

GREAT RIVERS COMMUNITY CAPITAL
FORM 1120
TAX YEAR 2022

Comparison Schedule of 2022 to 2021 (Form 1120, Page 1)

Name as shown on return		Employer Identification Number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Description	2022	2021	Difference
Income			
Gross receipts or sales			
Less returns and allowances			
Net receipts or sales			
Cost of goods sold			
Gross profit			
Dividends			
Interest	1,330,641.	1,065,147.	265,494.
Gross rents	57,666.	34,115.	23,551.
Gross royalties			
Capital gain net income			
Net gain or (loss) from Form 4797			
Other income	1,476,883.	1,277,864.	199,019.
Total income	2,865,190.	2,377,126.	488,064.
Deductions			
Compensation of officers			
Salaries and wages			
Repairs and maintenance			
Bad debts	1,376,763.	512,339.	864,424.
Rents			
Taxes and licenses	9,284.	37,016.	-27,732.
Interest	113,360.	197,908.	-84,548.
Charitable contributions	17,325.	18,000.	-675.
Depreciation	25,312.	13,677.	11,635.
Depletion			
Advertising			
Pension, profit-sharing, etc. plans			
Employee benefit programs			
Domestic Production activities deduction			
Other deductions	908,967.	893,899.	15,068.
Total deductions	2,451,011.	1,672,839.	778,172.
Taxable income before net operating loss deduction and special deductions	414,179.	704,287.	-290,108.
Less: a Net operating loss (NOL) deduction			
b Special deductions			
Tax, Refundable Credits, and Payments			
Taxable income	414,179.	704,287.	-290,108.
Total tax	86,978.	147,900.	-60,922.
Total Payments and Credits	174,000.	185,600.	-11,600.
Estimated tax penalty			
Amount owed			
Overpayment	87,022.	37,700.	49,322.
Overpayment credited to next year's estimated tax	87,022.	37,700.	49,322.
Overpayment refunded			

CARRYOVERS TO NEXT YEAR
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SEC. 1231 LOSSES 31,472.

A Check if: <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	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) \$ 25,253,649.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Dividends and inclusions (Schedule C, line 23)	4	
	5	Interest	5	1,330,641.
	6	Gross rents	6	57,666.
	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. 1,476,883.	
11	Total income. Add lines 3 through 10	11	2,865,190.	
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	1,376,763.
	16	Rents	16	
	17	Taxes and licenses	17	SEE STATEMENT. 2. 9,284.
	18	Interest (see instructions)	18	113,360.
	19	Charitable contributions	19	SEE STATEMENT. 3. 17,325.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	25,312.
	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. 908,967.
	27	Total deductions. Add lines 12 through 26	27	2,451,011.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	414,179.
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	414,179.	
31	Total tax (Schedule J, Part I, line 11)	31	86,978.	
32	Reserved for future use	32		
33	Total payments and credits (Schedule J, Part III, line 23)	33	174,000.	
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	87,022.	
37	Enter amount from line 36 you want: Credited to 2023 estimated tax 87,022. Refunded	37		

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

Signature of officer <u>SHERI FLANIGAN-VAZQUEZ</u>	Date <u>10/15/2023</u>	COO Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name TROY A LINDSEY	Preparer's signature TROY A LINDSEY	Date 10/15/2023	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01041237
	Firm's name FORVIS, LLP	Firm's EIN 44-0160260	Phone no. 314-231-5544	
	Firm's address 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733			

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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

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

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

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions		
2	Income tax. See instructions	2	86,978.
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	86,978.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	86,978.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f	
g	Other (see instructions - attach statement)	9g	
10	Total. Add lines 9a through 9g	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	86,978.

Part II - Reserved For Future Use

12	Reserved for future use	12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	37,700.
14	2022 estimated tax payments	14	136,300.
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	174,000.
17	Tax deposited with Form 7004	17	NONE
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	174,000.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	174,000.

Schedule K Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify)
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? [X]
If "Yes," enter name and EIN of the parent corporation JUSTINE PETERSEN HOUSING 43-1769074
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]

Table with 4 columns: (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]

Table with 4 columns: (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 [X]
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.
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? [X]
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
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
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) []
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)

Table with 3 columns: Question, Yes, No. Rows 13-26 covering questions about receipts, UTP, Form 1099, ownership changes, asset dispositions, section 351 transfers, cooperative basis, interest/royalty, gross receipts, section 163(j) election, and foreign corporation ownership.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,699,528.		2,637,932.
2a Trade notes and accounts receivable	2,663,982.		5,791,683.	
b Less allowance for bad debts	()	2,663,982.	()	5,791,683.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)	STMT 5	42,491.		106,115.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)	STMT 5	1,248,926.		1,236,774.
10a Buildings and other depreciable assets	256,866.		452,166.	
b Less accumulated depreciation	(58,928.)	197,938.	(76,575.)	375,591.
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	13,850,011.		15,105,554.
15 Total assets		20,702,876.		25,253,649.
Liabilities and Shareholders' Equity				
16 Accounts payable		143,609.		137,823.
17 Mortgages, notes, bonds payable in less than 1 year	STMT 5	313,404.		91,245.
18 Other current liabilities (attach statement)	STMT 5	1,401,717.		2,241.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		2,039,922.		1,439,779.
21 Other liabilities (attach statement)	STMT 6	13,587,115.		19,446,215.
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		2,535,549.		3,454,786.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		20,702,876.		25,253,649.

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		7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____
2 Federal income tax per books		
3 Excess of capital losses over capital gains		
4 Income subject to tax not recorded on books this year (itemize): _____		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____ c Travel and entertainment . \$ _____		
6 Add lines 1 through 5		9 Add lines 7 and 8
		10 Income (page 1, line 28) - line 6 less line 9

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

1 Balance at beginning of year	2,535,549.	5 Distributions: a Cash	
2 Net income (loss) per books	919,237.	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	3,454,786.	8 Balance at end of year (line 4 less line 7)	3,454,786.

**SCHEDULE B
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service
Name

Additional Information for Schedule M-3 Filers

OMB No. 1545-0123

▶ Attach to Form 1120.

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

GREAT RIVERS COMMUNITY CAPITAL

Employer identification number (EIN)

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

▶ Attach to Form 1120 or 1120-C.

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

Name of corporation (common parent, if consolidated return)				Employer identification number	
GREAT RIVERS COMMUNITY CAPITAL				43-1862691	
Check applicable box(es):	(1) <input checked="" type="checkbox"/>	Non-consolidated return	(2) <input type="checkbox"/>	Consolidated return (Form 1120 only)	
	(3) <input type="checkbox"/>	Mixed 1120/L/PC group	(4) <input type="checkbox"/>	Dormant subsidiaries schedule attached	

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

1 a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?
 Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.
 No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?
 Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.
 No. Go to line 1c.

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

2 a Enter the income statement period: Beginning 01/01/2022 Ending 12/31/2022

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	919,237.
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	919,237.

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	25,253,649.	21,117,303.
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) GREAT RIVERS COMMUNITY CAPITAL	Employer identification number 43-1862691
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group	
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 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)	1,330,641.			1,330,641.
14 Total accrual to cash adjustment				
15 Hedging transactions				
16 Mark-to-market income (loss)				
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)	1,751,329.	-1,112,113.		639,216.
26 Total income (loss) items. Combine lines 1 through 25	3,081,970.	-1,112,113.		1,969,857.
27 Total expense/deduction items (from Part III, line 39)	-2,134,835.	332,962.	274,093.	-1,527,780.
28 Other items with no differences	-27,898.			-27,898.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	919,237.	-779,151.	274,093.	414,179.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	919,237.	-779,151.	274,093.	414,179.

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) GREAT RIVERS COMMUNITY CAPITAL	Employer identification number 43-1862691
Check applicable box(es): (1) <input type="checkbox"/> Consolidated group (2) <input type="checkbox"/> Parent corp (3) <input type="checkbox"/> Consolidated eliminations (4) <input type="checkbox"/> Subsidiary corp (5) <input type="checkbox"/> Mixed 1120/L/PC group	
Check if a sub-consolidated: (6) <input type="checkbox"/> 1120 group (7) <input type="checkbox"/> 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	77,393.		-77,393.	
2 U.S. deferred income tax expense	196,700.		-196,700.	
3 State and local current income tax expense	19,449.	-10,165.		9,284.
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)	113,360.			113,360.
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	17,646.	7,666.		25,312.
32 Bad debt expense	1,704,763.	-328,000.		1,376,763.
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 8 5,524.	-2,463.		3,061.
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	2,134,835.	-332,962.	-274,093.	1,527,780.

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.
Go to www.irs.gov/Form2220 for instructions and the latest information.

2022

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

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	86,978.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	86,978.
4	Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	147,900.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	86,978.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9	04/15/2022	06/15/2022	09/15/2022	12/15/2022
10	21,745.	21,745.	21,745.	21,745.
11	37,700.	37,500.	48,800.	50,000.
12		15,955.	31,710.	58,765.
13		53,455.	80,510.	108,765.
14				
15	37,700.	53,455.	80,510.	108,765.
16				
17				
18	15,955.	31,710.	58,765.	

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

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions				
20 Number of days from due date of installment on line 9 to the date shown on line 19.				
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$

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

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

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.

Table with 5 main rows for Part I. Row 1: Maximum amount. Row 2: Total cost of section 179 property. Row 3: Threshold cost of section 179 property. Row 4: Reduction in limitation. Row 5: Dollar limitation for tax year. Row 6: Description of property, Cost, Elected cost. Row 7: Listed property. Row 8: Total elected cost. Row 9: Tentative deduction. Row 10: Carryover of disallowed deduction. Row 11: Business income limitation. Row 12: Section 179 expense deduction. Row 13: Carryover of disallowed deduction to 2023.

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.)

Table with 3 rows for Part II. Row 14: Special depreciation allowance. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2022. Row 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 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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

Table with columns (a) through (i) for depreciation and other information. Includes rows 25, 26, 27, 28, and 29.

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) for vehicle information. Includes rows 30 through 36.

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.

Table for Section C with columns Yes and No for employer questions. Includes rows 37 through 41.

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

Table for Part VI with columns (a) through (f) for amortization. Includes rows 42, 43, and 44.

(Rev. November 2019)
 Department of the Treasury
 Internal Revenue Service

▶ **Attach to Schedule M-3 for Form 1065, 1120, 1120-L, 1120-PC, or 1120-S.**
 ▶ **Go to www.irs.gov/Form1120 for the latest information.**

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
1 Amounts attributable to cost flow assumptions				
2 Amounts attributable to:				
a Stock option expense				
b Other equity-based compensation				
c Meals and entertainment				
d Parachute payments				
e Compensation with section 162(m) limitation				
f Pension and profit sharing				
g Other post-retirement benefits				
h Deferred compensation				
i Reserved				
j Amortization				
k Depletion				
l Depreciation				
m Corporate-owned life insurance premiums				
n Other section 263A costs				
3 Inventory shrinkage accruals				
4 Excess inventory and obsolescence reserves				
5 Lower of cost or market write-downs				
6 Other items with differences (attach statement).				
7 Other items with no differences				
8 Total cost of goods sold. 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.

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
1	Tax-exempt interest income				
2	Interest income from hybrid securities				
3	Sale/lease interest income				
4a	Intercompany interest income - From outside tax affiliated group				
4b	Intercompany interest income - From tax affiliated group				
5	Other interest income	1,330,641.			1,330,641.
6	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.	1,330,641.			1,330,641.

Part III Interest Expense

	Interest Expense Item	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1	Interest expense from hybrid securities				
2	Lease/purchase interest expense				
3a	Intercompany interest expense - Paid to outside tax affiliated group				
3b	Intercompany interest expense - Paid to tax affiliated group				
4	Other interest expense	113,360.			113,360.
5	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.	113,360.			113,360.

**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: 12/31/2022

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

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LINE 10 - OTHER INCOME

LOAN FEES	806,278.
MISC INCOME	31,389.
GRANTS AND DONATIONS	639,216.

TOTAL	1,476,883.
	=====

FORM 1120, PAGE 1 DETAIL

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LINE 17 - TAXES AND LICENSES

STATE AND LOCAL INCOME TAXES

9,284.

TOTAL

9,284.
=====

FORM 1120, PAGE 1 DETAIL

LINE 19 - CONTRIBUTION DEDUCTION

1. TAXABLE INCOME EXCLUDING CONTRIBUTIONS	431,504.
2. LESS: NOL CARRYOVER	
2A. PLUS: NOL LIMITATION	
3. PLUS: CAPITAL LOSS CARRYBACK	
4. TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS	431,504.
5. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	43,150.
6. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	17,325.
7. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT (LESSER OF LINE 5 OR LINE 6)	17,325.
8. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LINE 4 X 10% MINUS LINE 7)	
9. AMOUNT OF CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS	NONE
10. DEDUCTION FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LESSER OF LINE 8 OR LINE 9)	
11. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LINE 4 X 25% MINUS LINE 7,10)	
12. AMOUNT OF CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS	NONE
13. DEDUCTION FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LESSER OF LINE 11 OR LINE 12)	
14. TOTAL CONTRIBUTION DEDUCTION (ADD LINES 7, 10, 13)	17,325.

LINE 19 - CURRENT YEAR CONTRIBUTIONS

CURRENT YEAR CONTRIBUTIONS	17,325.
TOTAL CURRENT YEAR CONTRIBUTIONS	17,325.
CONTRIBUTIONS SUBJECT TO 10% INCOME LIMITATION	17,325.

FORM 1120, PAGE 1 DETAIL

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LINE 26 - OTHER DEDUCTIONS

PROFESSIONAL FEES	59,761.
INSURANCE	3,061.
SUPPLIES	59,235.
MISCELLANEOUS EXPENSES	20,359.
RENTAL RE MAINTENANCE	90,592.
ADMIN EXPENSES	662,916.
PROGRAM EXPENSE	2,960.
NMTC AMORTIZATION EXPENSES	10,083.

TOTAL	908,967.
	=====

FORM 1120, PAGE 6 DETAIL

SCH L, LINE 6 -
OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES AND OTHER	42,491.	106,115.
TOTAL	42,491.	106,115.

SCH L, LINE 9 - OTHER INVESTMENTS

INVESTMENT IN REAL ESTATE	1,248,926.	1,236,774.
TOTAL	1,248,926.	1,236,774.

SCH L, LINE 14 - OTHER ASSETS

NOTE RECEIVABLE	13,850,011.	15,100,292.
DUE FROM SUBSIDIARIES	NONE	5,262.
TOTAL	13,850,011.	15,105,554.

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

CURRENT PORTION OF LONG TERM DEBT	313,404.	91,245.
TOTAL	313,404.	91,245.

SCH L, LINE 18 -
OTHER CURRENT LIABILITIES

ACCRUED INTEREST	3,076.	NONE
DEFERRED INCOME	1,304,412.	NONE
INCOME TAXES PAYABLE	94,229.	2,241.
TOTAL	1,401,717.	2,241.

FORM 1120, PAGE 6 DETAIL

SCH L, LINE 21 - OTHER LIABILITIES

	BEGINNING	ENDING
DUE TO AFFILIATES	13,220,115.	18,882,515.
DEFERRED TAXES	367,000.	563,700.
TOTAL	13,587,115.	19,446,215.

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
GRANTS AND DONATIONS (CDFI GRANTS)	1,751,329.	-1,112,113.		639,216.
TOTAL	1,751,329.	-1,112,113.		639,216.

=====

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	5,524.	-2,463.		3,061.
TOTAL	5,524.	-2,463.		3,061.

RP

3637018 GREA 43-1862691
TYB 01-01-2022 TYE 12-31-2022
GREAT RIVERS COMMUNITY CAPITAL

22

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.)

Table with 3 columns: Line number, Description, and Amount. Rows include Net income (loss) before state adjustments, Amount deducted for foreign or domestic tax, Amount deducted for tax under the provisions of the Corporation Tax Law, Interest on government obligations, Net California capital gain, Depreciation and amortization, Net income from corporations not included in federal consolidated return, Other additions, and Total.

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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

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

State Adjustments (cont.)	10	Intercompany dividend elimination. Attach Schedule H (100)	10	00	
	11	Dividends received deduction. Attach Schedule H (100)	11	00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	12	00	
	13	Capital gain from federal Form 1120, line 8	13	00	
	14	Charitable Contributions STMT. 2.	14	17,325	00
	15	Other deductions. Attach schedule(s)	15	00	
	16	Total. Add line 10 through line 15	16	17,325	00
	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	17	423,463	00
CA Net Income	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.	18	145	00
	19	Net operating loss (NOL) deduction. See instructions	19	00	
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	20	00	
	21	Disaster loss deduction. See instructions	21	00	
	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	22	145	00
Taxes	23	Tax. <u>8.840</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	23	800	00
	24	Credit name _____ code ● amount ▶	24	00	
	25	Credit name _____ code ● amount ▶	25	00	
	26	To claim more than two credits, see instructions	26	00	
	27	Add line 24 through line 26	27		00
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	28	800	00
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	29		00
30	Total tax. Add line 28 and line 29	30	800	00	
Payments	31	Overpayment from prior year allowed as a credit	31	00	
	32	2022 Estimated tax payments. See instructions STMT. 2.	32	800	00
	33	2022 Withholding (Form 592-B and/or 593). See instructions	33	00	
	34	Amount paid with extension of time to file tax return	34	00	
	35	Total payments. Add line 31 through line 34	35	800	00
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	36	00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	37	800	00
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	38		00
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	39		00
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	40		00
	41	Amount of line 40 to be credited to 2023 estimated tax	41		00
	42	Refund. Subtract line 41 from line 40. See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	42		00
	43	a Penalties and interest	43a		00
		b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.			
	44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result.	44		00

Schedule Q Questions (continued from Side 1)

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

Schedule Q Questions (continued on Side 3)

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

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

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? 2. Of another corporation owned by this corporation? 3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests?

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

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 \$

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: COO Title: COO Date: Telephone: 314-533-2411
Paid Preparer's Use Only: Preparer's signature: TROY A LINDSEY Date: Check if self-employed: PTIN: P01041237
Firm's name (or yours, if self-employed) and address: FORVIS LLP, 211 N BROADWAY SUITE 600, ST. LOUIS, MO 63102-2733 Firm's FEIN: 44-0160260 Telephone: 314-231-5544
May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 5			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		9,284	9,284

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales				
	b) Less returns and allowance			c) Balance	00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)				00
	3 Gross profit. Subtract line 2 from line 1c				00
	4 Total dividends. Attach federal Schedule C, (California Schedule H (100))				00
	5 a) Interest on obligations of the United States and U.S. instrumentalities				00
	b) Other interest. Attach schedule	SEE STATEMENT 6			1,330,641
	6 Gross rents				57,666
	7 Gross royalties				00
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)				00
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)				00
10 Other income (loss). Attach schedule	SEE STATEMENT 6			1,476,883	
11 Total income. Add line 3 through line 10				2,865,190	
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule				00
	13 Salaries and wages (not deducted elsewhere)				00
	14 Repairs and maintenance				00
	15 Bad debts			1,376,763	00
	16 Rents				00
	17 Taxes (California Schedule A). See instructions			9,284	00
	18 Interest. Attach schedule	SEE STATEMENT 7			113,360
	19 Charitable Contributions. Attach schedule	STMT. 7			17,325
	20 Depreciation. Attach federal Form 4562 and FTB 3885	20	25,312		
	21 Less depreciation claimed elsewhere on return	21a		25,312	00
	22 Depletion. Attach schedule				00
	23 Advertising				00
	24 Pension, profit-sharing plans, etc.				00
	25 Employee benefit plans				00
	26 a) Total travel and entertainment				
	b) Deductible amounts				00
	27 Other deductions. Attach schedule	STMT. 7			908,967
28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions				00	
29 Total deductions. Add line 12 through line 28				2,451,011	
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1				414,179	

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

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

Schedule V Cost of Goods Sold

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

Method of inventory valuation ► _____

Was there any change in determining quantities, costs of valuations between opening and closing inventory? 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.

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		<input checked="" type="radio"/> 2,699,528.		<input type="radio"/> 2,637,932.
2 a Trade notes and accounts receivable	2,663,982.		<input type="radio"/> 5,791,683.	
b Less allowance for bad debts	()	<input checked="" type="radio"/> 2,663,982.	<input type="radio"/> ()	<input type="radio"/> 5,791,683.
3 Inventories		<input checked="" type="radio"/>		<input type="radio"/>
4 Federal and state government obligations		<input checked="" type="radio"/>		<input type="radio"/>
5 Other current assets. Attach schedule(s).	STMT 8	42,491.		106,115.
6 Loans to stockholders/officers. Attach schedule		<input checked="" type="radio"/>		<input type="radio"/>
7 Mortgage and real estate loans		<input checked="" type="radio"/>		<input type="radio"/>
8 Other investments. Attach schedule(s)	STMT 8	<input checked="" type="radio"/> 1,248,926.		<input type="radio"/> 1,236,774.
9 a Buildings and other fixed depreciable assets	<input checked="" type="radio"/> 256,866.		<input type="radio"/> 452,166.	
b Less accumulated depreciation	<input checked="" type="radio"/> (58,928)	<input checked="" type="radio"/> 197,938.	<input type="radio"/> (76,575)	<input type="radio"/> 375,591.
10 a Depletable assets		<input checked="" type="radio"/>		<input type="radio"/>
b Less accumulated depletion	()	<input checked="" type="radio"/>	()	<input type="radio"/>
11 Land (net of any amortization)		<input checked="" type="radio"/>		<input type="radio"/>
12 a Intangible assets (amortizable only)		<input checked="" type="radio"/>		<input type="radio"/>
b Less accumulated amortization	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>	<input checked="" type="radio"/> ()	<input checked="" type="radio"/>
13 Other assets. Attach schedule(s)	STMT 8	<input checked="" type="radio"/> 13,850,011.		<input type="radio"/> 15,105,554.
14 Total assets		<input checked="" type="radio"/> 20,702,876.		<input type="radio"/> 25,253,649.
Liabilities and Stockholders' Equity				
15 Accounts payable		<input checked="" type="radio"/> 143,609.		<input type="radio"/> 137,823.
16 Mortgages, notes, bonds payable in less than 1 year		<input checked="" type="radio"/> 313,404.		<input type="radio"/> 91,245.
17 Other current liabilities. Attach schedule(s).	STMT 8	<input checked="" type="radio"/> 1,401,717.		<input type="radio"/> 2,241.
18 Loans from stockholders. Attach schedule(s)		<input checked="" type="radio"/>		<input type="radio"/>
19 Mortgages, notes, bonds payable in 1 year or more		<input checked="" type="radio"/> 2,039,922.		<input type="radio"/> 1,439,779.
20 Other liabilities. Attach schedule(s).	STMT 9	<input checked="" type="radio"/> 13,587,115.		<input type="radio"/> 19,446,215.
21 Capital stock: a Preferred stock		<input checked="" type="radio"/>		<input type="radio"/>
b Common stock	<input checked="" type="radio"/> 10,000.	<input checked="" type="radio"/> 10,000.	<input type="radio"/> 10,000.	<input type="radio"/> 10,000.
22 Paid-in or capital surplus. Attach reconciliation		<input checked="" type="radio"/> 671,560.		<input type="radio"/> 671,560.
23 Retained earnings - Appropriated. Attach schedule		<input checked="" type="radio"/>		<input checked="" type="radio"/>
24 Retained earnings - Unappropriated		<input checked="" type="radio"/> 2,535,549.		<input checked="" type="radio"/> 3,454,786.
25 Adjustments to shareholders' equity. Attach schedule		<input checked="" type="radio"/>		<input checked="" type="radio"/>
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity		20,702,876.		25,253,649.

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	919,237.	7	Income recorded on books this year not included in this return (itemize)	
2	Federal income tax	293,542.		a Tax-exempt interest <input checked="" type="radio"/> \$ NONE	
3	Excess of capital losses over capital gains			b Other \$ 1,718,952.	STMT 10
4	Taxable income not recorded on books this year (itemize) _____ SEE STATEMENT 10	606,839.		c Total. Add line 7a and line 7b.	1,718,952.
5	Expenses recorded on books this year not deducted in this return (itemize)		8	Deductions in this return not charged against book income this year (itemize)	
	a Depreciation . . . \$ _____			a Depreciation . . . \$ 7,666.	
	b State taxes . . . \$ _____			b State tax refunds. \$ 9,284.	
	c Travel and entertainment <input checked="" type="radio"/> \$ _____			c Other \$ -9,284.	
	d Other \$ 330,463.	STMT 10		d Total. Add line 8a through line 8c.	7,666.
	e Total. Add line 5a through line 5d.	330,463.	9	Total. Add line 7c and line 8d. <input checked="" type="radio"/>	1,726,618.
6	Total. Add line 1 through line 5e.	2,150,081.	10	Net income per return.	
				Subtract line 9 from line 6	423,463.

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

1	Balance at beginning of year	2,535,549.	5	Distributions: a Cash	
2	Net income per books	919,237.		b Stock.	
3	Other increases (itemize) _____ _____ _____			c Property	
			6	Other decreases (itemize) _____ _____	
4	Total. Add line 1 through line 3	3,454,786.	7	Total. Add line 5 and line 6	
			8	Balance at end of year.	
				Subtract line 7 from line 4 <input checked="" type="radio"/>	3,454,786.

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 <input checked="" type="radio"/>				2 00
3	Unused capital loss carryover from 2021 <input checked="" type="radio"/>				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. <input checked="" type="radio"/>				6 00
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37. <input checked="" type="radio"/>				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 2023				11 00

2022 Apportionment and Allocation of Income

R

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

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

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

1 a Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568).	● 1a	423,463	00
b Water's-edge foreign investment interest offset from form FTB 2424, line 17.	● 1b		00
c Total. Combine line 1a and line 1b.	● 1c	423,463	00

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

2 Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10.	● 2		00
3 Interest. Attach schedule.	● 3		00
4 Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	● 4		00
5 Royalties. Attach schedule.	● 5		00
6 Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	● 6		00
7 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	● 7		00
8 Miscellaneous nonbusiness income (loss). Attach schedule.	● 8		00
9 Total nonbusiness income (loss). Combine line 2 through line 8.	● 9		00

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

10 Nonunitary partnership or LLC business income (loss).	● 10		00
11 Income (loss) from a separate trade or business. Attach supplemental Schedule R.	● 11		00
12 Business income (loss) deferred from prior years. See General Information L.	● 12		00
13 Capital gain (loss) netting subject to separate apportionment. See General Information M.	● 13		00
14 Total separately apportionable business income (loss). Combine line 10 through line 13.	● 14		00
15 Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.	● 15	423,463	00
16 Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	● 16		00
17 Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	● 17	423,463	00
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	● 18a	0.0342	%
b Business income (loss) apportioned to California. Multiply line 17 by line 18a.	● 18b	145	00

Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.

19 Dividends and interest income (if taxpayer's commercial domicile is in California):			
a Dividends included in line 2 above.	● 19a		00
b Interest included in line 3 above.	● 19b		00
20 Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	● 20		00
21 Royalties. Attach schedule.	● 21		00
22 Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M.	● 22		00
23 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	● 23		00
24 Miscellaneous nonbusiness income (loss). Attach schedule.	● 24		00
25 Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	● 25		00
26 Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	● 26		00
27 Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	● 27		00

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

28	California business income (loss) from a nonunitary partnership or LLC.	●	28	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	●	29	00	
30	California business income (loss) deferred from prior years. See General Information L	●	30	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	●	31		00
Net Income (Loss) for California Purpose					
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.	●	32		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	●	33	145	00
34	Contributions adjustment from Schedule R-6, line 15	●	34		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	●	35	145	00

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

Schedule R-1 Apportionment Formula.

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

Table with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Sales (Gross receipts, less returns, and allowances), Apportionment percentage, and Total sales.

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

Table with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Property, Payroll, Sales, Total percent, and Apportionment percentage.

Name as shown on your California tax return. GREAT RIVERS COMMUNITY CAPITAL SSN, ITIN, FEIN, CA corp no., or CA SOS file no. 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.

Alternative Minimum Tax and Credit Limitations - Corporations

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 1 423,463.00
2 Adjustments. See instructions.
a Depreciation of tangible property placed in service after 1986 and before 1999 2a 00
b Amortization of certified pollution control facilities placed in service after 1986 2b 00
c Amortization of mining exploration and development costs incurred after 1987 2c 00
d Basis adjustments in determining gain or loss from sale or exchange of property 2d 00
e Long-term contracts entered into after February 28, 1986 2e 00
f Installment sales of certain property. 2f 00
g Tax shelter farm activities (personal service corporations only) 2g 00
h Passive activities (closely held corporations and personal service corporations only) 2h 00
i Certain loss limitations 2i 00
j Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a 2j 00
k Merchant marine capital construction funds. 2k 00
l Combine line 2a through line 2k 2l 00
3 Tax preference items. See instructions.
a Depletion 3a 00
b Intangible drilling costs. 3b 00
c Add line 3a and line 3b. 3c 00
4 Pre-adjustment alternative minimum taxable income (AMTI):
a Combine line 1, line 2l, and line 3c 4a 423,463.00
b Apportioned pre-adjustment AMTI. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 4a 4b 145.00
5 Adjusted current earnings (ACE) adjustment:
a Enter ACE. See instructions. 5a 423,463.00
b Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a 5b 145.00
c Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets 5c 00
d Multiply line 5c by 75% (.75) and enter the result as a positive number 5d 00
e Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive) 5e 00
f ACE adjustment:
• If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount.
• If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount 5f 00
6 Combine line 4b and line 5f. If zero or less, enter -0- 6 145.00
7 a Reduction for disaster loss deduction, if any, from Form 100, line 21 7a 00
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 8 145.00
9 Enter \$40,000 exemption. See instructions 9 40,000.00
10 Enter \$150,000 limitation. See instructions 10 150,000.00
11 Subtract line 10 from line 8. If zero or less, enter -0- 11 NONE.00
12 Multiply line 11 by 25% (.25) 12 NONE.00
13 Exemption. Subtract line 12 from line 9. If zero or less, enter -0- 13 40,000.00
14 Subtract line 13 from line 8. If zero or less, enter -0- 14 NONE.00
15 Multiply line 14 by 6.65% (.0665) 15 800.00
16 Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions 16 00

Adjusted Current Earnings (ACE) Worksheet

1 Pre-adjustment AMTI . Enter the amount from Schedule P (100), line 4a, or Schedule P (100W), line 4a.		1	423,463.
2 ACE depreciation adjustment:			
a AMT depreciation	2a		
b ACE depreciation:			
(1) Post-1998 property.	2b(1)		
(2) Post-1990, pre-1998 property.	2b(2)		
(3) Post 1987, pre-1990 property.	2b(3)		
(4) Post-1981, pre-1987 property.	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6).	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income.	3a		NONE
b Death benefits from life insurance contracts	3b		
c All other distributions from life insurance contracts (including surrenders).	3c		
d Inside buildup of undistributed income in life insurance contracts.	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e.		3f	NONE
4 Disallowance of items not deductible from E&P:			
a Allowable deduction to a credit union	4a		
b Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4b		
c Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a and 4b		4c	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs	5a		
b Circulation expenditures	5b		
c Organizational expenditures	5c		
d LIFO inventory adjustments	5d		
e Installment sales	5e		
f Total other E&P adjustments. Combine lines 5a through 5e.		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts.		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property.		9	
10 Interest income		10	
11 Interest expense		11	
12 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 11. Enter the result here and on Schedule P (100), line 5a, or Schedule P (100W), line 5a		12	423,463.

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 checked="" 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 checked="" type="radio"/> 18	800	00
19	AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions	<input checked="" 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 checked="" 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 checked="" 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
Section A - Credits that reduce excess regular tax.				
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits.		<input checked="" type="radio"/> NONE	
A1 Credits that reduce excess regular tax and have no carryover provisions.				
4	Code: 162 Prison Inmate Labor Credit.	<input checked="" type="radio"/>	<input checked="" type="radio"/> NONE	
A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.				
5	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9	Code: 188 Credit for prior year AMT from Part III, line 3	<input checked="" type="radio"/>	<input checked="" type="radio"/> NONE	<input checked="" type="radio"/>
Section B - Credits that may reduce regular tax below TMT.				
10	If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c)		<input checked="" type="radio"/> NONE	
B Credits that reduce net tax and have carryover provisions. See instructions.				
11	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section C - Credits that may reduce AMT. See instructions.				
15	Enter the AMT from Part I, line 19.		<input checked="" type="radio"/>	
16a	Code: 180 Solar Energy Credit carryover from Section B, column (d)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16b	Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>	

Part III Credit for Prior Year AMT

1	Enter the AMT from the 2021 Schedule P (100). See instructions.	<input checked="" type="radio"/> 1		00
2	Carryover of unused credit for prior year AMT. See instructions	<input checked="" 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 checked="" type="radio"/> 3		00

*

2022 Apportionment and Allocation of Income

R

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

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy) and ending (mm/dd/yyyy)

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Net income (loss) after state adjustments (1a), Water's-edge foreign investment interest offset (1b), and Total (1c).

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Dividends (2), Interest (3), Rental income (4), Royalties (5), Gain from sale of assets (6), Gain from sale of nonbusiness interest (7), Miscellaneous nonbusiness income (8), and Total nonbusiness income (9).

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Nonunitary partnership or LLC business income (10), Income from separate trade or business (11), Business income deferred (12), Capital gain netting (13), Total separately apportionable business income (14), Total business income (15), Interest offset (16), Business income for apportionment (17), Apportionment percentage (18a), and Business income apportioned to California (18b).

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.

Table with 3 columns: Description, Line Number, Amount. Includes rows for Dividends and interest income (19a, 19b), Rental income within California (20), Royalties (21), Gain from sale of assets within California (22), Gain from sale of nonbusiness interest (23), Miscellaneous nonbusiness income (24), Total nonbusiness income allocable to California (25), Interest offset (26), and Net nonbusiness income allocable to California (27).

FOR SCHEDULE P COMPUTATION OF AMTI



Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.		14500
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		14500



2022 Apportionment and Allocation of Income

R

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

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Net income (loss) after state adjustments (1a), Water's-edge foreign investment interest offset (1b), and Total (1c) with amount 423,463.00.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Dividends (2), Interest (3), Rental income (4), Royalties (5), Gain from sale of assets (6), Gain from sale of nonbusiness interest (7), Miscellaneous nonbusiness income (8), and Total nonbusiness income (9).

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Nonunitary partnership or LLC business income (10), Income from separate trade or business (11), Business income deferred (12), Capital gain netting (13), Total separately apportionable business income (14), Total business income subject to apportionment (15), Interest offset (16), Business income for this trade or business (17), Apportionment percentage (18a), and Business income apportioned to California (18b).

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.

Table with 3 columns: Description, Line Number, Amount. Includes rows for Dividends and interest income (19a, 19b), Rental income within California (20), Royalties (21), Gain from sale of assets within California (22), Gain from sale of nonbusiness interest (23), Miscellaneous nonbusiness income (24), Total nonbusiness income allocable to California (25), Interest offset (26), and Net nonbusiness income allocable to California (27).

FOR SCHEDULE P COMPUTATION OF ACE



Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.		14500
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		14500

Corporation Depreciation and Amortization

2022

3885

Attach to Form 100 or Form 100W.

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

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13. Includes columns for description, cost, and elected cost. Total elected cost is 25,000.

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

Table for Part II with columns (a) through (h). Includes rows 14 and 15. Total depreciation for this year is 25,312.

Part III Summary

Table for Part III with rows 16-18. Summary of depreciation amounts. Total depreciation claimed is 25,312.

Part IV Amortization

Table for Part IV with columns (a) through (g). Includes rows 19-22. Summary of amortization amounts.

CALIFORNIA FORM 100, SIDE 1 -- DETAIL

LINE 8 - OTHER ADDITIONS

FEDERAL CONTRIBUTION DEDUCTION

17,325

TOTAL LINE 8 - OTHER ADDITIONS

17,325

CALIFORNIA FORM 100, SIDE 2 -- DETAIL

LINE 14 - CONTRIBUTIONS

1) NI AFTER STATE ADJ FROM LN. 17 BEFORE CONTRIBUTIONS	440,788
3) NET INCOME FOR CONTRIBUTIONS CALCULATION	440,788
4) CONTRIBUTIONS LIMITATIONS (10%)	44,079
5) AMOUNT ACTUALLY CONTRIBUTED (INCLUDING CARRYOVER)	17,325

CONTRIBUTIONS DEDUCTION (LESSER OF LINE 4 OR LINE 5)	17,325
	=====

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

12/31/2022	17,325.	17,325.	
	-----	-----	-----
TOTAL	17,325.	17,325.	
	=====	=====	=====

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
TOTAL - SCH A, TAXES		9,284.	9,284

=====

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

LINE 5B - OTHER INTEREST

TOTAL LINE 5B - OTHER INTEREST

1,330,641

LINE 10 - OTHER INCOME

LOAN FEES

806,278

MISC INCOME

31,389

GRANTS AND DONATIONS

639,216

TOTAL LINE 10 - OTHER INCOME

1,476,883

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

LINE 18 - INTEREST DEDUCTION

OTHER INTEREST	113,360

TOTAL LINE 18 - INTEREST DEDUCTION	113,360
	=====

LINE 19 - CONTRIBUTIONS

CONTRIBUTIONS MADE DURING CURRENT YEAR	17,325

TOTAL AMOUNT OF DEDUCTIBLE CONTRIBUTIONS	17,325

TOTAL LINE 19 - CONTRIBUTIONS	17,325
	=====

LINE 27 - OTHER DEDUCTIONS

PROFESSIONAL FEES	59,761
INSURANCE	3,061
SUPPLIES	59,235
MISCELLANEOUS EXPENSES	20,359
RENTAL RE MAINTENANCE	90,592
ADMIN EXPENSES	662,916
PROGRAM EXPENSE	2,960
NMTC AMORTIZATION EXPENSES	10,083

TOTAL LINE 27 - OTHER DEDUCTIONS	908,967
	=====

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

	BEGINNING	ENDING
LINE 5 - OTHER CURRENT ASSETS		
-----	-----	-----
PREPAID EXPENSES AND OTHER	42,491.	106,115.
	-----	-----
TOTAL LINE 5 - OTHER CURRENT ASSETS	42,491.	106,115.
	=====	=====
LINE 8 - OTHER INVESTMENTS		

INVESTMENT IN REAL ESTATE	1,248,926.	1,236,774.
	-----	-----
TOTAL LINE 8 - OTHER INVESTMENTS	1,248,926.	1,236,774.
	=====	=====
LINE 13 - OTHER ASSETS		

NOTE RECEIVABLE	13,850,011.	15,100,292.
DUE FROM SUBSIDIARIES	NONE	5,262.
	-----	-----
TOTAL LINE 13 - OTHER ASSETS	13,850,011.	15,105,554.
	=====	=====
LINE 17 - OTHER CURRENT LIABILITIES		

ACCRUED INTEREST	3,076.	NONE
DEFERRED INCOME	1,304,412.	NONE
INCOME TAXES PAYABLE	94,229.	2,241.
	-----	-----
TOTAL LINE 17 - OTHER CURRENT LIABILITIES	1,401,717.	2,241.
	=====	=====

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

=====

LINE 20 - OTHER LIABILITIES

BEGINNING

ENDING

DUE TO AFFILIATES
DEFERRED TAXES

13,220,115.
367,000.

18,882,515.
563,700.

TOTAL LINE 20 - OTHER LIABILITIES

13,587,115.
=====

19,446,215.
=====

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	606,839.

TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS	606,839.
	=====

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

CHANGE IN DOUBTFUL ACCOUNTS	328,000.
PREPAID INSURANCE	2,463.

TOTAL EXPENSES RECORDED ON BOOKS NOT IN THE RETURN	330,463.
	=====

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

CDFI GRANT REVENUE	1,718,952.

TOTAL INCOME RECORDED ON BOOKS NOT IN THE RETURN	1,718,952.
	=====

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

=====

LINE 1C - OTHER GROSS RECEIPTS

EVERYWHERE

WITHIN CA

TOTAL LINE 1C - OTHER GROSS RECEIPTS

2,807,524.

=====

961.

=====

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: 2022
Name: Great Rivers Community
Return No: C9598QR2

Jurisdiction: California
No of Attachments: 2

PDF Attachment Description	PDF File Name	File Size
CA Fed 1120	C9598QR2_CA_CA Fed 1120.pdf	76,154
CA Sch R for Sch P	C9598QR2_CA_CA Sch R for Sch P.pdf	51,033

A Check if: <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	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) \$ 25,253,649.
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1 a	Gross receipts or sales	1 a		
	b	Returns and allowances	1 b		
	c	Balance. Subtract line 1b from line 1a	1 c		
	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	1,330,641.	
	6	Gross rents	6	57,666.	
	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)	SEE STATEMENT. 1.	10	1,476,883.	
11	Total income. Add lines 3 through 10		11	2,865,190.	
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	1,376,763.	
	16	Rents	16		
	17	Taxes and licenses	SEE STATEMENT. 2.	17	9,284.
	18	Interest (see instructions)	18	113,360.	
	19	Charitable contributions	SEE STATEMENT. 3.	19	17,325.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	25,312.	
	21	Depletion	21		
	22	Advertising	22		
	23	Pension, profit-sharing, etc., plans	23		
	24	Employee benefit programs	24		
	25	Reserved for future use	25		
	26	Other deductions (attach statement)	SEE STATEMENT. 4.	26	908,967.
	27	Total deductions. Add lines 12 through 26		27	2,451,011.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	414,179.	
29a	Net operating loss deduction (see instructions)	29a			
	Special deductions (Schedule C, line 24)	29b			
	29c	Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions	30	414,179.	
	31	Total tax (Schedule J, Part I, line 11)	31	86,978.	
	32	Reserved for future use	32		
	33	Total payments and credits (Schedule J, Part III, line 23)	33	174,000.	
	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	87,022.	
37	Enter amount from line 36 you want: Credited to 2023 estimated tax 87,022. Refunded	37			

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

Signature of officer <u>SHERI FLANIGAN-VAQUEZ</u>	Date _____	COO Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name DONNA J LARSON	Preparer's signature DONNA J LARSON	Date 09/15/2023	Check <input type="checkbox"/> if self-employed	PTIN P00043751
	Firm's name FORVIS, LLP	Firm's EIN 44-0160260	Phone no. 314-231-5544		
	Firm's address 211 N. BROADWAY, SUITE 600 ST. LOUIS, MO 63102-2733				

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

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions		
2	Income tax. See instructions	2	86,978.
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	86,978.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	86,978.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c) and/or section 453(l)	9f	
g	Other (see instructions - attach statement)	9g	
10	Total. Add lines 9a through 9g	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	86,978.

Part II - Reserved For Future Use

12	Reserved for future use	12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	37,700.
14	2022 estimated tax payments	14	136,300.
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	174,000.
17	Tax deposited with Form 7004	17	NONE
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	174,000.
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	174,000.

Schedule K Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify)
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? [X]
If "Yes," enter name and EIN of the parent corporation JUSTINE PETERSEN HOUSING 43-1769074
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? [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? [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.

Table with 4 columns: (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]

Table with 4 columns: (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 [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? [X]
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount []
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) []
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)

Table with 3 columns: Question, Yes, No. Rows 13-26 covering questions about receipts, UTP, Form 1099, ownership changes, asset dispositions, section 351 transfers, cooperative basis, interest/royalty, gross receipts, section 163(j) election, and foreign corporation ownership.

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,699,528.		2,637,932.
2a Trade notes and accounts receivable	2,663,982.		5,791,683.	
b Less allowance for bad debts	()	2,663,982.	()	5,791,683.
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)	STMT 5	42,491.		106,115.
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)	STMT 5	1,248,926.		1,236,774.
10a Buildings and other depreciable assets	256,866.		452,166.	
b Less accumulated depreciation	(58,928.)	197,938.	(76,575.)	375,591.
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	13,850,011.		15,105,554.
15 Total assets		20,702,876.		25,253,649.
Liabilities and Shareholders' Equity				
16 Accounts payable		143,609.		137,823.
17 Mortgages, notes, bonds payable in less than 1 year	STMT 5	313,404.		91,245.
18 Other current liabilities (attach statement)	STMT 5	1,401,717.		2,241.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		2,039,922.		1,439,779.
21 Other liabilities (attach statement)	STMT 6	13,587,115.		19,446,215.
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		2,535,549.		3,454,786.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock		()		()
28 Total liabilities and shareholders' equity		20,702,876.		25,253,649.

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	919,237.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$	NONE
2 Federal income tax per books	293,542.		
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>	606,839.	<u>SEE STATEMENT 7</u>	1,718,952.
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>	330,463.	a Depreciation \$ b Charitable contributions \$ <u>SEE STATEMENT 7</u>	7,666. 9,284.
6 Add lines 1 through 5	2,150,081.	9 Add lines 7 and 8	1,735,902.
		10 Income (page 1, line 28) - line 6 less line 9	414,179.

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

1 Balance at beginning of year	2,535,549.	5 Distributions: a Cash	
2 Net income (loss) per books	919,237.	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	3,454,786.	8 Balance at end of year (line 4 less line 7)	3,454,786.

2022 Apportionment and Allocation of Income

R

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

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

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

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

1 a Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568).	● 1a	423,463	00
b Water's-edge foreign investment interest offset from form FTB 2424, line 17.	● 1b		00
c Total. Combine line 1a and line 1b.	● 1c	423,463	00

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

2 Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10.	● 2		00
3 Interest. Attach schedule.	● 3		00
4 Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	● 4		00
5 Royalties. Attach schedule.	● 5		00
6 Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	● 6		00
7 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	● 7		00
8 Miscellaneous nonbusiness income (loss). Attach schedule.	● 8		00
9 Total nonbusiness income (loss). Combine line 2 through line 8.	● 9		00

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

10 Nonunitary partnership or LLC business income (loss).	● 10		00
11 Income (loss) from a separate trade or business. Attach supplemental Schedule R.	● 11		00
12 Business income (loss) deferred from prior years. See General Information L.	● 12		00
13 Capital gain (loss) netting subject to separate apportionment. See General Information M.	● 13		00
14 Total separately apportionable business income (loss). Combine line 10 through line 13.	● 14		00
15 Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.	● 15	423,463	00
16 Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	● 16		00
17 Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	● 17	423,463	00
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	● 18a	0.0342	%
b Business income (loss) apportioned to California. Multiply line 17 by line 18a.	● 18b	145	00

Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.

19 Dividends and interest income (if taxpayer's commercial domicile is in California):			
a Dividends included in line 2 above.	● 19a		00
b Interest included in line 3 above.	● 19b		00
20 Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	● 20		00
21 Royalties. Attach schedule.	● 21		00
22 Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M.	● 22		00
23 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	● 23		00
24 Miscellaneous nonbusiness income (loss). Attach schedule.	● 24		00
25 Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	● 25		00
26 Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	● 26		00
27 Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	● 27		00

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

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

28	California business income (loss) from a nonunitary partnership or LLC.	●	28	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	●	29	00	
30	California business income (loss) deferred from prior years. See General Information L	●	30	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30	●	31		00
Net Income (Loss) for California Purpose					
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.	●	32		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	●	33	145	00
34	Contributions adjustment from Schedule R-6, line 15	●	34		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	●	35	145	00

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

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Schedule R-1 Apportionment Formula.

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

Table with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Sales (Gross receipts, less returns, and allowances), Apportionment percentage, and Total sales.

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

Table with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows include Property, Payroll, Sales, Total percent, and Apportionment percentage.

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

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Schedule R-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? [X] Yes [] No
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? [X] Yes [] No
5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? [] Yes [X] No
b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? [] Yes [X] No
6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? [X] Yes [] No
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? [] Yes [X] No
8 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales shipped to California destinations? [X] Yes [] No
9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? [X] Yes [] No

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

Table with 4 columns: (a) Total outside California, (b) Total within California, (c) Total outside and within California (a) + (b), and rows for 1 Income from rents, 2 Rental deductions, 3 Net income (loss) from rents.

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

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

Table with 6 columns: Description of property sold, Real estate and other tangible assets (a, b), Intangible assets (c, d), and Total (e). Rows include 1 and 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.

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD

EIN this entity

EIN Federal Consolidated Parent

431862691

431769074

SAINT LOUIS

MO 63106

A. Method Used to Determine Income of Corporation in Kansas:

B. Business Activity Code:

G. Type of Federal Return Filed:

1. Activity wholly within Kansas - Single entity

624100

1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS:

2. Consolidated

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

01122017

H. Have you submitted Form K-120EL?

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

D. Date Business Discontinued in KS:

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

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

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

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

J. Name or address has changed?

7. Common carrier mileage (Enclose mileage apportionment schedule)

MO 04221999

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

F. State of Commercial Domicile: MO

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

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income 414179.00

13. Contribution to capital exceptions (I.R.C. § 118) (Sch. req.)

2. Total state and municipal interest

14. Disallowed business meal expenses (I.R.C. § 274) (Sch. req.)

3. Taxes on or measured by income or fees or payments in lieu of income taxes (Part IV, line 2) 9284.00

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

4. Federal net operating loss deduction

16. Total subtractions from federal taxable income (Add lines 9 - 15)

5. 250 deduction related to Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 250(a)(1)(B)) (Sch. req.)

17. Net income before apportionment (Add line 1 to line 8 and subtract line 16) 423463.00

6. Business interest expense carryforward deduction (I.R.C. § 163(j)) (Sch. req.)

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

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

19. Apportionable business income (Subtract line 18 from line 17) 423463.00

8. Total additions to federal taxable income (Add lines 2 - 7) 9284.00

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

A C. 0.1628 0.1628

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

B

10. I.R.C. § 78 and 80% of foreign dividends (Sch. req.)

21. Amount to Kansas (Multiply line 19 by line 20) 689.00

11. Global Intangible Low-Taxed Income (GILTI) (I.R.C. § 951(A)) (Sch. req.)

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

12. Disallowed business interest deduction (I.R.C. § 163(j)) 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 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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 43)	
25. Kansas net income before NOL deduction (Add lines 21, 22 and 23, then subtract line 24)	689.00	38. Payments remitted with original return (See instructions)	
26. Kansas net operating loss deduction (Sch. req.)	6211.00	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 36; 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 payment	
34. 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 refunded	
36. Amount paid with Kansas extension		48. Credit Forward. Enter the amount of line 46 (original return only) you wish to apply to 2023 estimated tax. (Line 48 cannot exceed the total of lines 34, 35, and 36)	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 COO Date _____

Preparer
Signature
(Required) TROY A LINDSEY Preparer Phone Number 3142315544 Preparer PTIN, EIN, or SSN **(Required)** P01041237

CORPORATE INCOME TAX
PO BOX 750260
TOPEKA KS 66699-0260

For Office Use Only

PART II

ADDITIONAL INFORMATION

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

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

3. The corporation's books are in care of: Name: SHERI FLANIGAN-VAZQUEZ Address: 1023 N. GRAND BLVD. ST. LOUIS MO 63106 Telephone: 314-533-2411

Table with 4 columns: Date, Amount, Date, Amount. Row 1: CREDIT, 519.

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

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

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

Form with checkboxes: Revenue Agent's Report, Net Operating Loss, Amended Return, and Years ended: _____

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

- a. Sales Tax: _____
b. Compensating Use Tax: _____
c. Withholding Tax: _____
d. Other (specify): _____

PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

Table with 2 columns: Name of Corporation, Employer ID Number

PART IV SCHEDULE OF TAXES

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

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

Table with 2 columns: Description, Amount. Row 1: SEE STATEMENT 1, 9,284. Row 2: Total, 9,284. Row 3: Total other taxes, 9,284. Row 4: Total taxes, 9,284.

PART V SCHEDULE OF INTEREST INCOME

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

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

Table with 2 columns: Description, Amount. Row 1: Total, 1,330,641. Row 2: Total other interest income, 1,330,641. Row 3: Total interest income, 1,330,641.

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 01012022 , ending 12312022

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	PERCENT WITHIN KANSAS
	(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)	WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
	(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	4,110.	1,330,641.	
Rents		57,666.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	555.	1,476,883.	
TOTAL SALES (Enter on line 20C, page 1)	4,665.	2,865,190.	C 0.1628 %

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1)	0.1628 %
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	0.1628 %

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)

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

Name as shown on Form K-120 GREAT RIVERS COMMUNITY CAPITAL	Employer Identification Number (EIN) 431862691
--	--

CURRENT AND PRIOR YEAR INFORMATION

1. Subtract line 37 from line 33 on current year's Form K-120 and enter result	1	
2. Multiply line 1 by 90%	2	
3. Prior year's tax liability (Subtract line 37 from line 33 of last year's Form K-120).	3	NONE

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 2022 income

	(1)	(2)	(3)	(4)
4	04/18/2022	06/15/2022	09/15/2022	12/15/2022
5	519.	519.	519.	519.
	25% of line 2 or 3	50% of line 2 or 3	75% of line 2 or 3	100% of line 2 or 3
6				
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 12/31/22; whichever is earlier. If paid late, see instructions
- 11. For calendar years enter the number of days from 1/1/23 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 X (4% X amount on line 8),
365
- 13. Line 11 X (6% X amount on line 8),
365
- 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	04/18/2022	06/15/2022	09/15/2022	12/15/2022
10	58	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

9,284.

TOTAL

9,284.
=====

KANSAS FORM K-120AS, PAGE 1 DETAIL

PART VI - OTHER INCOME

	KANSAS	TOTAL
OTHER RECEIPTS	555.	1,476,883.
TOTAL	555.	1,476,883.

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: 2022
Name: Great Rivers Community
Return No: C9598QR2

Jurisdiction: Kansas
No of Attachments: 1

PDF Attachment Description	PDF File Name	File Size
KS K120 Line 20 Support	C9598QR2_KS_KS K120 Line 20 Support.pdf	42,135

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 01012022 , ending 12312022

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	PERCENT WITHIN KANSAS
(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)	WITHIN KANSAS	TOTAL COMPANY	PERCENT WITHIN KANSAS
(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	4,110.	1,330,641.	
Rents		57,666.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	555.	1,476,883.	
TOTAL SALES (Enter on line 20C, page 1)	4,665.	2,865,190.	C 0.1628 %

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1)	0.1628 %
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	0.1628 %

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)

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

For calendar year 2021, or tax year beginning _____, ending _____

2022

Department of the Treasury
Internal Revenue Service

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

Name of corporation

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

Part I Tax Return Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	2,865,190.
2	Taxable income (Form 1120, line 30)	2	414,179.
3	Total tax (Form 1120, line 31)	3	86,978.
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	87,022.

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 2022 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

4	4	0	1	6
---	---	---	---	---

 as my signature
ERO firm name do not enter all zeros
on the corporation's 2022 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2022 electronically filed income tax return.

Officer's signature ▶ _____ Date ▶ 09/15/2023 Title ▶ COO

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 2022 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 10/15/2023

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

Louisiana Department of Revenue
 Post Office Box 91011
 Baton Rouge, LA 70821-9011

LA Corporation Income Tax Return for 2022	LA Corporation Franchise Tax Return for 2023
Mark box if:	
Calendar Year filer	<input checked="" type="checkbox"/>
Fiscal Year filer <i>(Enter dates below)</i>	
Short period return <i>(Enter dates below)</i>	
Income (MMDDYY)	Franchise (MMDDYY)
Ended Begun	Ended Begun

Mark box if:

- Name change.
- Address change.
- Amended return.
- Amended due to IRS audit.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return
- Timely requested extension for federal income tax purposes.

Enter your LA Revenue Account Number here (Not FEIN):
 1888996001 **For office use only.**

Legal Name		
GREAT RIVERS COMMUNITY CAPITAL		
Trade Name		
Mailing Address		
1023 N. GRAND BLVD		
Unit Type	Unit Number	
City	State	ZIP
SAINT LOUIS	MO	63106
Foreign Nation, if not United States <i>(do not abbreviate)</i>		

A.	Federal Employer Identification Number	431862691
B.	Total business interest expense	113360
C.	Total business interest expense deduction	113360
D.	Income tax apportionment percentage	NONE
E.	Gross revenues	0
F.	Total assets	25253649
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.	01
O.	Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.		
1A.	Louisiana net income before loss adjustments	0
1B.	Subchapter S corporation exclusion	0
1C.	Loss carryforward [\$.00] less federal tax refund applicable to loss [\$.00] Attach schedule.	0
1C1.	Loss carryforward utilized	0
1D.	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

Computation of Franchise Tax - See instructions.		
5A.	Total capital stock, surplus, & undivided profits	4136346
5B.	Franchise tax apportionment percentage	NONE
5C.	Franchise taxable base	0
6.	Amount of assessed value of real and personal property in Louisiana in 2022	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 three (3) 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

DEV ID 2395

22341

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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

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.	100	16C.	0		
16D. Estimated payments	16D.	0				
16E. Amount of extension payment	16E.	0	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	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.**



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 credited to 2023 income tax			28.	0
29. Amount of overpayment to be credited to 2024 franchise tax			29.	0
30. Amount of overpayment to be refunded			30.	100

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: 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 COO	
Print Name of Officer SHERI FLANIGAN-VAZQUE		Telephone 314-533-2411	Date (mm/dd/yyyy)

PAID PREPARER USE ONLY	Print Preparer's Name TROY A LINDSEY		Preparer's Signature TROY A LINDSEY		Date (mm/dd/yyyy)		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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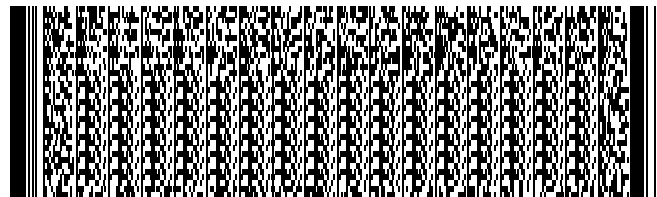
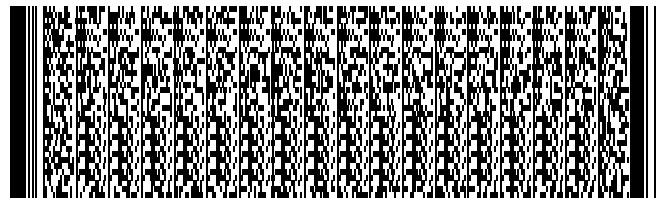
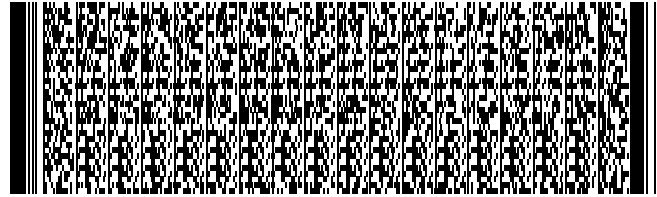
PTIN, FEIN, or LDR Account
Number of Paid Preparer

P01041237

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Use Only.



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.**



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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. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.		0	
8. Total Franchise Tax Credits: 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
Premium Tax	100	Qualified Playgrounds	150	Donations to Public Schools	170
Bone Marrow	120	Debt Issuance	155	Other	199

Schedule RC-P4 - Refundable Priority 4 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 5. Enter the result here and on CIFT-620, Line 16B, Col. 1.		0	
7. Total Franchise Tax Credits: 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



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 (2007)	236
Biomed/University Research	300
Tax Equalization	305
Manufacturing Establishments	310
Other	399

Description	Code
Refunds by Utilities	412
Donation to School Tuition Organization	424
QMC Music Job Creation Credit	454
Neighborhood Assistance	457
Research and Development	458
Ports of Louisiana Import Export Cargo	459

Description	Code
LA Import	460
LA Work Opportunity	461
Youth Jobs	462
Apprenticeship (2022)	463
Donation to Qualified Foster Care Organization	464
Inventory Tax Credit Carried Forward & ITEP	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. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 9. Enter here and on CIFT-620, Line 14, Column 1.		0	
11. Total Franchise Tax Credits: 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. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.		0	
10. Total Franchise Tax Credits: 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
Milk Producers	58F
Technology Commercialization	59F

Description	Code
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			
1. 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"/>	1	.00
		2	.00
	No <input checked="" type="checkbox"/>	3	.00
		4	.00
		5	.00
	2. 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"/>	1
2			.00
No <input checked="" type="checkbox"/>		3	.00
		4	.00
		5	.00
3. 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"/>	1
	2		.00
	No <input checked="" type="checkbox"/>	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
1. Net sales of merchandise and/or charges for services			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other gross apportionable income	2807524	0	
D. Total - Add the amounts in Columns 1 and 2.	2807524	0	NONE %
2. 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 %
3. 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 %
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			0 %
5. Total of percents in Column 3			NONE %
6. 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
Intangible Assets				
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		
Real and Tangible Assets				
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 not 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.

	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.	908967	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	24. Total deductions - Add Lines 10 through 23.	2451011	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	25. Net income from all sources - Subtract Line 24 from Line 9.	1753077	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	57666	.00	26A. Net rents and royalties from immovable or corporeal movable property	57666	.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.	1476883	.00	26E. Other allocable income	2807524	.00
9. Total income - Add Lines 3 through 8.	1534549	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	2865190	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	-1112113	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	0	.00
13. Bad debts	1376763	.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.	9284	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	113360	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	17325	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	25312	.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 - Add Line 28 and Line 29G.	0	.00



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

1. Net income per books	919237	6. Total - Add Lines 1 through 5c.	2150081
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule. STMT 2	1718952
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 2	900381	a. Depreciation	7666
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule STMT 2	9284
b. Depletion	0	9. Total - Add Lines 7 through 8c.	1735902
c. Other - Attach schedule. STMT 2	330463	10. Net income from all sources per return - Subtract Line 9 from Line 6.	414179

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	143609	137823
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	313404	91245
3. Other current liabilities - Attach schedule. STMT 3	1401717	2241
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	2039922	1439779
7. Other liabilities - Attach schedule. STMT 3	13587115	19446215
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	2535549	3454786
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	20702876	25253649



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All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income 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.	414179
a. Federal disallowed business interest expense (see instructions)	0
2. Additions to federal net income:	
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 or Donation to Qualified Foster Care Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	1330641
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.	1330641
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	-916462



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.

Schedule G-1 Computation of Franchise Tax Base	
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	3454786
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	4136346
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
Total Franchise Taxable Base	
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	3454786
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions <input type="checkbox"/>	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.	4136346

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.



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Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	2637932	0
2. Notes and accounts receivable	5791683	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 4	1236774	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule STMT 4	15211669	0
9. Accumulated depreciation	(0)	(0)
10. Total intangible assets - Add Lines 1-9	24878058	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	452166	0
13. Accumulated depreciation	(76575)	(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	375591	0
20 Total Assets - Add Lines 10 and 19	25253649	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	2807524	0		
D. Total - If the ratio is not used, check the box. <input type="checkbox"/>	2807524	0		NONE %
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>				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 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			0
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$50,000 of net taxable income		x 3.5% =	0
b. Next \$100,000		x 5.5% =	0
c. Over \$150,000		x 7.5% =	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 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			0
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income	0	x 1.85% =	0
b. Next \$75,000	0	x 3.5% =	0
c. Over \$100,000	0	x 4.25% =	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	Income Tax Amount	Franchise Tax Amount
1. Credit from prior year return			100	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. Amount of extension payment			0	0



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. Subtract Line 2 from Line 1 and enter the result.	0
4. Multiply the amount on Line 3 by \$2.75 for each \$1,000 or major fraction. 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	2535549	b. Stock	0
2. Net income per books	919237	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	3454786	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.	3454786

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>



LOUISIANA FORM 620, PAGE 10 DETAIL

SCH D, LINE 8 - OTHER INCOME

LOAN FEES	806,278.
MISC INCOME	31,389.
GRANTS AND DONATIONS	639,216.
TOTAL	1,476,883.

SCH D, LINE 15 - TAXES

OTHER STATE AND LOCAL TAXES	9,284.
TOTAL TAXES DEDUCTED ON THE FEDERAL RETURN	9,284.
TOTAL	9,284.

SCH D, LINE 23 - OTHER DEDUCTIONS

PROFESSIONAL FEES	59,761.
INSURANCE	3,061.
SUPPLIES	59,235.
MISCELLANEOUS EXPENSES	20,359.
RENTAL RE MAINTENANCE	90,592.
ADMIN EXPENSES	662,916.
PROGRAM EXPENSE	2,960.
NMTC AMORTIZATION EXPENSES	10,083.
TOTAL	908,967.

LOUISIANA FORM 620, PAGE 11 DETAIL

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

TAXABLE GRANTS	606,839.
OTHER ADDITIONS TO FEDERAL TAXABLE INCOME	293,542.
TOTAL	900,381.

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

CHANGE IN DOUBTFUL ACCOUNTS	328,000.
PREPAID INSURANCE	2,463.
TOTAL	330,463.

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

TAX EXEMPT INTEREST (LOUISIANA)	NONE
CDFI GRANT REVENUE	1,718,952.
TOTAL	1,718,952.

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

STATE TAXES	9,284.
TOTAL	9,284.

LOUISIANA FORM 620, PAGE 11 DETAIL - SCH G

=====

LINE 3 - OTHER CURRENT LIABILITIES	BEGINNING	ENDING
-----	-----	-----
ACCRUED INTEREST	3,076.	NONE
DEFERRED INCOME	1,304,412.	NONE
INCOME TAXES PAYABLE	94,229.	2,241.
	-----	-----
TOTAL	1401717	2241
	=====	=====

LINE 7 - OTHER LIABILITIES		

DUE TO AFFILIATES	13,220,115.	18,882,515.
DEFERRED TAXES	367,000.	563,700.
	-----	-----
TOTAL	13,587,115.	19,446,215.
	=====	=====

LOUISIANA FORM 620, PAGE 14 DETAIL-SCH H

=====

	ENDING
LINE 6 - OTHER INVESTMENTS EVERYWHERE	-----
INVESTMENT IN REAL ESTATE	1,236,774.
TOTAL	----- 1,236,774. =====

LINE 8 - OTHER INTG. ASSETS EVERYWHERE	
PREPAID EXPENSES AND OTHER	106,115.
NOTE RECEIVABLE	15,100,292.
DUE FROM SUBSIDIARIES	5,262.
TOTAL	----- 15,211,669. =====

2022 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

1. Return is for calendar year 2022 or for tax year beginning:		MM-DD-YYYY	and ending:		MM-DD-YYYY
2. Taxpayer Name (print or type) GREAT RIVERS COMMUNITY CAPITAL			3. Federal Employer Identification Number (FEIN) 43-1862691		
4. Street Address 1023 N. GRAND BLVD					
City SAINT LOUIS			State MO	ZIP/Postal Code 63106	Country Code
5. NAICS (North American Industry Classification System) Code 624100		6. If a Final Return, Enter Effective End Date		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)			

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

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

a. Michigan sales of the corporation/Unitary Business Group (UBG) (if no Michigan sales, enter zero)	9a.	1,020	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.	1,020	00
d. Total sales of the corporation/UBG	9d.	2,807,524	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.		00
f. Total sales. Add lines 9d and 9e	9f.	2,807,524	00
g. Apportionment percentage. Divide line 9c by line 9f	9g.	0.0363	%

10. a. Gross receipts from corporate activities (see instructions).	10a.	2,807,524	00
10. b. Apportioned gross receipts from FTEs	10b.		00
11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b	11.	1,019	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.	414,179	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.	414,179	00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero	16.		00
17. Business Income. Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative	17.	414,179	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.	9,284	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
24. Total Additions to Income. Add lines 18 through 23.	24.	9,284	00
25. Corporate Income Tax Base After Additions. Add lines 17 and 24. If negative, enter as negative.	25.	423,463	00

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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. Corporate Income Tax Base. Subtract line 31 from line 25. If negative, enter as negative	32.	423,463	00
33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g.	33.	154	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.	154	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.	154	00
38. Corporate Income Tax Before Credit. Multiply line 37 by 6% (0.06). If less than zero, enter zero	38.		900

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. Tax Liability after SBAC. Subtract line 39 from line 38.	40.		00
41. Tax Liability after CIT Historic Preservation Credit from Form 5793, line 11. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instr.)	41.		00
42. Total Recapture of Certain Business Tax Credits from Form 4902	42.		00
43. Total Tax Liability. Add lines 41 and 42	43.		00

PART 3: PAYMENTS AND TAX DUE

UBGs include on lines 44 through 47 payments from all members as reported on Form 4897.

44. Overpayment credited from prior period return (MBT or CIT)	44.		00
45. Estimated tax payments	45.		00
46. Tax paid with request for extension	46.		00
47. Michigan tax withheld	47.		00
48. Payment total. Add lines 44 through 47	48.		00
49. TAX DUE. Subtract line 48 from line 43. If less than zero, leave blank.	49.		00
50. Underpaid estimate penalty and interest from Form 4899, line 38	50.		00
51. Annual Return Penalty (see instructions)	51.		00
52. Annual Return Interest (see instructions)	52.		00
53. PAYMENT DUE. If line 49 is blank, go to line 54. Otherwise, add lines 49 through 52	53.		00

PART 4: REFUND OR CREDIT FORWARD

54. Overpayment. Subtract lines 43, 50, 51 and 52 from line 48. If less than zero, leave blank (see instructions)	54.		00
55. CREDIT FORWARD. Amount on line 54 to be credited forward and used as an estimate for next CIT tax year	55.		00
56. REFUND. Subtract line 55 from line 54	56.		00

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P01041237	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) FORVIS, LLP	
Authorized Signer's Name (print or type) SHERI FLANIGAN-VAZQUE	Date 10-15-2023	Preparer's Business Address and Telephone Number (print or type) 211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 314-231-5544	
Title COO	Telephone Number 3145332411		

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

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

WITH PAYMENT. Pay amount on line 53. 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.

MISSOURI DEPARTMENT OF
REVENUE
2023 Declaration Of Estimated Tax for
Corporation Income Tax (Form MO-1120ES)



23119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 23

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

04 18 23

Amount of this installment
(U.S. funds only) \$ **NONE** . **00**

Return this form with check or money order payable to the Missouri Department of Revenue
P.O. Box 3020, Jefferson City, MO 65105-3020. If you pay by check, you authorize the
Department to process the check electronically. Any returned check may be presented again
electronically.

**Department
Use Only**

_____. ____
____. ____

Business Name
GREAT RIVERS COMMUNITY CAPITAL
Address (Number and Street)
1023 N. GRAND BLVD
City, State, and ZIP Code
SAINT LOUIS, MO 63106

(Revised 12-2022)

023 000000 062 99999999 23 00000N0NE00

MISSOURI DEPARTMENT OF
REVENUE
2023 Declaration Of Estimated Tax for
Corporation Income Tax (Form MO-1120ES)



23119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 23

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

06 15 23

Amount of this installment
(U.S. funds only) \$ 7000 . 00

Return this form with check or money order payable to the Missouri Department of Revenue
P.O. Box 3020, Jefferson City, MO 65105-3020. If you pay by check, you authorize the
Department to process the check electronically. Any returned check may be presented again
electronically.

Business Name	GREAT RIVERS COMMUNITY CAPITAL
Address (Number and Street)	1023 N. GRAND BLVD
City, State, and ZIP Code	SAINT LOUIS, MO 63106

Department Use Only		

(Revised 12-2022)

MISSOURI DEPARTMENT OF
REVENUE
2023 Declaration Of Estimated Tax for
Corporation Income Tax (Form MO-1120ES)



23119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 23

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

09 15 23

Amount of this installment

(U.S. funds only) \$ 3000 . 00

Return this form with check or money order payable to the Missouri Department of Revenue
P.O. Box 3020, Jefferson City, MO 65105-3020. If you pay by check, you authorize the
Department to process the check electronically. Any returned check may be presented again
electronically.

**Department
Use Only**

Business Name	GREAT RIVERS COMMUNITY CAPITAL
Address (Number and Street)	1023 N. GRAND BLVD
City, State, and ZIP Code	SAINT LOUIS, MO 63106

(Revised 12-2022)

023 000000 062 99999999 23 00000300000 4

MISSOURI DEPARTMENT OF
REVENUE
2023 Declaration Of Estimated Tax for
Corporation Income Tax (Form MO-1120ES)



23119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 23

1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

12 15 23

Amount of this installment

(U.S. funds only) \$ 3252 . 00

Return this form with check or money order payable to the Missouri Department of Revenue
P.O. Box 3020, Jefferson City, MO 65105-3020. If you pay by check, you authorize the
Department to process the check electronically. Any returned check may be presented again
electronically.

**Department
Use Only**

_____. ____
____. ____

Business Name
GREAT RIVERS COMMUNITY CAPITAL
Address (Number and Street)
1023 N. GRAND BLVD
City, State, and ZIP Code
SAINT LOUIS, MO 63106

(Revised 12-2022)

023 000000 062 99999999 23 00000325200 0

MISSOURI DEPARTMENT OF REVENUE 2022 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number 99999999

Missouri Corporation Income Beginning (MM/DD/YY) 010122 Ending (MM/DD/YY) 123122

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



[X] 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

Table with 14 rows for tax computation. Line 1: 414,179; Line 2: 9,284; Line 6: 423,463; Line 7: 43,489; Line 8: 379,974; Line 9: 379,092; Line 14: 379,092

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name <u>GREAT RIVERS COMMUNITY CAPITAL</u> <small>Number, street, and room or suite no. (If P.O. box, see instructions.)</small>	Identifying number <u>43-1862691</u>
	<u>1023 N. GRAND BLVD</u> <small>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).)</small>	
	<u>SAINT LOUIS, MO 63106</u>	

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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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

Tax

15. Corporation income tax - 4% of Line 14 15 15,164 .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 15,164 .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 17,112 .00

20. Payments with **Form MO-7004** 20 .00

21. Amended return only - Tax paid with (or after) the filing of the original return 21 .00

22. Subtotal - Add Lines 18 through 21 22 17,112 .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 17,112 .00

25. If Line 24 is more than Line 17, enter overpayment here 25 1,948 .00

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

Refund or Tax Due

MO Medal of Honor Fund	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	.00

27. Amount of Line 25 to be applied to your 2023 estimated tax 27 1,948 .00

28. **REFUND** - Line 25 minus Lines 26 and 27 28 .00

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

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

Interest .00 Additions to Tax .00 MO-2220 .00

31. **AMOUNT DUE** - Add Lines 29 and 30 (U.S. funds only) .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 **SHERI FLANIGAN-VAZQUE**

Telephone Number **3145332411** Date Signed (MM/DD/YY) **1 0 1 5 2 3**

Preparer's Signature (Including Internal Preparer) **TROY A LINDSEY** Preparer's FEIN, SSN, or PTIN **P 0 1 0 4 1 2 3 7**

Telephone Number **3142315544** Date Signed (MM/DD/YY) **1 0 1 5 2 3**

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



2211021062

Part 1 - Missouri Modifications - Additions

1a. State and local bond interest (except Missouri)	1a	<input type="text"/>	<input type="text"/>	.00
1b. Less related expenses. (omit if less than \$500).- Enter Line 1a less Line 1b on Line 1.	1b	<input type="text"/>	<input type="text"/>	.00
2. Fiduciary and partnership adjustment - Enter share of adjustment from Form MO-1041 , Part 1, Line 19 or Form MO-1065 , Line 11.		<input type="text"/>	<input type="text"/>	.00
3. Net operating loss modification from Form MO-5090 (do not enter NOL carryover)		<input type="text"/>	<input type="text"/>	.00
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income.. . . .		<input type="text"/>	<input type="text"/>	.00
5. Business interest expense carryforward		<input type="text"/>	<input type="text"/>	.00
6. Total - Add Lines 1 through 5. Enter here and on page 1, Line 3		<input type="text"/>	<input type="text"/>	.00

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations - Attached a detailed schedule	1a	<input type="text"/>	<input type="text"/>	.00
1b. Related expenses. (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1.	1b	<input type="text"/>	<input type="text"/>	.00
2. Federally taxable - Missouri exempt obligations		<input type="text"/>	<input type="text"/>	.00
3. Agriculture disaster relief		<input type="text"/>	<input type="text"/>	.00
4. Previously taxed income.		<input type="text"/>	<input type="text"/>	.00
5. Amount of any state income tax refund included in federal taxable income.		<input type="text"/>	<input type="text"/>	.00
6. Capital gain exclusion from the sale of low income housing project.		<input type="text"/>	<input type="text"/>	.00
7. Fiduciary, partnership, and other adjustments - (see instructions)		<input type="text"/>	<input type="text"/>	.00
8. Missouri depreciation basis adjustment.		<input type="text"/>	<input type="text"/>	.00
9. Subtraction modification offsetting previous addition modification from a net operating deduction from an applicable year (only enter previously disallowed NOL carryback)		<input type="text"/>	<input type="text"/>	.00
10. Depreciation recovery on qualified property that is sold		<input type="text"/>	<input type="text"/>	.00
11. Build America and recovery zone bond Interest		<input type="text"/>	<input type="text"/>	.00
12. Missouri public-private partnerships transportation act		<input type="text"/>	<input type="text"/>	.00
13. Business Interest Expense.		<input type="text"/>	<input type="text"/>	.00
14. Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5		<input type="text"/>	<input type="text"/>	.00



2211031062

Part 3 - Federal Income Tax - Current Year

Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 11	1	86,978	.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	43,489	.00
Consolidated federal and separate Missouri returns must complete Lines 4 through 6.			
4. Numerator - Enter the amount of separate company federal taxable income	4		.00
5. Denominator -Enter the total positive separate company federal taxable income.	5		.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <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

Part 4 - Amended Reason

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

A. Missouri correction only B. Federal correction C. Loss carryback (complete Part 5)

D. Federal tax credit carryback E. IRS audit (RAR)

F. Missouri tax credit carryback -Enter on Part 5, Line 1 the first year that the credit became available.

Department Use Only A R N **Enter date of federal amended return, if filed (MM/DD/YY)**

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

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

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

Form MO-1120 (Revised 12-2022)

Mail To:

E-mail: corporate@dor.mo.gov

Balance Due:

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

Visit dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.

Phone: (573) 751-4541

Fax: (573) 522-1721

Refund or No Amount Due:

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



2211041062

MISSOURI DEPARTMENT OF
REVENUE

Department Use Only
(MM/DD/YY)

Attachment Sequence No. 1120-01

Form

MO-MS

2022 Corporation Allocation and Apportionment of Income Schedule

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

Missouri Tax I.D. Number

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

Federal Employer I.D. Number

Charter Number

Corporation Name

Apportionment Election

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

Complete lines 4-12 if you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29a, or both. Otherwise, enter Line 3 on Form MO-1120, Line 9 Percent.

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.

Part 1

1. Amount of receipts in Missouri	<input type="text" value="2858544"/>	<input type="text" value="00"/>
2. Amount of receipts everywhere	<input type="text" value="2865190"/>	<input type="text" value="00"/>
3. Receipts Factor - Divide Line 1 by Line 2.	<input type="text" value="99"/>	<input type="text" value="768"/> %
Note: Stop here unless you have either Nonapportionable Income or a Net Operating Loss on Federal Form 1120, Line 29A or both. Enter Line 3 on Form MO-1120, Line 9 Percent.		
4. Taxable income - All sources (Form MO-1120, Line 8)	<input type="text"/>	<input type="text" value="00"/>
5. Net Operating Loss (from Federal Form 1120, Line 29a)	<input type="text"/>	<input type="text" value="00"/>
6. Taxable Income - All Sources - Add Line 4 and Line 5.	<input type="text"/>	<input type="text" value="00"/>
7. Nonapportionable Income - Everywhere - Attach a detailed Form MO-NAI to be considered	<input type="text"/>	<input type="text" value="00"/>
8. Apportioned Missouri Income - Subtract Line 7 from Line 6, then multiply by Line 3	<input type="text"/>	<input type="text" value="00"/>
9. Nonapportionable Income - Missouri-allocated - Attach a detailed Form MO-NAI to be considered	<input type="text"/>	<input type="text" value="00"/>
10. Apportioned Net Operating Loss - See Instructions	<input type="text"/>	<input type="text" value="00"/>
11. Preliminary Missouri Taxable Income - Add Lines 8 and 9, then subtract Line 10	<input type="text"/>	<input type="text" value="00"/>
12. Divide Line 11 by Line 4. Enter on Form MO-1120, Line 9 Percent	<input type="text"/>	<input type="text" value="00"/> %

Form MO-MS (Revised 12-2022)

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



MISSOURI DEPARTMENT OF
REVENUE

Form **MO-2220**
**2022 Corporation Underpayment
of Estimated Tax Schedule**

Department Use Only
(MM/DD/YY)

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

Taxable Year Beginning (MM/DD/YY)

0	1	0	1	2	2
---	---	---	---	---	---

 Ending (MM/DD/YY)

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

Missouri Tax I.D. Number

9	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 2022 tax (Form MO-1120, Lines 15 and 16 less approved credits for corporation income tax or 100% of 2021 tax, whichever is smaller. (If this amount is \$250 or less, do not complete this form.)				13,648.
					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)	04/15/2022	06/15/2022	09/15/2022	12/15/2022
	3. Enter 25% of Line 1 in Columns (a) through (d)	3,412.	3,412.	3,412.	3,412.
	4. Amount paid or credited by installment due date	17,112.			
	5. Overpayment of previous installment (see instructions)		13,700.	10,288.	6,876.
	6. Total of Lines 4 and 5	17,112.	13,700.	10,288.	6,876.
	7. Underpayment (Line 3 minus Line 6)				
	8. Overpayment (Line 6 minus Line 3)	13,700.	10,288.	6,876.	3,464.

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	17,112.	17,112.	17,112.	17,112.
		00	00	00	00
	10. Exception 1, prior year's tax (see instructions),	25% of Tax	50% of Tax	75% of Tax	100% of Tax
	STMT. 1	4,097.	8,194.	12,291.	16,388.
		00	00	00	00
	11. Exception 2, tax on annualized income (see instructions),	22.5% of Tax	45% of Tax	67.5% of Tax	90% of Tax
		00	00	00	00
	12. Exception 3, tax on income over 3, 5, 8, and 11 month periods (see instructions)	90% of Tax	90% of Tax	90% of Tax	90% of Tax
		00	00	00	00
13. Exception 4, tax on prior year's income using current year's rates (see instructions)	25% of Tax	50% of Tax	75% of Tax	100% of Tax	
	00	00	00	00	
14. Exception 5, tax on annualized income (see instructions),	22.5% of Tax	45% of Tax	67.5% of Tax	90% of Tax	
	00	00	00	00	

Part 3 - How to Figure the Addition to Tax	15. Enter the same installment dates from Line 2				
	16. Amount of underpayment from Line 7		00	00	00
	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 4/15/2022 and before 1/1/2023				
	20. Number of days on Line 18 after 12/31/2022 and before 1/1/2024				
	21. Number of days on Line 18 after 12/31/2023 and before 3/15/2024				
	22. Number of days on Line 19 X 3% X amount on Line 16 365		00	00	00
	23. Number of days on Line 20 X 6% X amount on Line 16 365		00	00	00
	24. Number of days on Line 21 X % X amount on Line 16 365		00	00	00
25. Addition to tax (total of Lines 22 through 24)		00	00	00	
26. Add Columns (a) through (d), Line 25, enter here and on Form MO-1120, Line 30		00	00	00	

* For corporations with a tax year that ends after August 31, 2023, see the instructions for Line 24.



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, 2023.

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 12-2022)



22114021062

MISSOURI MO-2220, CORPORATION UNDERPAYMENT OF ESTIMATED TAX

=====

EXCEPTION ONE - PRIOR YEAR'S TAX

PRIOR YEAR TAX 16,388.

25% OF TAX

50% OF TAX

75% OF TAX

100% OF TAX

LINE 10

4,097.

8,194.

12,291.

16,388.

=====

=====

=====

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22110110620101

Federal employer identification number RI Secretary of State ID number

431862691

000894304

For the taxable year from

through

Name

GREAT RIVERS COMMUNITY CAPITAL

Address 1

1023 N. GRAND BLVD

Address 2

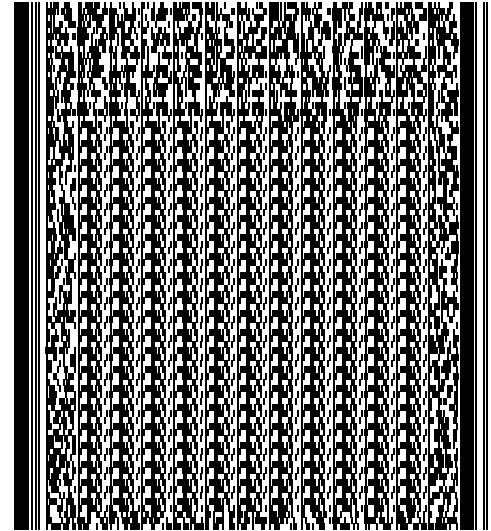
City, town or post office State ZIP code

SAINT LOUIS

MO 63106

E-mail address NAICS code

624100



Initial Return Short Year Pro-Forma Final Return Amended Return

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

Table with 3 columns: Description, Code, Amount. Rows include Gross Receipts, Depreciable Assets, Total Assets.

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

Table with 4 columns: Line Number, Description, Code, Amount. Rows include Federal taxable income, Total Deductions, Total Additions, Adjusted taxable income, Rhode Island Apportionment Ratio, Apportioned Rhode Island taxable income, Research and development adjustments, Pollution control and hazardous waste adjustment, Capital investment deduction, Total adjustments, Rhode Island adjusted taxable income.

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

State of Rhode Island Division of Taxation
Form BUS-EXT
 Business Tax Automatic Extension Request



23111410620101

Name		Federal employer identification number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Address		For the period ending:	
1023 N. GRAND BLVD		12/31/2022	
Address 2			

City, town or post office	State	ZIP code	E-mail address
SAINT LOUIS	MO	63106	

This form must be completed and filed before the date prescribed for payment of the tax.

Part 1: Automatic extension

Check the box next to the form for which you are requesting an extension. **Check only one box.**

- Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax
- Form RI-1120POL - Rhode Island Political Organization - **6 month extension**
- Form T-72 - Rhode Island Public Service Corporation Gross Earnings - **see below**
- Form T-74 - Rhode Island Banking Institution Excise - **see below**
- Form RI-PTE - Pass-Through Entity Election - **see below**

Automatic Extension Periods

Automatic six (6) month extension for calendar and fiscal year filers (except for filers with a June 30 fiscal year end) of Form T-72, T-74 or RI-PTE.
 Automatic seven (7) month extension for June 30 year end filers of Form T-72 or T-74 or RI-PTE

Mail voucher and payment to:
 RI Division of Taxation
 One Capitol Hill
 Providence, RI 02908

NOTE: If payment is made online, you do not need to send voucher in.

Part 2: Amount due with extension

1	Estimated tax due for the current year	1	400 00
2	Carry forward and estimated payments paid to date.	2	00
3	Balance due with extension request. Subtract line 2 from line 1	3	400 00
4	Amount paid with extension request.	4	400 00

Payments can be made online. For more information, visit: <https://tax.ri.gov/online-services/tax-portal>

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
	SONIA SMITH		(636) 225-2900

Paid preparer signature	Print name	Date	Telephone number
	DONNA LARSON	04/18/2023	(314) 231-5544

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
211 N. BROADWAY, SUI	ST. LOUIS	MO	63102-2733	P00043751

May the Division of Taxation contact your preparer? YES X

State of Rhode Island Division of Taxation

2022 RI-1120C

Business Corporation Tax Return



22110110620102

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	431862691
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 2022 - Business Credit Schedule, line 18.	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 2022 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 BUS-V).	21 00
22 Overpayment. Subtract lines 15 and 20e from line 18c.	22 00
23 Amount of overpayment to be credited to 2023.	23 00
24 Amount of overpayment to be refunded. Subtract line 23 from line 22	24 00



22110110620103

Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	431862691

Schedule B - Deductions to Federal Taxable Income

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

Schedule C - Additions to Federal Taxable Income

1 a Interest (see instructions)	1a	NONE	00
b Rhode Island corporate taxes (see instructions)	1b	400	00
c Bonus depreciation	1c	00	00
d Taxable portion of Paycheck Protection Program loan amount under RIGL 44-11-11 (see instructions)	1d	00	00
e TOTAL ADDITIONS. 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 Total Pass-through withholding (add lines 1a thru 1e) Enter total here and on Page 2, line 17b			00



22110110620104

Name: GREAT RIVERS COMMUNITY CAPITAL
 Federal employer identification number: 431862691

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
Foreign Dividends included on lines 14, 16b, 16c & 20
 4 More than 20% owned _____ X 65% 4 00
 5 Less than 20% owned _____ X 50% 5 00
 6 100% owned _____ X 100% 6 00
 7 Interest on obligations of public service corporations liable for Rhode Island Gross Earnings Tax 7 00
 8 Interest on certain obligations of the US (attach schedule) 8 00
 9 Interest on obligations of US possessions and other interest exempt under Rhode Island Law (attach schedule) 9 00
 10 Total. Add lines 3 through 9. Enter here and on page 3, Schedule B, line 1c 10 00

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

Enter amount for year that ended:	2022	2021	2020	2019	2018
	414179 00	704287 00	558024 00	-490347 00	-161790 00



Name	Federal employer identification number
GREAT RIVERS COMMUNITY CAPITAL	431862691

Schedule H - Apportionment

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

		Column A Rhode Island	Column B Everywhere						
1 a Gross receipts	<table border="0" style="margin-left: 20px;"> <tr> <td style="font-size: 2em;">{</td> <td>Rhode Island Sales.</td> <td style="text-align: right;">1a</td> </tr> <tr> <td></td> <td>Sales Under 44-11-14(a)(2)(i)(B)</td> <td style="text-align: right;">1a</td> </tr> </table>	{	Rhode Island Sales.	1a		Sales Under 44-11-14(a)(2)(i)(B)	1a	00	00
{	Rhode Island Sales.	1a							
	Sales Under 44-11-14(a)(2)(i)(B)	1a							
b Dividends	1b	00	00						
c Interest	1c	NONE 00	1330641 00						
d Rents	1d	NONE 00	57666 00						
e Royalties	1e	00	00						
f Capital gains	1f	00	00						
g Ordinary income.	1g	00	00						
h Other income	1h	NONE 00	1476883 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	2865190 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	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
	SHERI FLANIGAN-VAZQUE		314-533-2411
Paid preparer signature	Print name	Date	Telephone number
TROY A LINDSEY	TROY A LINDSEY	10/15/2023	314-231-5544
Paid preparer address	City, town or post office	State	ZIP Code PTIN
211 N. BROADWAY, SUIT	ST. LOUIS	MO	63102 P01041237

May the Division of Taxation contact your preparer? YES X

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

2022

TAXABLE YEAR BEGINNING 01/01/2022 AND ENDING 12/31/2022

FOR OFFICE USE ONLY

TYPE OF RETURN: DAYTIME TELEPHONE #: _____

E-2 INDIVIDUAL (LLC, 1099-Misc., 1099-NEC, Schedule C) FEIN OR SSN #: 43-1862691

E-3 PARTNERSHIP (LLC, Trust, 1065) PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

E-4 CORPORATION (LLC, Sub S, 1120, 1120S) E-MAIL: _____

GREAT RIVERS COMMUNITY CAPITAL

1023 N. GRAND BLVD

SAINT LOUIS, MO 63106

Check applicable boxes: (1) Due month change
(2) Amended return (3) Change in address
(4) Account terminated (5) Initial Return

DATE & REASON (REQUIRED): _____

TO WHOM SOLD OR TRANSFERRED: (Attach Statement) _____

ADDRESS OF NEW OWNER: _____

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

VERIFIED BY	AUDITED BY
-------------	------------

SECTION A - NET PROFIT

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions (less Returns and Allowances)	1.		
2. Cost of Goods Sold (attach itemized list)	2.		
3. Gross Profit (subtract line 2 from line 1)	3.		
4. Other Income or Loss (attach itemized list)	4.	SEE STATEMENT 1	
5. Total Gross Profit (add lines 3 and 4)	5.	2,865,190.	
6. Business Expenses (use Section A-1 on the reverse side)	6.	2,424,402.	
7. Net Profit or Loss (subtract line 6 from line 5)	7.	440,788.	

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

8. (a) Allocation percent (line 2)	8a.	52.320966	%
(b) Net Profit by allocation (line 7 multiplied by line 8a)	8b.	230,625.	

SECTION C - COMPUTATION OF TAX

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	230,625.	
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	2,306.	
11. Payroll Expense Tax Credit (complete Section C-1 on the reverse side)	11.	NONE	
12. Net Earnings Tax Due (line 10 minus line 11)	12.	2,306.	
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.	2,792.	
14. Subtotal (line 12 minus line 13)	14.	-486.	
15. Penalty _____ % (5% per month, 25% maximum)	15.		
16. Interest _____ % (1% per month)	16.		
17. Amount Due	17.		
18. Amount Overpaid, Refund or <input checked="" type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.	486.	

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

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

(Date)	(Signature)	SHERI FLANIGAN-VAZQUEZ (Typed or Printed Name)	COO (Title)
		211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 (Address, City, State, Zip)	
	(Signature of preparer other than taxpayer)	44-0160260 (FEIN/SSN of preparer)	
314-231-5544 (Preparer Telephone #)			(E-Mail Address)

Please mail returns and payments to:

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

PAY ONLINE
<https://pay.payitgov.com/stlearningstax>

Email: earningstaxcor@stlouis-mo.gov
Telephone: (314) 622-4248
Fax: (314) 622-4847

www.stlouiscollector.com

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

OMB No. 1545-0233

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form7004 for instructions and the latest information.**

Print or Type	Name GREAT RIVERS COMMUNITY CAPITAL	Identifying number 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 22 , 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	174,000.
7 Total payments and credits. See instructions	7	174,000.
8 Balance due. Subtract line 7 from line 6. See instructions	8	NONE

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

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	
2. Commissions		9. Repairs	
3. Depreciation	25,312.	10. Taxes (Except Federal, State and Local Income Taxes) (Itemized list required)	
4. Dues and Publications		11. Utilities and Telephone	
5. Insurance		12. Wages and Salaries	
6. Legal and Professional		13. Other Deductions (itemized list required) SEE STATEMENT 2	2,399,090.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	2,424,402.

SECTION A-2 - INFORMATIONAL DISBURSEMENT (Print N/A if no 1099's or disbursements issued)

TO WHOM PAID			FEIN/SSN	Total Amount Paid	Amount or Percent Earned Within the City
Name	Address	City, State, Zip			
GOLDBERG HELLER-	2227 SOUTH ST. ROUTE 157 EDWARDSVILLE IL		37-1265461	36,349.	NONE
WEISMAN LAW	904 S. 4TH ST. SUITE 302, STL MO 63102		43-1913575	4,699.	1.0000
(Please attach additional sheets or 1099-Misc. as necessary.)					

SECTION B WORKSHEET - BUSINESS ALLOCATION OF TAXABLE NET PROFIT

1. (a) Average Value of Real and Tangible Personal Property, including inventory.	Within & Without St. Louis	Within St. Louis	Percentage Within St. Louis
		1,529,615.	791,017.
(b) Gross Receipts	2,865,190.	1,516,501.	52.928462
(c) Wages & Salaries (except Officers)			
		Total Percentage %	104.641932
2. ALLOCATION PERCENTAGE: Total of Percentages divided by number of factors used	52.320966	%. Enter this percent on line 8a, Section B.	

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

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

List Partners Below	Share of Net Profit	Allocation Percentage	Taxable Income
Name FEIN/SSN			
Home Address Zip			
Name FEIN/SSN			
Home Address Zip			

(Attach list if necessary)

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

SECTION C-1 - PAYROLL EXPENSE TAX CREDIT

- Did you pay the Payroll Expense Tax on Form P-10? Yes (Proceed to line 2) No (P-10 credit does not apply)
- Total quarterly Payroll Expense Tax paid from line 3, Form P-10.
1st Qtr. _____ + 2nd Qtr. _____ + 3rd Qtr. _____ + 4th Qtr. _____ = _____
- Line 2 x 20 % = _____
- Tax amount due from line 10, Section C (reverse side) 2,306. x 25 % = NONE
- Smaller of lines 3 and 4 (Please enter this amount on line 11, Section C) = NONE

ST. LOUIS E-234, PAGE 1 DETAIL

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

INTEREST	1,330,641.
GROSS RENT	57,666.
OTHER INCOME	1,476,883.

TOTAL	2,865,190.
	=====

ST. LOUIS E-234, PAGE 2 DETAIL

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SECTION A-1, LINE 13 - OTHER DEDUCTIONS

INTEREST	113,360.
BAD DEBTS	1,376,763.
PROFESSIONAL FEES	59,761.
INSURANCE	3,061.
SUPPLIES	59,235.
MISCELLANEOUS EXPENSES	20,359.
RENTAL RE MAINTENANCE	90,592.
ADMIN EXPENSES	662,916.
PROGRAM EXPENSE	2,960.
NMTC AMORTIZATION EXPENSES	10,083.

TOTAL	2,399,090.
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