or (2) transaction (see instructions)			
37. Subtract line 36a from line 35. If negative, enter here as negative. A negative number here is the available business loss carryforward to the next filing period (see instructions) . . . . .	37.	414	00
38. <b>Corporate Income Tax Before Credit.</b> Multiply line 37 by 6% (0.06). If less than zero, enter zero . . . . .	38.	25	00

**PART 2: TOTAL CORPORATE INCOME TAX**

39. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies . . . . .	39.		00
40. <b>Tax Liability after SBAC.</b> Subtract line 39 from line 38. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instructions) . . . . .	40.		00
41. Total Recapture of Certain Business Tax Credits from Form 4902 . . . . .	41.		00
42. Total Tax Liability. Add lines 40 and 41 . . . . .	42.		00

**PART 3: PAYMENTS AND TAX DUE**

UBGs include on lines 43 through 46 payments from all members as reported on Form 4897.

43. Overpayment credited from prior period return (MBT or CIT) . . . . .	43.		00
44. Estimated tax payments . . . . .	44.		00
45. Tax paid with request for extension . . . . .	45.		00
46. Michigan tax withheld . . . . .	46.		00
47. Payment total. Add lines 43 through 46 . . . . .	47.		00
48. <b>TAX DUE.</b> Subtract line 47 from line 42. 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. <b>PAYMENT DUE.</b> 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 42, 49, 50 and 51 from line 47. If less than zero, leave blank (see instructions) . . . . .	53.		00
54. <b>CREDIT FORWARD.</b> Amount on line 53 to be credited forward and used as an estimate for next CIT tax year . . . . .	54.		00
55. <b>REFUND.</b> Subtract line 54 from line 53 . . . . .	55.		00

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		<b>Preparer Certification.</b> 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) FORVIS, LLP	
Authorized Signer's Name (print or type) LINDA CLARK	Date 10-15-2022	Preparer's Business Address and Telephone Number (print or type) 211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 314-231-5544	
Title CONTROLLER	Telephone Number 6362252900		

**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.

Form MO-1120 MISSOURI DEPARTMENT OF REVENUE 2021 Corporation Income Tax Return Department Use Only (MM/DD/YY) Missouri Tax I.D. Number 9999999999 Missouri Corporation Income Tax Return for 2021 Beginning (MM/DD/YY) 010121 Ending (MM/DD/YY) 123121

Federal Employer I.D. Number 431862691 Charter Number Corporation Name GREAT RIVERS COMMUNITY CAPITAL Address 1023 N. GRAND BLVD City SAINT LOUIS State MO ZIP 63106 21111011062

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 30 704,287 .00 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income 31,721 .00 3. Missouri modifications - Additions (complete Page 3, Part 1) .00 4. Total additions - Add Lines 2 and 3 31,721 .00 5. Missouri modifications - Subtractions (complete Page 3, Part 2). 251,190 .00 6. Balance - Line 1 plus Line 4 less Line 5 484,818 .00 7. Federal income tax - Current year (complete Page 4, Part 3). 73,950 .00 8. Taxable Income - All sources - Line 6 less Line 7 410,868 .00 9. Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete Form MO-MS. Method 2A Percent 99.718 Multiply Line 8 by the percentage 9 409,709 .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: Port Cargo Expansion International Trade Facility Qualified Trade Activities 13 .00 14. Missouri taxable income - Line 9 less Lines 10, 11, 12, and 13 14 409,709 .00

Form MO-7004 MISSOURI DEPARTMENT OF REVENUE Application For Extension of Time to File

Department Use Only (MM/DD/YY)

Enclosure Sequence No. 1120-06

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

Corporation Name GREAT RIVERS COMMUNITY CAPITAL In Care of Name ROBERT BOYLE

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

Missouri Tax I.D. Number Telephone Number

Charter Number Federal Employer I.D. Number

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

Corporation

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

☒ Corporation Income, Tax Return, Form MO-1120

Type of Financial Institution

Mail to: Missouri Department of Revenue, P.O. Box 898, Jefferson City, MO 65105-0898.

- ☐ Bank Franchise Tax Return, Form INT-2 and INT-2-1
- ☐ Savings and Loan Tax Return, Form INT-3
- ☐ Credit Institution Tax Return, Form 2823
- ☐ Credit Union Tax Return, Form INT-4

Federal Form

Extension

For Federal Form 1120C or 990T filers only, select the application box below:

- ☐ Cooperative Association, Form 1120C
- ☐ Exempt Organization, Form 990T

Income Tax Year: Beginning 010121 Ending 123121

☐ Check here if you are filing a short period.

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

Tax Payment Schedule

1. Tentative amount of the tax for the taxable year . . . . . 1 33500 .00

2. Less

(a) Missouri estimated income tax payment(s) . . . . . 2(a) .00

(b) Overpayment applied as a credit . . . . . 2(b) .00

(c) Tax credit(s) . . . . . 2(c) .00

(d) Total of Lines 2a through 2c . . . . . 2(d) .00

3. Balance due (Line 1 minus Line 2d) . . . . . DOR Only Total Due 3 33500 .00

See above for mailing instructions.

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

Visit [dor.mo.gov/taxation/business/tax-types/corporation-income/](https://dor.mo.gov/taxation/business/tax-types/corporation-income/) for additional information.

Form MO-7004 (Revised 12-2021)

Ever served on active duty in the United States Armed Forces?

If yes, visit [dor.mo.gov/military/](https://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](https://veteranbenefits.mo.gov/state-benefits/).



## Tax

15. Corporation income tax - 4% of Line 14 . . . . . 15 16,388 .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 16,388 .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 33,500 .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 33,500 .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 33,500 .00

25. If Line 24 is more than Line 17, enter overpayment here . . . . . 25 17,112 .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 17,112 .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 **LINDA CLARK**

Telephone Number **6362252900** Date Signed (MM/DD/YY) **1 0 1 5 2 2**

Preparer's Signature  Preparer's FEIN, SSN, or PTIN **P 0 0 0 4 3 7 5 1**

Telephone Number **3142315544** Date Signed (MM/DD/YY) **1 0 1 5 2 2**

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



21111021062

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
2. Fiduciary and partnership adjustment - Enter share of adjustment from <b>Form MO-1041</b> , Part 1, Line 19 or <b>Form MO-1065</b> , Line 11.	2		.00
3. Net operating loss modification (do not enter NOL carryover).	3		.00
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income.	4		.00
5. Business Interest Expense.	5		.00
6. Total - Add Lines 1 through 5. Enter here and on page 1, Line 3	6		.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
2. Federally taxable - Missouri exempt obligations	2		.00
3. Agriculture disaster relief	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.	8		.00
9. Subtraction modification offsetting previous addition modification from a net operating loss (NOL) deduction from an applicable year (do not enter NOL carryback)	9	251,190	.00
10. Depreciation recovery on qualified property that is sold	10		.00
11. Build America and recovery zone bond Interest	11		.00
12. Missouri public-private partnerships transportation act	12		.00
13. Business Interest Expense.	13		.00
14. Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5	14	251,190.	.00



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Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 11 . . . . .	1	147,900	.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	73,950	.00
<b>Consolidated federal and separate Missouri returns must complete Lines 4 through 6.</b>			
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"/> <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

Form MO-1120 (Revised 12-2021)

**Mail To:****Balance Due:**

Missouri Department of Revenue  
PO Box 3365  
Jefferson City, MO 65105-3365

**E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)**Visit [dor.mo.gov/taxation/business/tax-types/corporation-income/](https://dor.mo.gov/taxation/business/tax-types/corporation-income/) for additional information.**Refund or No Amount Due:**

Missouri Department of Revenue  
PO Box 700  
Jefferson City, MO 65105-0700

**Phone:** (573) 751-4541**Fax:** (573) 522-1721

21111041062

**2021 Corporation Allocation and  
Apportionment of Income Schedule**

Taxable Year Beginning (MM/DD/YY) 0 1 0 1 2 1 Ending (MM/DD/YY) 1 2 3 1 2 1

Missouri Tax I.D. Number 9 9 9 9 9 9 9 9

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

Federal Employer I.D. Number 4 3 1 8 6 2 6 9 1

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 (if directed).

☐ 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 Percent  
÷ = %

☐ Seven - Broadcasters or Other Approved Method - See Instructions and attach a detailed explanation (**instructions**).

For use with Method Two A or as directed by instructions.

1. Amount of receipts in Missouri. . . . . 2370428 .00  
2. Amount of receipts everywhere . . . . . 2377126 .00  
3. Receipts Factor - Divide Line 1 by Line 2. . . . . 9 9 7 1 8 %

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) . . . . . .00  
5. Net Operating Loss (from Federal Form 1120, Line 29a) . . . . . .00  
6. Taxable Income - All Sources - Add Line 4 and Line 5. . . . . .00  
7. Nonapportionable Income - Everywhere - Attach a detailed Form MO-NAI to be considered . . . . . .00  
8. Apportioned Missouri Income - Subtract Line 7 from Line 6, then multiply by Line 3 . . . . . .00  
9. Nonapportionable Income - Missouri-allocated - Attach a detailed Form MO-NAI to be considered . . . . . .00  
10. Apportioned Net Operating Loss - See Instructions . . . . . .00  
11. Preliminary Missouri Taxable Income - Add Lines 8 and 9, then subtract Line 10 . . . . . .00  
12. Divide Line 11 by Line 4. Enter on Form MO-1120, Line 9 Percent . . . . . %

Form MO-MS (Revised 12-2021)

**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



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**REVENUE**Form  
**MO-2220****2021 Corporation Underpayment  
of Estimated Tax Schedule**Department Use Only  
(MM/DD/YY)

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Taxable Year Beginning  
(MM/DD/YY)

0	1
---	---

0	1
---	---

2	1
---	---

Ending  
(MM/DD/YY)

1	2
---	---

3	1
---	---

2	1
---	---

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

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

Part 1 - How to Figure the Underpayment

1. Enter 90% of amount of 2021 tax (**Form MO-1120**, Lines 14 and 15 less approved credits for corporation income tax or 100% of 2020 tax, whichever is smaller. (If this amount is \$250 or less, do not complete this form.) . . . . .

NONE  
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) . . . . .	04/15/2021	06/15/2021	09/15/2021	12/15/2021
3. Enter 25% of Line 1 in Columns (a) through (d) . . . . .	00	00	00	00
4. Amount paid or credited by installment due date . . . . .	00	00	00	00
5. Overpayment of previous installment (see instructions) . . . . .	00	00	00	00
6. Total of Lines 4 and 5 . . . . .	00	00	00	00
7. Underpayment (Line 3 less Line 6) . . . . .	00	00	00	00
8. Overpayment (Line 6 less Line 3) . . . . .	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 00	50% of Tax 00	75% of Tax 00	100% of Tax 00
11. Exception 2, tax on annualized income (see instructions), . . . . .	22.5% of Tax 00	45% of Tax 00	67.5% of Tax 00	90% of Tax 00
12. Exception 3, tax on income over 3, 5, 8, and 11 month periods (see instructions) . . . . .	90% of Tax 00	90% of Tax 00	90% of Tax 00	90% of Tax 00
13. Exception 4, tax on prior year's income using current year's rates (see instructions) . . . . .	25% of Tax 00	50% of Tax 00	75% of Tax 00	100% of Tax 00
14. Exception 5, tax on annualized income (see instructions), . . . . .	22.5% of Tax 00	45% of Tax 00	67.5% of Tax 00	90% of Tax 00

Part 3 - How to Figure the Addition to Tax

15. Enter the same installment dates from Line 2 . . . . .	04/15/2021	06/15/2021	09/15/2021	12/15/2021
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 4/15/2021 and before 1/1/2022 . . . . .				
20. Number of days on Line 18 after 12/31/2021 and before 1/1/2023 . . . . .				
21. Number of days on Line 18 after 12/31/2022 and before 3/15/2023 . . . . .				
22. Number of days on Line 19 X 4% X amount on Line 16 365 . . . . .	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, 2022, see the instructions for Line 24.



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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.

Line 1 - Approved corporation tax credits cannot exceed **Form MO-1120**, Lines 13 and 14.

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, 2023, a corporation must use an interest rate that the Department of Revenue will announce by November 1, 2022.

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

Form MO-2220 (Revised 12-2021)



21114021062

**Electronic Filing Information: PDF attachments Included in this Return**

**Tax Year:** 2021  
**Name:** Great Rivers Community  
**Return No:** C9598QR1

**Jurisdiction:** Missouri  
**No of Attachments:** 1

PDF Attachment Description	PDF File Name	File Size
MO NOL attachment	C9598QR1_MO_MO NOL attachment.pdf	45,883

SUPPLEMENTAL ATTACHMENT TO FORM MO-1120

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MISSOURI NOL CARRYFORWARD

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THE 2019 FEDERAL NET OPERATING LOSS WAS CARRIED BACK 5 YEARS.  
THIS AMOUNT WAS DISALLOWED FOR MISSOURI AND WILL BE CARRIED  
FORWARD TO 2021.

NOL FROM 2019	251,190
AMOUNT USED IN PRIOR YEARS	-
AMOUNT USED IN CURRENT YEAR	<u>(251,190)</u>
NOL CARRYFORWARD TO 2021	<u><u>-</u></u>

## ESTIMATED TAX INSTRUCTIONS

1. Every corporation shall file a declaration of its estimated tax for the taxable year if its estimated tax for such taxable year can reasonably be expected to exceed \$500.00. The entire amount of such estimated tax shall constitute the amount of advance required to be paid.
2. The amounts and due dates of the installments are as follows:  
-> 25% by the 15th day of the fourth month, sixth month, ninth month and twelfth month of the taxable year
3. Every corporation is subject to an assessment of 18% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
4. To ensure proper processing, **calendar year or fiscal year end dates** must be entered on the forms.

**Payments 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 the estimated tax forms.**

**NOTE:** The exception to avoid interest and penalty for underestimated tax payments based upon 100% of last year's tax is no longer available. However, the exception based upon last year's income using the current year rate is still in existence. Accordingly, when there is not an increase in the tax rate from one year to the next, no interest and penalty will occur for underestimated tax payments if pre-payments are made equal to the prior year's tax.

1D4803 1.000

# RI-1120ES

**STATE OF RHODE ISLAND Corporate Tax Estimate**  
**DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908**



16113510620101

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

NAME	GREAT RIVERS COMMUNITY CAPITA
ADDRESS	1023 N. GRAND BLVD
CITY, STATE, ZIP CODE	SAINT LOUIS MO 63106
FEDERAL EMPLOYER IDENTIFICATION NUMBER	431862691

**RI-1120ES**

For the Taxable Year Ending: 12/31/2022

1. TOTAL TAX FOR PRIOR YEAR	400 00
2. ESTIMATED TAX FOR CURRENT YEAR	00
3. 25% OF LINE 2	00
4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	00
5. PAYMENT DUE WITH THIS VOUCHER	00

**Key #54**

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

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE FOURTH, SIXTH, NINTH, AND TWELFTH MONTHS OF THE TAXABLE YEAR

1062 9598QR K927 08/31/2022 11:25:31 V21-6.5F 1204845

## ESTIMATED TAX INSTRUCTIONS

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1D4805 1.000

# RI-1120ES

**STATE OF RHODE ISLAND Corporate Tax Estimate**  
**DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908**



16113510620101

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

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**RI-1120ES**

For the Taxable Year Ending: 12/31/2022

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1062

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1D4835 1.000

# RI-1120ES

**STATE OF RHODE ISLAND Corporate Tax Estimate**  
**DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908**



16113510620101

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

NAME	GREAT RIVERS COMMUNITY CAPITA
ADDRESS	1023 N. GRAND BLVD
CITY, STATE, ZIP CODE	SAINT LOUIS MO 63106
FEDERAL EMPLOYER IDENTIFICATION NUMBER	431862691

**RI-1120ES**

For the Taxable Year Ending: 12/31/2022

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## ESTIMATED TAX INSTRUCTIONS

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1D4836 1.000

# RI-1120ES

**STATE OF RHODE ISLAND Corporate Tax Estimate**  
**DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908**



16113510620101

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

NAME	GREAT RIVERS COMMUNITY CAPITA
ADDRESS	1023 N. GRAND BLVD
CITY, STATE, ZIP CODE	SAINT LOUIS MO 63106
FEDERAL EMPLOYER IDENTIFICATION NUMBER	431862691

**RI-1120ES**

For the Taxable Year Ending: 12/31/2022

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3. 25% OF LINE 2	00
4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	00
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**Key #54**

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Signature of officer or agent

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1062 9598QR K927 08/31/2022 11:25:31 V21-6.5F 1204845



State of Rhode Island Division of Taxation  
**2021 RI-1120C**  
Business Corporation Tax Return



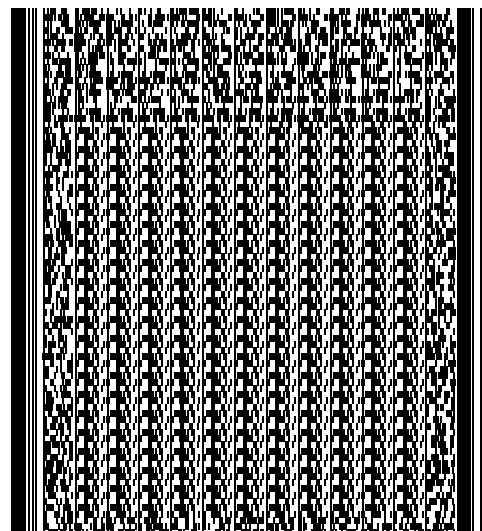
21110110620101

Federal employer identification number 43-1862691  
RI Secretary of State ID number 000894304  
For the taxable year from

through

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	256866 00
C Total Assets. . . . .	C	20702876 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	704287 00
2 Total Deductions from page 3, Schedule B, line 1g . . . . .	2	00
3 Total Additions from page 3, Schedule C, line 1e . . . . .	3	400 00
4 Adjusted taxable income. Line 1 less line 2 plus line 3 . . . . .	4	704687 00
5 Rhode Island Apportionment Ratio from page 5, Schedule H, line 2. Carry to six (6) decimal places. . . . .	5	NONE
6 Apportioned Rhode Island taxable income. Multiply line 4 times line 5 . . . . .	6	NONE 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	NONE 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

1D4811 1.000

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## 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.

1Y4819 1.000

# RI-7004

## STATE OF RHODE ISLAND AUTOMATIC EXTENSION REQUEST FOR RI-1120C, RI-1120S and RI-1065 FILERS DIVISION OF TAXATION - ONE CAPITOL HILL - PROVIDENCE, RI 02908



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 - ONE CAPITOL HILL - PROVIDENCE, RI 02908



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  
**2021 RI-1120C**  
Business Corporation Tax Return



21110110620102

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	NONE	00
11 Rhode Island income tax. Multiply line 10b times 7% (0.07). . . . .	11	NONE	00
12 Rhode Island Credits from Schedule B-CR 2021 - 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 2021 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 2022. . . . .	23		00
24 Amount of overpayment to be refunded. Subtract line 23 from line 22 . . . . .	24		00

State of Rhode Island Division of Taxation  
**2021 RI-1120C**  
Business Corporation Tax Return



21110110620103

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 <b>TOTAL DEDUCTIONS.</b> 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 Taxable portion of Paycheck Protection Program loan amount under RIGL 44-11-11 (see instructions) . . . . .	1d	00
e <b>TOTAL ADDITIONS.</b> Add lines 1a through 1d. Enter here and on RI-1120C, page 1, Schedule A, line 3 . . . . .	1e	400 00

**Schedule D - Pass-through Withholding**

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

State of Rhode Island Division of Taxation  
**2021 RI-1120C**  
Business Corporation Tax Return



21110110620104

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 . . . . . 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 LA

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
<b>Foreign Dividends included on lines 14, 16b, 16c &amp; 20</b>			
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:	2021	2020	2019	2018	2017
	704287 00	558024 00	-490347 00	-161790 00	273056 00

State of Rhode Island Division of Taxation  
**2021 RI-1120C**  
Business Corporation Tax Return



21110110620105

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

Rhode Island Sales. . . . .	00	00
1 a Gross receipts. . . . . { 1a		
Sales Under 44-11-14(a)(2)(i)(B) . . . . .	00	
b Dividends. . . . . 1b	00	00
c Interest. . . . . 1c	NONE 00	1065147 00
d Rents. . . . . 1d	NONE 00	34115 00
e Royalties. . . . . 1e	00	00
f Capital gains. . . . . 1f	00	00
g Ordinary income. . . . . 1g	00	00
h Other income. . . . . 1h	NONE 00	1277864 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	NONE 00	2377126 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	NONE

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
	LINDA CLARK	10/15/2022	(636) 225-2900
Paid preparer signature	Print name	Date	Telephone number
	DONNA LARSON	10/15/2022	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 ☒