

GREAT RIVERS COMMUNITY CAPITAL  
FORM 1120  
TAX YEAR 2023

**Comparison Schedule of 2023 to 2022 (Form 1120, Page 1)**

Name as shown on return		Employer Identification Number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Description	2023	2022	Difference
<b>Income</b>			
Gross receipts or sales . . . . .			
Less returns and allowances . . . . .			
Net receipts or sales . . . . .			
Cost of goods sold . . . . .			
Gross profit . . . . .			
Dividends . . . . .			
Interest . . . . .	1,507,050.	1,330,641.	176,409.
Gross rents . . . . .	87,943.	57,666.	30,277.
Gross royalties . . . . .			
Capital gain net income . . . . .			
Net gain or (loss) from Form 4797 . . . . .			
Other income . . . . .	2,967,080.	1,476,883.	1,490,197.
<b>Total income</b> . . . . .	<b>4,562,073.</b>	<b>2,865,190.</b>	<b>1,696,883.</b>
<b>Deductions</b>			
Compensation of officers . . . . .			
Salaries and wages . . . . .			
Repairs and maintenance . . . . .	118,475.		118,475.
Bad debts . . . . .	2,958,201.	1,376,763.	1,581,438.
Rents . . . . .			
Taxes and licenses . . . . .	11,300.	9,284.	2,016.
Interest . . . . .	395,883.	113,360.	282,523.
Charitable contributions . . . . .	10,000.	17,325.	-7,325.
Depreciation . . . . .	28,414.	25,312.	3,102.
Depletion . . . . .			
Advertising . . . . .			
Pension, profit-sharing, etc. plans . . . . .			
Employee benefit programs . . . . .			
Domestic Production activities deduction . . . . .			
Other deductions . . . . .	790,178.	908,967.	-118,789.
<b>Total deductions</b> . . . . .	<b>4,312,451.</b>	<b>2,451,011.</b>	<b>1,861,440.</b>
Taxable income before net operating loss deduction and special deductions . . . . .	249,622.	414,179.	-164,557.
<b>Less: a</b> Net operating loss (NOL) deduction . . . . .			
<b>b</b> Special deductions . . . . .			
<b>Tax, Refundable Credits, and Payments</b>			
<b>Taxable income</b> . . . . .	249,622.	414,179.	-164,557.
Total tax . . . . .	52,421.	86,978.	-34,557.
Total Payments and Credits . . . . .	87,022.	174,000.	-86,978.
Estimated tax penalty . . . . .			
<b>Amount owed</b> . . . . .			
<b>Overpayment</b> . . . . .	34,601.	87,022.	-52,421.
Overpayment credited to next year's estimated tax . . . . .	34,601.	87,022.	-52,421.
Overpayment refunded . . . . .			

CARRYOVERS TO NEXT YEAR  
=====

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

<b>A Check if:</b> <input type="checkbox"/> 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input checked="" type="checkbox"/> 4 Schedule M-3 attached		<b>TYPE OR PRINT</b>	Name GREAT RIVERS COMMUNITY CAPITAL	<b>B Employer identification number</b> 43-1862691	
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>C Date incorporated</b> 04/22/1999		
			<b>D Total assets (see instructions)</b> \$ 26,578,157.		
<b>E Check if:</b>		<input type="checkbox"/> (1) Initial return	<input type="checkbox"/> (2) Final return	<input type="checkbox"/> (3) Name change	<input type="checkbox"/> (4) Address change

Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Dividends and inclusions (Schedule C, line 23)	4	
	5	Interest	5	1,507,050.
	6	Gross rents	6	87,943.
	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. 2,967,080.	
11	<b>Total income.</b> Add lines 3 through 10	11	4,562,073.	

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	118,475.
	15	Bad debts	15	2,958,201.
	16	Rents	16	
	17	Taxes and licenses	17	SEE STATEMENT. 2. 11,300.
	18	Interest (see instructions)	18	395,883.
	19	Charitable contributions	19	SEE STATEMENT. 3. 10,000.
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	28,414.
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc., plans	23	
	24	Employee benefit programs	24	
	25	Energy efficient commercial buildings deduction (attach Form 7205)	25	
	26	Other deductions (attach statement)	26	SEE STATEMENT. 4. 790,178.
	27	<b>Total deductions.</b> Add lines 12 through 26	27	4,312,451.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	249,622.
	29a	Net operating loss deduction (see instructions)	29a	
b	Special deductions (Schedule C, line 24)	29b		
c	Add lines 29a and 29b	29c		

Tax, Refundable Credits, and Payments	30	<b>Taxable income.</b> Subtract line 29c from line 28. See instructions	30	249,622.
	31	Total tax (Schedule J, Part I, line 11)	31	52,421.
	32	Reserved for future use	32	
	33	Total payments and credits (Schedule J, Part II, line 23)	33	87,022.
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35	<b>Amount owed.</b> If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	
	36	<b>Overpayment.</b> If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36	34,601.
37	Enter amount from line 36 you want: <b>Credited to 2024 estimated tax</b> 34,601. <b>Refunded</b>	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: SHERI FLANIGAN-VAZQUEZ Date: 10/15/2024 Title: COO

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TROY A LINDSEY	TROY A LINDSEY	10/05/2024		P01041237
	Firm's name	Firm's EIN	Firm's address	Phone no.	
	FORVIS MAZARS, LLP	44-0160260	211 N. BROADWAY, SUITE 600	314-231-5544	
			ST. LOUIS, MO 63102-2733		

<b>Schedule C Dividends, Inclusions, and Special Deductions</b> (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 <b>Subtotal.</b> 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 <b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4 . . . . .			
24 <b>Total special deductions.</b> Add column (c), lines 9 through 22. Enter here and on page 1, line 29b . . . . .			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I - Tax Computation**

1	Income tax. See instructions . . . . .	1	52,421.
2	Base erosion minimum tax amount (attach Form 8991) . . . . .	2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626) . . . . .	3	
4	Add lines 1, 2, and 3 . . . . .	4	52,421.
5a	Foreign tax credit (attach Form 1118) . . . . .	5a	
b	Credit from Form 8834 (see instructions) . . . . .	5b	
c	General business credit (see instructions - attach Form 3800) . . . . .	5c	
d	Credit for prior year minimum tax (attach Form 8827) . . . . .	5d	
e	Bond credits from Form 8912 . . . . .	5e	
6	<b>Total credits.</b> Add lines 5a through 5e . . . . .	6	
7	Subtract line 6 from line 4 . . . . .	7	52,421.
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) . . . . .	9f	
g	Interest/tax due under section 453(l) . . . . .	9g	
z	Other (see instructions - attach statement) . . . . .	9z	
10	<b>Total.</b> Add lines 9a through 9z . . . . .	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31 . . . . .	11	52,421.

**Part II - Payments and Refundable Credits**

12	Reserved for future use . . . . .	12	
13	Preceding year's overpayment credited to the current year . . . . .	13	87,022.
14	Current year's estimated tax payments . . . . .	14	
15	Current year's refund applied for on Form 4466 . . . . .	15	( )
16	Combine lines 13, 14, and 15 . . . . .	16	87,022.
17	Tax deposited with Form 7004 . . . . .	17	
18	Withholding (see instructions) . . . . .	18	
19	<b>Total payments.</b> Add lines 16, 17, and 18 . . . . .	19	87,022.
20	Refundable credits from:		
a	Form 2439 . . . . .	20a	
b	Form 4136 . . . . .	20b	
c	Reserved for future use . . . . .	20c	
z	Other (attach statement - see instructions) . . . . .	20z	
21	<b>Total credits.</b> Add lines 20a through 20z . . . . .	21	
22	Elective payment election amount from Form 3800 . . . . .	22	
23	<b>Total payments and credits.</b> Add lines 19, 21, and 22. Enter here and on page 1, line 33 . . . . .	23	87,022.

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? [ ]
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 this 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 this 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 number, Question text, Yes, No. Contains 31 rows of tax-related questions and their corresponding Yes/No responses.



Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		2,637,932.		2,165,366.
2a Trade notes and accounts receivable . . . . .	5,791,683.		580,667.	
b Less allowance for bad debts . . . . .	( )	5,791,683.	( )	580,667.
3 Inventories . . . . .				
4 U.S. government obligations . . . . .				
5 Tax-exempt securities (see instructions) . . . . .				
6 Other current assets (attach statement) . . . . .	STMT 5	106,115.		92,853.
7 Loans to shareholders . . . . .				
8 Mortgage and real estate loans . . . . .				
9 Other investments (attach statement) . . . . .	STMT 5	1,236,774.		1,198,511.
10a Buildings and other depreciable assets . . . . .	452,166.		529,718.	
b Less accumulated depreciation . . . . .	( 76,575.)	375,591.	( 171,775.)	357,943.
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	15,105,554.		22,182,817.
15 Total assets . . . . .		25,253,649.		26,578,157.
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable . . . . .		137,823.		NONE
17 Mortgages, notes, bonds payable in less than 1 year . . . . .	STMT 5	91,245.		768,307.
18 Other current liabilities (attach statement) . . . . .	STMT 5	2,241.		NONE
19 Loans from shareholders . . . . .				
20 Mortgages, notes, bonds payable in 1 year or more . . . . .		1,439,779.		2,506,905.
21 Other liabilities (attach statement) . . . . .	STMT 6	19,446,215.		20,025,913.
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 . . . . .		3,454,786.		2,595,472.
26 Adjustments to shareholders' equity (attach statement) . . . . .				
27 Less cost of treasury stock . . . . .		( )		( )
28 Total liabilities and shareholders' equity . . . . .		25,253,649.		26,578,157.

**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):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation . . . . . \$ _____	
a Depreciation . . . . . \$ _____		b Charitable contributions . . \$ _____	
b Charitable contributions . . \$ _____			
c Travel and entertainment . \$ _____		9 Add lines 7 and 8 . . . . .	
6 Add lines 1 through 5 . . . . .		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 . . . . .	3,454,786.	5 Distributions: a Cash . . . . .	
2 Net income (loss) per books . . . . .	-859,314.	b Stock . . . . .	
3 Other increases (itemize): _____		c Property . . . . .	
		6 Other decreases (itemize): _____	
		7 Add lines 5 and 6 . . . . .	
4 Add lines 1, 2, and 3 . . . . .	2,595,472.	8 Balance at end of year (line 4 less line 7)	2,595,472.



**SCHEDULE B  
(Form 1120)**

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

**Additional Information for Schedule M-3 Filers**

OMB No. 1545-0123

▶ Attach to Form 1120.

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

Name <b>GREAT RIVERS COMMUNITY CAPITAL</b>	Employer identification number (EIN) <b>43-1862691</b>
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	Yes	No
<b>1</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> 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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4a</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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" . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> At any time during the tax year, did the corporation make any change in a method of accounting for U.S. income tax purposes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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](http://www.irs.gov/Form1120) for instructions and the latest information.

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

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

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

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

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

**2 a** Enter the income statement period: Beginning 01/01/2023 Ending 12/31/2023

**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

<b>4 a</b> Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	<b>4a</b>	-859,314.
<b>b</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) _____		
<b>5 a</b> Net income from nonincludible foreign entities (attach statement)	<b>5a</b>	( )
<b>b</b> Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	<b>5b</b>	
<b>6 a</b> Net income from nonincludible U.S. entities (attach statement)	<b>6a</b>	( )
<b>b</b> Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	<b>6b</b>	
<b>7 a</b> Net income (loss) of other includible foreign disregarded entities (attach statement)	<b>7a</b>	
<b>b</b> Net income (loss) of other includible U.S. disregarded entities (attach statement)	<b>7b</b>	
<b>c</b> Net income (loss) of other includible entities (attach statement)	<b>7c</b>	
<b>8</b> Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach statement)	<b>8</b>	
<b>9</b> Adjustment to reconcile income statement period to tax year (attach statement)	<b>9</b>	
<b>10 a</b> Intercompany dividend adjustments to reconcile to line 11 (attach statement)	<b>10a</b>	
<b>b</b> Other statutory accounting adjustments to reconcile to line 11 (attach statement)	<b>10b</b>	
<b>c</b> Other adjustments to reconcile to amount on line 11 (attach statement)	<b>10c</b>	
<b>11</b> <b>Net income (loss) per income statement of includible corporations.</b> Combine lines 4 through 10.	<b>11</b>	-859,314.

**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
<b>a</b> Included on Part I, line 4	26,578,157.	23,301,125.
<b>b</b> Removed on Part I, line 5		
<b>c</b> Removed on Part I, line 6		
<b>d</b> Included on Part I, line 7		

Name of corporation (common parent, if consolidated return) <b>GREAT RIVERS COMMUNITY CAPITAL</b>	Employer identification number <b>43-1862691</b>
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) . . . . .	1,507,050.			1,507,050.
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) . . . . .		1,919,396.		1,919,396.
26 <b>Total income (loss) items.</b> Combine lines 1 through 25 . . . . .	1,507,050.	1,919,396.		3,426,446.
27 <b>Total expense/deduction items</b> (from Part III, line 39) . . . . .	-2,598,929.	-642,562.	-167,898.	-3,409,389.
28 Other items with no differences . . . . .	232,565.			232,565.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28 . . . . .	-859,314.	1,276,834.	-167,898.	249,622.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 <b>Reconciliation totals.</b> Combine lines 29a through 29c . . . . .	-859,314.	1,276,834.	-167,898.	249,622.

**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) <b>GREAT RIVERS COMMUNITY CAPITAL</b>	Employer identification number <b>43-1862691</b>
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 . . . . .	52,002.		-52,002.	
2 U.S. deferred income tax expense . . . . .	-219,900.		219,900.	
3 State and local current income tax expense . . . . .	12,614.	-1,314.		11,300.
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) . . . . .	395,883.			395,883.
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 . . . . .	10,000.			10,000.
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 . . . . .	107,275.	-107,275.		
29 Reserved . . . . .				
30 Depletion . . . . .				
31 Depreciation . . . . .	17,649.	10,765.		28,414.
32 Bad debt expense . . . . .	2,208,958.	749,243.		2,958,201.
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 14,448.	-8,857.		5,591.
39 <b>Total expense/deduction items.</b> Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive . . . . .	2,598,929.	642,562.	167,898.	3,409,389.

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.

Part I Required Annual Payment

Table with 5 main rows and sub-rows (2a, 2b, 2c, 2d) for tax calculations. Total tax is 52,421. Required annual payment is 52,421.

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.

Table with 3 rows (6, 7, 8) for filing reasons. All boxes are unchecked.

Part III Figuring the Underpayment

Table with 9 rows (9-18) for calculating underpayment. Columns (a) through (d) represent different due dates. Final underpayment is 38,812.

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)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. ( <b>C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions . . . . .				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19. . . . .				
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 7% (0.07)	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 7% (0.07)	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024				
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 8% (0.08)	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 8% (0.08)	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x %	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x %	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x %	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 . . . . .	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns . . . . .				<b>38</b> \$

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 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 13 rows for Part I. Columns include description of property, cost, and elected cost. Row 13 shows carryover of disallowed deduction to 2024.

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. Columns include description of property and amount. Row 16 shows 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 shows MACRS deductions for assets placed in service before 2023, totaling 25,817.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, and residential/nonresidential rental property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 22 shows total depreciation of 28,414. Row 23 shows portion of 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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):
43 Amortization of costs that began before your 2023 tax year. 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

Table with 2 columns: Name(s) shown on return (GREAT RIVERS COMMUNITY CAPITAL) and Identifying number (43-1862691)

Table with 2 columns: Description (1a-1c) and Identifying number (1a-1c)

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss)

Table with 2 columns: Description (3-9) and Identifying number (3-9)

Part II Ordinary Gains and Losses (see instructions)

Table with 2 columns: Description (10) and Identifying number (10)

Table with 2 columns: Description (11-18b) and Identifying number (11-18b)

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

(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](http://www.irs.gov/Form1120) for the latest information.**

Name of common parent <b>GREAT RIVERS COMMUNITY CAPITAL</b>	Employer identification number <b>43-1862691</b>
Name of subsidiary	Employer identification number

**Part I Cost of Goods Sold**

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

For Paperwork Reduction Act Notice, see instructions.

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

**Part II Interest Income**

	Interest Income Item	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
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	1,507,050.			1,507,050.
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.	1,507,050.			1,507,050.

**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	395,883.			395,883.
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.	395,883.			395,883.

**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: 12/31/2023

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

FORM 1120, PAGE 1 DETAIL

=====

LINE 10 - OTHER INCOME

-----

LOAN FEES	1,047,684.
GRANTS	1,919,396.
	-----
TOTAL	2,967,080.
	=====



FORM 1120, PAGE 1 DETAIL

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LINE 17 - TAXES AND LICENSES

-----

STATE AND LOCAL INCOME TAXES

11,300.

TOTAL

-----  
11,300.  
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FORM 1120, PAGE 1 DETAIL

LINE 19 - CONTRIBUTION DEDUCTION

1. TAXABLE INCOME EXCLUDING CONTRIBUTIONS	259,622.
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	259,622.
5. DEDUCTION LIMIT FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	25,962.
6. AMOUNT OF CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT	10,000.
7. DEDUCTION FOR CURRENT YEAR CONTRIBUTIONS SUBJECT TO 10% LIMIT (LESSER OF LINE 5 OR LINE 6)	10,000.
8. DEDUCTION LIMIT FOR CONTRIBUTIONS CARRIED OVER FROM PRIOR YEARS (LINE 4 X 10% MINUS LINE 7)	15,962.
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)	NONE
11. TOTAL CONTRIBUTION DEDUCTION (ADD LINES 7, 10)	10,000.

LINE 19 - CURRENT YEAR CONTRIBUTIONS

CURRENT YEAR CONTRIBUTIONS	10,000.
TOTAL CURRENT YEAR CONTRIBUTIONS	10,000.
CONTRIBUTIONS SUBJECT TO 10% INCOME LIMITATION	10,000.

FORM 1120, PAGE 1 DETAIL

=====

LINE 26 - OTHER DEDUCTIONS

-----

PROFESSIONAL FEES	189,437.
INSURANCE	5,591.
SUPPLIES	64,940.
MISCELLANEOUS EXPENSES	44,017.
ADMIN EXPENSES	485,574.
PROGRAM EXPENSE	619.
	-----
TOTAL	790,178.
	=====

FORM 1120, PAGE 6 DETAIL

SCH L, LINE 6 -  
OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES AND OTHER	106,115.	66,564.
OTHER RECEIVABLES	NONE	26,289.
TOTAL	106,115.	92,853.

SCH L, LINE 9 - OTHER INVESTMENTS

INVESTMENT IN REAL ESTATE	1,236,774.	1,178,511.
OTHER INVESTMENTS	NONE	20,000.
TOTAL	1,236,774.	1,198,511.

SCH L, LINE 14 - OTHER ASSETS

NOTE RECEIVABLE	15,100,292.	22,177,555.
DUE FROM AFFILIATES	5,262.	5,262.
TOTAL	15,105,554.	22,182,817.

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

CURRENT PORTION OF LONG TERM DEBT	91,245.	768,307.
TOTAL	91,245.	768,307.

SCH L, LINE 18 -  
OTHER CURRENT LIABILITIES

INCOME TAXES PAYABLE	2,241.	NONE
TOTAL	2,241.	NONE

FORM 1120, PAGE 6 DETAIL

SCH L, LINE 21 - OTHER LIABILITIES

	BEGINNING	ENDING
DUE TO AFFILIATES	18,882,515.	19,682,113.
DEFERRED TAXES	563,700.	343,800.
TOTAL	19,446,215.	20,025,913.

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(CDFI)		1,919,396.		1,919,396.
TOTAL		1,919,396.		1,919,396.

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SCHEDULE M-3, PART III DETAIL

=====

LINE 38 - OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES

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DESCRIPTION	EXPENSE PER INCOME STMT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
PREPAID INSURANCE	14,448.	-8,857.		5,591.
TOTAL	14,448.	-8,857.		5,591.

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FORM 4797, PAGE 1 DETAIL

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LINE 2 - MOST PROPERTY HELD MORE THAN 1 YEAR

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PROPERTY DESCRIPTION	DATE ACQ	DATE SOLD	SALES PRICE	DEPRECIATION	COST OR BASIS	GAIN OR LOSS
GENERATORS	07/11/2003	12/31/2023	NONE	4,080.	4,080.	NONE

PART I 4797 GAINS AND LOSSES

NONE

=====



RP

3637018 GREA 43-1862691
TYB 01-01-2023 TYE 12-31-2023
GREAT RIVERS COMMUNITY CAPITAL

23

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 this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?

If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. Yes No

2. 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?

If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? If yes to both questions, answer yes. Yes No

3. Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?

If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on previous year's tax return? If yes to both questions, answer yes. (Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.) Yes No

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.

State Adjustments (cont.)	10	Intercompany dividend elimination. Attach Schedule H (100)	10		00		
	11	Dividends received deduction. Attach Schedule H (100)	11		00		
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	12		00		
	13	Capital gain from federal Form 1120, line 8	13		00		
	14	Charitable Contributions <b>STMT. 2.</b>	14	10,000	00		
	15	Other deductions. Attach schedule(s)	15		00		
	16	Total. Add line 10 through line 15	16		10,000	00	
	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	17		260,922	00	
CA Net Income	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.	18		900	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		900	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	<b>Balance.</b> Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	28		800	00	
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	29			00	
	30	<b>Total tax.</b> Add line 28 and line 29	30		800	00	
	Payments	31	Overpayment from prior year allowed as a credit	31		00	
		32	<b>2023 Estimated tax payments.</b> See instructions <b>STMT. 2.</b>	32	800	00	
33		2023 Withholding (Form 592-B and/or 593). See instructions	33		00		
34		Amount paid with extension of time to file tax return	34		00		
35		Total payments. Add line 31 through line 34	35		800	00	
Refund or Amount Due	36	<b>Use tax. This is not a total line.</b> See instructions	36		00		
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	37		800	00	
	38	<b>Use tax balance.</b> If line 36 is more than line 35, subtract line 35 from line 36	38			00	
	39	<b>Franchise or income tax due.</b> If line 30 is more than line 37, subtract line 37 from line 30	39			00	
	40	<b>Overpayment.</b> If line 37 is more than line 30, subtract line 30 from line 37	40			00	
	41	Amount of line 40 to be credited to 2024 estimated tax	41			00	
	42	<b>Refund.</b> Subtract line 41 from line 40. See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	42			00	
	42a.	● Routing number	42b.	● Type	42c.	● Account number	
	43	a Penalties and interest	43a			00	
		b <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
44	<b>Total amount due.</b> Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result.	44			00		

**Schedule Q Questions (continued from Side 1)**

- D** If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) ● \_\_\_\_\_
- E** Was the corporation's income included in a consolidated federal return? ●  Yes  No
- F** Principal business activity code. (Do not leave blank): ● 624100  
 Business activity INDIV & FAMILY SERVI  
 Product or service COMMUNITY DEVELOPMEN
- G** Date incorporated (mm/dd/yyyy): 04/22/1999 Where: ● State MO Country \_\_\_\_\_

**Schedule Q Questions (continued on Side 3)**

- H** Date business began in California or date income was first derived from California sources . . . . . (mm/dd/yyyy) ● 01/01/2014
- I** Was the corporation an inactive business both within and outside of California during the taxable year? . . . . . ●  Yes  No
- J** First return? . . . . . ●  Yes  No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.
- (1)  Sole proprietorship (2)  Partnership (3)  Joint venture (4)  Corporation (5)  Other  
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)
- K** "Doing business as" name. See instructions: . . . . . ● \_\_\_\_\_
- L** At any time during the taxable year, was more than 50% of the voting stock:
1. Of the corporation owned by any single interest? . . . . . ●  Yes  No
2. Of another corporation owned by this corporation? . . . . . ●  Yes  No
3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? . . . . . ●  Yes  No
- If 1 or 3 is "Yes," enter the country of the ultimate parent . . . . . ● US
- If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.  
If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information. **SEE STATEMENT 3**
- M** Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) . . . . . ●  Yes  No  
If "Yes," complete and attach federal Form 8886 for each transaction.
- N** Is this corporation apportioning or allocating income to California using Schedule R? . . . . . ●  Yes  No
- O** How many entities, if any, including this corporation, are claiming immunity from taxation in California under Public Law 86-272? . . . . . ● \_\_\_\_\_
- P** Corporation headquarters are: . . . . . ● (1)  Within California (2)  Outside of California, within the U.S. (3)  Outside of the U.S.
- Q** Location of principal accounting records: SEE STATEMENT 4
- R** Accounting method: . . . . . ● (1)  Cash (2)  Accrual (3)  Other
- S** 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 . . . . . ● \$ \_\_\_\_\_
- T** Is this corporation or any of its subsidiaries a RIC? . . . . . ●  Yes  No
- U** Is this corporation treated as a REMIC for California purposes? . . . . . ●  Yes  No
- V** 1. Is this corporation a REIT for California purposes? . . . . . ●  Yes  No  
2. If question V1 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
- W** 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): . . . . . \_\_\_\_\_
- X** Is this corporation to be treated as a credit union? . . . . . ●  Yes  No
- Y** Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? . . . . . ●  Yes  No
- Z** 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
- AA** 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
- BB** Did the corporation file the federal Schedule UTP (Form 1120)? . . . . . ●  Yes  No
- CC** Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? . . . . . ●  Yes  No
- DD** 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? . . . . . ●  Yes  No  
2. If "Yes," when was the last report filed? (mm/dd/yyyy) ● \_\_\_\_\_ 3. Amount last remitted ● \$ \_\_\_\_\_

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<b>Telephone</b>
	Signature of officer ▶	Title COO	Date 10/15/2024	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ TROY A LINDSEY			● PTIN
	Date 10/15/2024			P01041237
	Check if self-employed ▶ <input type="checkbox"/>			● Firm's FEIN
Firm's name (or yours, if self-employed) and address ▶ FORVIS MAZARS LLP 211 N BROADWAY SUITE 600 ST. LOUIS, MO 63102-2733			44-0160260	● Telephone
			314-231-5544	
May the FTB discuss this return with the preparer shown above? See instructions . . . . . ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 5			00
			00
<b>Total.</b> Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		11,300	11,300

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

Income	1 a) Gross receipts or gross sales					
	b) Less returns and allowance			c) Balance	1c	00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)				2	00
	3 Gross profit. Subtract line 2 from line 1c				3	00
	4 Total dividends. Attach federal Schedule C (California Schedule H (100))				4	00
	5 a) Interest on obligations of the United States and U.S. instrumentalities				5a	00
	b) Other interest. Attach schedule. SEE STATEMENT 6				5b	1,507,050
	6 Gross rents				6	87,943
	7 Gross royalties				7	00
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)				8	00
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)				9	00
10 Other income (loss). Attach schedule. SEE STATEMENT 6				10	2,967,080	
11 <b>Total income.</b> Add line 3 through line 10				11	4,562,073	
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule				12	00
	13 Salaries and wages (not deducted elsewhere)				13	00
	14 Repairs and maintenance			118,475	14	00
	15 Bad debts			2,958,201	15	00
	16 Rents				16	00
	17 Taxes (California Schedule A). See instructions			11,300	17	00
	18 Interest. Attach schedule. SEE STATEMENT 7			395,883	18	00
	19 Charitable Contributions. Attach schedule. STMT. 7			10,000	19	00
	20 Depreciation. Attach federal Form 4562 and FTB 3885		28,414		20	
	21 Less depreciation claimed elsewhere on return			28,414	21a	00
	22 Depletion. Attach schedule				22	00
	23 Advertising				23	00
	24 Pension, profit-sharing plans, etc.				24	00
	25 Employee benefit plans				25	00
	26 a) Total travel and entertainment				26a	
	b) Deductible amounts				26b	00
	27 Other deductions. Attach schedule. STMT. 7			790,178	27	00
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions				28	00
	29 <b>Total deductions.</b> Add line 12 through line 28				29	4,312,451
30 <b>Net income before state adjustments.</b> Subtract line 29 from line 11. Enter here and on Side 1, line 1				30	249,622	

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

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

**Schedule V Cost of Goods Sold**

1	Inventory at beginning of year . . . . .	<input checked="" type="radio"/>	1		00
2	Purchases . . . . .	<input checked="" type="radio"/>	2		00
3	Cost of labor . . . . .	<input type="radio"/>	3		00
4	<b>a</b> Additional IRC Section 263A costs. Attach schedule . . . . .	<input type="radio"/>	<b>4a</b>		00
	<b>b</b> Other costs. Attach schedule . . . . .	<input type="radio"/>	<b>4b</b>		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.**

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash . . . . .		<input checked="" type="radio"/> 2,637,932.	<input type="radio"/>	<input type="radio"/> 2,165,366.
2 <b>a</b> Trade notes and accounts receivable . . . . .	<input checked="" type="radio"/> 5,791,683.		<input type="radio"/> 580,667.	
<b>b</b> Less allowance for bad debts . . . . .	<input checked="" type="radio"/> ( )	<input checked="" type="radio"/> 5,791,683.	<input type="radio"/> ( )	<input type="radio"/> 580,667.
3 Inventories . . . . .		<input type="radio"/>		<input type="radio"/>
4 Federal and state government obligations . . . . .		<input type="radio"/>		<input type="radio"/>
5 Other current assets. Attach schedule(s). . . . .	STMT 8	106,115.		92,853.
6 Loans to stockholders/officers. Attach schedule . . . . .		<input type="radio"/>		<input type="radio"/>
7 Mortgage and real estate loans . . . . .		<input type="radio"/>		<input type="radio"/>
8 Other investments. Attach schedule(s) . . . . .	STMT 8	<input checked="" type="radio"/> 1,236,774.		<input type="radio"/> 1,198,511.
9 <b>a</b> Buildings and other fixed depreciable assets . . . . .	<input checked="" type="radio"/> 452,166.		<input type="radio"/> 529,718.	
<b>b</b> Less accumulated depreciation . . . . .	<input checked="" type="radio"/> ( 76,575.)	<input checked="" type="radio"/> 375,591.	<input type="radio"/> ( 171,775.)	<input type="radio"/> 357,943.
10 <b>a</b> Depletable assets . . . . .		<input type="radio"/>		<input type="radio"/>
<b>b</b> Less accumulated depletion . . . . .	( )	<input type="radio"/>	( )	<input type="radio"/>
11 Land (net of any amortization) . . . . .		<input type="radio"/>		<input type="radio"/>
12 <b>a</b> Intangible assets (amortizable only) . . . . .		<input type="radio"/>		<input type="radio"/>
<b>b</b> Less accumulated amortization . . . . .	<input checked="" type="radio"/> ( )	<input type="radio"/>	<input checked="" type="radio"/> ( )	<input type="radio"/>
13 Other assets. Attach schedule(s) . . . . .	STMT 8	<input checked="" type="radio"/> 15,105,554.		<input type="radio"/> 22,182,817.
14 <b>Total assets.</b> . . . . .		<input checked="" type="radio"/> 25,253,649.		<input type="radio"/> 26,578,157.
<b>Liabilities and Stockholders' Equity</b>				
15 Accounts payable . . . . .		<input type="radio"/> 137,823.		<input type="radio"/> NONE
16 Mortgages, notes, bonds payable in less than 1 year . . . . .		<input type="radio"/> 91,245.		<input type="radio"/> 768,307.
17 Other current liabilities. Attach schedule(s). . . . .	STMT 8	<input type="radio"/> 2,241.		<input type="radio"/> NONE
18 Loans from stockholders. Attach schedule(s) . . . . .		<input type="radio"/>		<input type="radio"/>
19 Mortgages, notes, bonds payable in 1 year or more . . . . .		<input type="radio"/> 1,439,779.		<input type="radio"/> 2,506,905.
20 Other liabilities. Attach schedule(s). . . . .	STMT 9	<input checked="" type="radio"/> 19,446,215.		<input type="radio"/> 20,025,913.
21 Capital stock: <b>a</b> Preferred stock . . . . .	<input checked="" type="radio"/>		<input type="radio"/>	
<b>b</b> Common stock . . . . .	<input checked="" type="radio"/> 10,000.	<input type="radio"/> 10,000.	<input type="radio"/> 10,000.	<input type="radio"/> 10,000.
22 Paid-in or capital surplus. Attach reconciliation . . . . .		<input type="radio"/> 671,560.		<input type="radio"/> 671,560.
23 Retained earnings - Appropriated. Attach schedule . . . . .		<input type="radio"/>		<input checked="" type="radio"/>
24 Retained earnings - Unappropriated . . . . .		<input checked="" type="radio"/> 3,454,786.		<input checked="" type="radio"/> 2,595,472.
25 Adjustments to shareholders' equity. Attach schedule . . . . .		<input type="radio"/>		<input type="radio"/>
26 Less cost of treasury stock . . . . .		( )		( )
27 <b>Total liabilities and stockholders' equity</b> . . . . .		25,253,649.		26,578,157.

**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 . . . . .	-859,314.	7	Income recorded on books this year not included in this return (itemize)	
2	Federal income tax . . . . .	-167,898.	a	Tax-exempt interest <input checked="" type="radio"/> \$	NONE
3	Excess of capital losses over capital gains . . . . .		b	Other . . . . . \$	
4	Taxable income not recorded on books this year (itemize) _____ SEE STATEMENT 10 . . . . .	1,919,396.	c	Total. Add line 7a and line 7b. . . . .	NONE
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 . . . \$	10,765.
b	State taxes . . . \$	12,614.	b	State tax refunds, \$	
c	Travel and entertainment <input checked="" type="radio"/> \$		c	Other . . . . . \$	749,243.
d	Other . . . . . \$	116,132.	d	Total. Add line 8a through line 8c. . . . .	760,008.
e	Total. Add line 5a through line 5d. . . . .	128,746.	9	Total. Add line 7c and line 8d. . . . .	760,008.
6	Total. Add line 1 through line 5e. . . . .	1,020,930.	10	Net income per return.	
				Subtract line 9 from line 6 . . . . .	260,922.

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

1	Balance at beginning of year . . . . .	3,454,786.	5	Distributions: a Cash . . . . .	
2	Net income per books . . . . .	-859,314.	b	Stock. . . . .	
3	Other increases (itemize) _____		c	Property . . . . .	
			6	Other decreases (itemize) _____	
			7	Total. Add line 5 and line 6 . . . . .	
4	Total. Add line 1 through line 3 . . . . .	2,595,472.	8	Balance at end of year.	
				Subtract line 7 from line 4 . . . . .	2,595,472.

**Schedule D California Capital Gains and Losses**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less.** Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
					00
					00
					00
					00
2	Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37 . . . . .				00
3	Unused capital loss carryover from 2022 . . . . .				00
4	Net short-term capital gain (loss). Combine line 1 through line 3 . . . . .				00

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

5					00
					00
					00
					00
					00
6	Enter gain from Schedule D-1, line 9 and/or any capital gain distributions. . . . .				NONE 00
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37. . . . .				00
8	Net long-term capital gain (loss). Combine line 5 through line 7. . . . .				NONE 00
9	Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8). . . . .				00
10	Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4) . . . . .				NONE 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 2024 . . . . .				NONE 00

# 2023 Apportionment and Allocation of Income

# R

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

For calendar year 2023 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.

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

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

<b>1 a</b> Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13f from Schedule K (565 or 568) . . . . .	● <b>1a</b>	260,922	00
<b>b</b> Water's-edge foreign investment interest offset from form FTB 2424, line 17 . . . . .	● <b>1b</b>		00
<b>c</b> Total. Combine line 1a and line 1b . . . . .	● <b>1c</b>	260,922	00

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

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

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

<b>10</b> Business income (loss) from nonunitary partnership or LLC . . . . .	● <b>10</b>		00
<b>11</b> Income (loss) from a separate trade or business. Attach supplemental Schedule R . . . . .	● <b>11</b>		00
<b>12</b> Business income (loss) deferred from prior years. See General Information L . . . . .	● <b>12</b>		00
<b>13</b> Capital gain (loss) netting subject to separate apportionment. See General Information M . . . . .	● <b>13</b>		00
<b>14</b> Total separately apportionable business income (loss). Combine line 10 through line 13 . . . . .	● <b>14</b>		00
<b>15</b> Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c . . . . .	● <b>15</b>	260,922	00
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only) . . . . .	● <b>16</b>		00
<b>17</b> Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16 . . . . .	● <b>17</b>	260,922	00
<b>18 a</b> Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5 . . . . .	● <b>18a</b>	0.0344	%
<b>b</b> Business income (loss) apportioned to California. Multiply line 17 by line 18a . . . . .	● <b>18b</b>	90	00

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

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

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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
<b>Net Income (Loss) for California Purpose</b>					
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	90	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	90	00

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



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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. 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

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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 . . . . . 1 260,922.00
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 260,922.00
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 90.00
5 Adjusted current earnings (ACE) adjustment:
a Enter ACE. See instructions. . . . . 5a 260,922.00
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 90.00
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 90.00
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 90.00
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. . . . .		<b>1</b>	260,922.
2 ACE depreciation adjustment:			
a AMT depreciation . . . . .	<b>2a</b>		
b ACE depreciation:			
(1) Post-1998 property. . . . .	<b>2b(1)</b>		
(2) Post-1990, pre-1998 property. . . . .	<b>2b(2)</b>		
(3) Post 1987, pre-1990 property. . . . .	<b>2b(3)</b>		
(4) Post-1981, pre-1987 property. . . . .	<b>2b(4)</b>		
(5) Property described in sections 168(f)(1) through (4) . . . . .	<b>2b(5)</b>		
(6) Other property . . . . .	<b>2b(6)</b>		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6). . . . .	<b>2b(7)</b>		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a . . . . .		<b>2c</b>	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income. . . . .	<b>3a</b>		
b Death benefits from life insurance contracts . . . . .	<b>3b</b>		
c All other distributions from life insurance contracts (including surrenders). . . . .	<b>3c</b>		
d Inside buildup of undistributed income in life insurance contracts. . . . .	<b>3d</b>		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) . . . . .	<b>3e</b>		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e. . . . .		<b>3f</b>	
4 Disallowance of items not deductible from E&P:			
a Allowable deduction to a credit union . . . . .	<b>4a</b>		
b Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) . . . . .	<b>4b</b>		
c Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a and 4b . . . . .		<b>4c</b>	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs . . . . .	<b>5a</b>		
b Circulation expenditures . . . . .	<b>5b</b>		
c Organizational expenditures . . . . .	<b>5c</b>		
d LIFO inventory adjustments . . . . .	<b>5d</b>		
e Installment sales . . . . .	<b>5e</b>		
f Total other E&P adjustments. Combine lines 5a through 5e. . . . .		<b>5f</b>	
6 Disallowance of loss on exchange of debt pools . . . . .		<b>6</b>	
7 Acquisition expenses of life insurance companies for qualified foreign contracts. . . . .		<b>7</b>	
8 Depletion . . . . .		<b>8</b>	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property. . . . .		<b>9</b>	
10 Interest income . . . . .		<b>10</b>	
11 Interest expense . . . . .		<b>11</b>	
12 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 11. Enter the result here and on Schedule P (100), line 5a, or Schedule P (100W), line 5a . . . . .		<b>12</b>	260,922.

**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
<b>Section A - Credits that reduce excess regular tax.</b>				
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits. . . . .		<input checked="" type="radio"/> NONE	
<b>A1 Credits that reduce excess regular tax and have no carryover provisions.</b>				
4	Code: 162 Prison Inmate Labor Credit. . . . .	<input checked="" type="radio"/>	<input checked="" type="radio"/> NONE	
<b>A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.</b>				
5	Code: <input type="radio"/> ___ ___ Credit Name: _____	<input 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"/>
<b>Section B - Credits that may reduce regular tax below TMT.</b>				
10	If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c) . . . . .		<input checked="" type="radio"/> NONE	
<b>B Credits that reduce net tax and have carryover provisions. See instructions.</b>				
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"/>
<b>Section C - Credits that may reduce AMT. See instructions.</b>				
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 2022 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

\*



2023 Apportionment and Allocation of Income

R

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

For calendar year 2023 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. Rows 1a, 1b, 1c. Total: 260,922.00

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

Table with 3 columns: Description, Line Number, Amount. Rows 2 through 9. Total: 0.00

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

Table with 3 columns: Description, Line Number, Amount. Rows 10 through 18b. Total: 260,922.00

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.

Table with 3 columns: Description, Line Number, Amount. Rows 19 through 27. Total: 0.00



Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
<b>California Business Income (Loss)</b> subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC. . . . .	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R. . . . .	00	
30	California business income (loss) deferred from prior years. See General Information L . . . . .	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30 . . . . .		00
<b>Net Income (Loss) for California Purpose</b>			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M. . . . .		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32. . . . .	9000	
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 . . . . .	9000	

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



TAXABLE YEAR

2023 Apportionment and Allocation of Income

R

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

For calendar year 2023 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 260,922.00.

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 Business income from nonunitary partnership (10), Income from separate trade (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 (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).





Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
<b>California Business Income (Loss)</b> subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC. . . . .	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R. . . . .	00	
30	California business income (loss) deferred from prior years. See General Information L . . . . .	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30 . . . . .		00
<b>Net Income (Loss) for California Purpose</b>			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M. . . . .		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32. . . . .		9000
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 . . . . .		9000

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

Sales of Business Property

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

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

Name(s) as shown on tax return

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

GREAT RIVERS COMMUNITY CAPITAL

3637018

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year. Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on federal Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, or federal Form 1099-S, Proceeds from Real Estate Transactions (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23
1b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions

Table with 7 columns: (a) Description of property, (b) Date acquired (mm/dd/yyyy), (c) Date sold (mm/dd/yyyy), (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e). Row 1: SEE STATEMENT 13, NONE

- 3 Gain, if any, from federal Form 4684, line 39
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
6 Gain, if any, from line 35, from other than casualty and theft
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:
8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions.
9 Subtract line 8 from line 7. If zero or less, enter -0-

Part II Section A - Ordinary Gains and Losses

Table with 7 columns: (a) Description of property, (b) Date acquired (mm/dd/yyyy), (c) Date sold (mm/dd/yyyy), (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e). Row 10: Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions
13 Gain, if any, from line 34
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
17 Combine line 10 through line 16
18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.
18a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions
18b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20

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

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

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

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

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

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

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

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

Corporation Depreciation and Amortization

2023

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 for property election details, including maximum deduction, total cost, and elected cost.

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) for depreciation details, including description of property, date acquired, and depreciation for this year.

Part III Summary

Table for Part III with rows 16-18 summarizing total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including description of property and amortization for this year.

CALIFORNIA FORM 100, SIDE 1 -- DETAIL

LINE 8 - OTHER ADDITIONS

FEDERAL CONTRIBUTION DEDUCTION

10,000

TOTAL LINE 8 - OTHER ADDITIONS

10,000

CALIFORNIA FORM 100, SIDE 2 -- DETAIL

LINE 14 - CONTRIBUTIONS

1) NI AFTER STATE ADJ FROM LN. 17 BEFORE CONTRIBUTIONS	270,922
3) NET INCOME FOR CONTRIBUTIONS CALCULATION	270,922
4) CONTRIBUTIONS LIMITATIONS (10%)	27,092
5) AMOUNT ACTUALLY CONTRIBUTED (INCLUDING CARRYOVER)	10,000
	-----
CONTRIBUTIONS DEDUCTION (LESSER OF LINE 4 OR LINE 5)	10,000
	=====

LINE 32 - ESTIMATED TAX PAYMENTS

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

LINE 14 - 5 YEAR CONTRIBUTION CARRYOVER

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CARRYOVER TO NEXT YEAR
-----			
12/31/2023	10,000.	10,000.	
	-----	-----	-----
TOTAL	10,000.	10,000.	
	=====	=====	=====

CALIFORNIA FORM 100, SIDE 3 -- DETAIL

QUESTION L, 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 Q - 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		11,300.	11,300

-----  
11,300.  
=====

-----  
11,300  
=====

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

LINE 5B - OTHER INTEREST

TOTAL LINE 5B - OTHER INTEREST

1,507,050

LINE 10 - OTHER INCOME

LOAN FEES

1,047,684

GRANTS

1,919,396

TOTAL LINE 10 - OTHER INCOME

2,967,080

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

LINE 18 - INTEREST DEDUCTION

OTHER INTEREST	395,883
	-----
TOTAL LINE 18 - INTEREST DEDUCTION	395,883
	=====

LINE 19 - CONTRIBUTIONS

CONTRIBUTIONS MADE DURING CURRENT YEAR	10,000
CARRYOVER OF PRIOR YEAR CONTRIBUTIONS	NONE
	-----
TOTAL AMOUNT OF DEDUCTIBLE CONTRIBUTIONS	10,000
	-----
TOTAL LINE 19 - CONTRIBUTIONS	10,000
	=====

LINE 27 - OTHER DEDUCTIONS

PROFESSIONAL FEES	189,437
INSURANCE	5,591
SUPPLIES	64,940
MISCELLANEOUS EXPENSES	44,017
ADMIN EXPENSES	485,574
PROGRAM EXPENSE	619
	-----
TOTAL LINE 27 - OTHER DEDUCTIONS	790,178
	=====

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

=====

LINE 5 - OTHER CURRENT ASSETS	BEGINNING	ENDING
-----	-----	-----
PREPAID EXPENSES AND OTHER	106,115.	66,564.
OTHER RECEIVABLES	NONE	26,289.
TOTAL LINE 5 - OTHER CURRENT ASSETS	106,115.	92,853.
	=====	=====

LINE 8 - OTHER INVESTMENTS		
-----		
INVESTMENT IN REAL ESTATE	1,236,774.	1,178,511.
OTHER INVESTMENTS	NONE	20,000.
TOTAL LINE 8 - OTHER INVESTMENTS	1,236,774.	1,198,511.
	=====	=====

LINE 13 - OTHER ASSETS		
-----		
NOTE RECEIVABLE	15,100,292.	22,177,555.
DUE FROM AFFILIATES	5,262.	5,262.
TOTAL LINE 13 - OTHER ASSETS	15,105,554.	22,182,817.
	=====	=====

LINE 17 - OTHER CURRENT LIABILITIES		
-----		
INCOME TAXES PAYABLE	2,241.	NONE
TOTAL LINE 17 - OTHER CURRENT LIABILITIES	2,241.	NONE
	=====	=====

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

=====

LINE 20 - OTHER LIABILITIES

-----

BEGINNING

ENDING

DUE TO AFFILIATES  
DEFERRED TAXES

-----  
18,882,515.  
563,700.  
-----

-----  
19,682,113.  
343,800.  
-----

TOTAL LINE 20 - OTHER LIABILITIES

-----  
19,446,215.  
=====

-----  
20,025,913.  
=====

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	1,919,396.
	-----
TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS	1,919,396.
	=====

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

PREPAID INSURANCE	8,857.
IMPAIRMENT LOSS	107,275.
	-----
TOTAL EXPENSES RECORDED ON BOOKS NOT IN THE RETURN	116,132.
	=====

SCH M-1, LINE 8 - DEDUCTIONS IN TAX  
RETURN NOT CHARGED AGAINST BOOK INCOME

ALLOWANCE FOR DOUBTFUL ACCOUNTS	749,243.
	-----
TOTAL DEDUCTIONS IN RETURN NOT RECORDED ON BOOKS	749,243.
	=====

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

=====

LINE 1C - OTHER GROSS RECEIPTS

EVERYWHERE

WITHIN CA

-----

-----

-----

TOTAL LINE 1C - OTHER GROSS RECEIPTS

4,562,073.

1,569.

=====

=====

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

QUESTION 1

-----  
COMMUNITY DEVELOPMENT BY PROVIDING INDIVIDUAL AND FAMILY SERVICES



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

=====

PART I - LONG-TERM GAIN OR LOSS

(A) DESCRIPTION OF PROPERTY	(B) DATE ACQUIRED	(C) DATE SOLD	(D) GROSS SALES PRICE	(E) DEPR ALLOWED	(F) COST OR OTHER BASIS PLUS IMPROV & SALE EXPENSE	(G) GAIN OR LOSS
GENERATORS	07/11/2003	12/31/2023	NONE	4,080.	4,080.	NONE
TOTAL PART I - LONG-TERM GAIN OR LOSS						NONE

-----  
NONE  
=====



For the taxable year beginning 01012023 ending 12312023

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

EIN this entity

EIN Federal Consolidated Parent

431862691

431769074

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 2022.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income 249622.00

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) 11300.00

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

4. Federal net operating loss deduction

16. Total subtractions from federal taxable income (Add line 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) 260922.00

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) 260922.00

8. Total additions to federal taxable income (Add lines 2 - 7) 11300.00

20. Average percent to Kansas (Part VI, lines A, B, C, & E: if 100% enter 100.0000) 0.4448

A C. 0.4448

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) 1161.00

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.)





**PART I - NONREFUNDABLE CREDITS**

- 1. Apprenticeship Credit (Enclose Schedule K-24; See instructions) . . . . .
- 2. Affordable Housing Credit (Enclose Schedule K-25; See instructions) . . . . .
- 3. Aviation/Aerospace Credit (Enclose Schedule (Enclose Schedule K-26; See instructions) . . . . .
- 4. Housing Investor Credit (Enclose Schedule K-27; See instructions) . . . . .
- 5. Powerful Economic Expansion Credit (Enclose Schedule K-28; See instructions) . . . . .
- 6. Short Line Railroad Tax Credit (Enclose Schedule K-29; See instructions) . . . . .
- 7. Center for Entrepreneurship Credit (Enclose Schedule K-31; see instructions) . . . . .
- 8. Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions) . . . . .
- 9. Business and Job Development Credit - **carry forward use only** (Enclose Schedule K-34; See instructions) . . . . .
- 10. Historic Preservation Credit (Enclose Schedule K-35; See instructions) . . . . .
- 11. Disabled Access Credit (Enclose Schedule K-37; See instructions) . . . . .
- 12. Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions) . . . . .
- 13. Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions) . . . . .
- 14. Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions) . . . . .
- 15. Eisenhower Foundation Contribution Credit (Enclose Schedule K-43; See instructions) . . . . .
- 16. Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions) . . . . .
- 17. Friends of Cedar Crest Association Contribution Credit (Enclose Schedule K-46; See instructions) . . . . .
- 18. Technology Enabled Fiduciary Financial Institutions Credit (Enclose Schedule K-48; See instructions) . . . . .
- 19. Research and Development Credit (Enclose Schedule K-53; See instructions) . . . . .
- 20. Venture Capital Credit - **carryforward use only** (Enclose Schedule K-55; See instructions) . . . . .
- 21. Seed Capital Credit - **carryforward use only** (Enclose Schedule K-55; See instructions) . . . . .
- 22. High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions) . . . . .
- 23. Community Service Contribution Credit (Enclose Schedule K-60; See instructions) . . . . .
- 24. Alternative-Fuel Tax Credit (Enclose Schedule K-62; See instructions) . . . . .
- 25. Targeted Employment Credit (Enclose Schedule (Enclose Schedule K-69; See instructions) . . . . .
- 26. Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions) . . . . .
- 27. Petroleum Refinery Credit - **carry forward use only** (Enclose Schedule K-73; See instructions) . . . . .
- 28. Single City Port Authority Credit (Enclose Schedule K-76; See instructions) . . . . .
- 29. Qualifying Pipeline Credit - **carry forward use only** (Enclose Schedule K-77; See instructions) . . . . .
- 30. BioMass-to-Energy Credit - **carry forward use only** (Enclose Schedule K-79; See instructions) . . . . .
- 31. Environmental Compliance Credit (Enclose Schedule K-81; See instructions) . . . . .
- 32. Storage and Blending Equipment Credit - **carry forward use only** (Enclose Schedule K-82; See instructions) . . . . .
- 33. Electric Cogeneration Facility Credit - **carry forward use only** (Enclose Schedule K-83; See instructions) . . . . .
- 34. Community College and Technical College Contribution Credit (Enclose Schedule K-84; See instructions) . . . . .
- 35. Commercial Restoration and Preservation Credit (Enclose Schedule K-92; See instructions) . . . . .
- 36. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions) . . . . .
- 37. **Total nonrefundable credits (Add lines 1 - 36. Enter total here and on line 32, page 2)** . . . . .

**REFUNDABLE CREDITS**

- 38. Powerful Economic Expansion Credit (Enclose Schedule K-28; See instructions) . . . . .
- 39. Telecommunications Credit (Enclose Schedule K-36; See instructions) . . . . .
- 40. Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions) . . . . .
- 41. Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions) . . . . .
- 42. Community Service Contribution Credit (Enclose Schedule K-60; See instructions) . . . . .
- 43. Individual Development Account Credit (Enclose Schedule K-68; See instructions) . . . . .
- 44. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions) . . . . .
- 45. **Total refundable credits (Add lines 38 - 44. Enter total here and on line 37, page 2)** . . . . .



**PART II**

**ADDITIONAL INFORMATION**

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

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

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

Date	Amount	Date	Amount
CREDIT	519.		

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

Revenue Agent's Report  Net Operating Loss  
 Amended Return Years ended: \_\_\_\_\_

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

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

**PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS**

(Enclose a separate sheet for additional corporations)

Name of Corporation	Employer ID Number

**PART IV SCHEDULE OF TAXES**

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

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

<u>SEE STATEMENT 1</u>	<u>11,300.</u>
2. Total (Enter on line 3, page 1)	<u>11,300.</u>
3. Total other taxes	
4. Total taxes (Must equal line 17 of the federal return)	<u>11,300.</u>

**PART V SCHEDULE OF INTEREST INCOME**

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

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

2. Total (Enter on line 9, page 1)	
3. Total other interest income	<u>1,507,050.</u>
4. Total interest income (Must equal line 5 of the federal return)	<u>1,507,050.</u>

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

For the taxable year beginning 01012023 , ending 12312023

Name as shown on Form K-120: **GREAT RIVERS COMMUNITY CAPITAL** Employer Identification Number (EIN): **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 . . . . .	18,455.	1,507,050.	
Rents . . . . .	NONE	87,943.	
Royalties . . . . .			
Gains/losses from intangible asset sales . . . . .			
Gross proceeds from tangible asset sales . . . . .			
Other income (Enclose schedule) . . . . .	1,839.	2,967,080.	
TOTAL SALES (Enter on line 20C, page 1) . . . . .	20,294.	4,562,073.	C 0.4448 %

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula) . . . . .	D(1)	0.4448 %
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	0.4448 %



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)

Table with 2 columns: Name as shown on Form K-120 (GREAT RIVERS COMMUNITY CAPITAL) and Employer Identification Number (EIN) (431862691)

CURRENT AND PRIOR YEAR INFORMATION

Table with 2 columns: Description (1-3) and Value (1, 2, 3 NONE)

PART I - EXCEPTIONS TO THE PENALTY

- 4. Enter in Columns (1) through (4) the installment due dates...
5. Cumulative timely paid estimated tax payments...
6. Exception 1 - Cumulative amount from either line 2 or line 3...
7. Exception 2 - Tax on annualized 2023 income

Table with 5 columns: (1), (2), (3), (4) and rows 4-7

PART II - FIGURING THE PENALTY

- 8. Amount of underpayment. Enter the sum of line 6 less line 5...
9. Due date of each installment
10. Number of days from the due date of the installment...
11. For calendar years enter the number of days from 1/1/24...
12. Line 10 X (6% X amount on line 8)
13. Line 11 X (8% X amount on line 8)
14. Penalty (Add lines 12 and 13)
15. Total penalty. Add amounts in each column of line 14...

Table with 5 columns and rows 8-15



KANSAS FORM K-120, PAGE 4 DETAIL

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

STATE AND LOCAL INCOME TAXES

11,300.

TOTAL

-----  
11,300.  
=====

KANSAS FORM K-120AS, PAGE 1 DETAIL

PART VI - OTHER INCOME

	KANSAS	TOTAL
OTHER RECEIPTS	1,839.	2,967,080.
TOTAL	1,839.	2,967,080.

KANSAS FORM K-120AS, PAGE 2 DETAIL

=====

PART VII - QUESTION 2A

-----

CA  
MO  
RI  
MI  
LA

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

For calendar year 2022, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**2023**

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	4,562,073.
2	Taxable income (Form 1120, line 30)	2	249,622.
3	Total tax (Form 1120, line 31)	3	52,421.
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	34,601.

**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 2023 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 MAZARS, 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 2023 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2023 electronically filed income tax return.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 10/15/2024 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 2023 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 ▶ 10/05/2024

**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

Mark box if:

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

LA Corporation Income Tax Return for 2023	LA Corporation Franchise Tax Return for 2024
<b>Mark box if:</b>	
Calendar Year filer	<input checked="" type="checkbox"/>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Ended Begun	Ended Begun

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.

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 (do not abbreviate)		

A.	Federal Employer Identification Number	431862691
B.	Total business interest expense	395883
C.	Total business interest expense deduction	395883
D.	Income tax apportionment percentage	NONE
E.	Gross revenues	0
F.	Total assets	26578157
G.	NAICS code	624100
H.	Enter the state abbreviation for location of the principal place of business.	MO
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	3277032
5B.	Franchise tax apportionment percentage	NONE
5C.	Franchise taxable base	0
6.	Amount of assessed value of real and personal property in Louisiana in 2023	0
7.	Louisiana franchise tax	0
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	0
9.	Franchise tax after priority 1 credits	0

**IMPORTANT!**

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

**FOR OFFICE USE ONLY**

Field Flag

DEV ID 2395

22441



Net Amount Due								
		Col. 1 - Income tax	Col. 2 - Franchise tax		Col. 3 - Total			
10. Tax liability after priority 1 credits	10.	0	10.	0				
11. Refundable credits from Schedule RC-P2	11.	0	11.	0				
12. Tax liability after priority 2 credits	12.	0	12.	0				
13. Overpayment after priority 2 credits	13.	0	13.	0				
14. Nonrefundable credits from Schedule NRC-P3	14.	0	14.	0				
15. Tax liability after priority 3 credits	15.	0	15.	0				
16A. Overpayment after priority 2 credits	16A.	0	16A.	0				
16B. Refundable credits from Schedule RC-P4	16B.	0	16B.	0				
16C. Credit carryforward from prior year return	16C.	0	16C.	0				
16D. Estimated payments	16D.	0						
16E. Amount of extension payment	16E.	0	16E.	0				
16F. Total refundable credits and payments	16F.	0	16F.	0				
17. Overpayment	17.	0	17.	0			17. 0	
18. Tax due	18.	0	18.	0				
19. Amount of Income tax overpayment applied to franchise tax	19.		19.	0				
20. Net Tax due	20.		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.**



Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment	26.	0	0
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			0
28. Amount of overpayment to be credited to 2024 income tax			0
29. Amount of overpayment to be credited to 2025 franchise tax			0
30. Amount of overpayment to be refunded			0

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

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

Signature of Officer		Title of Officer COO	
Print Name of Officer SHERI FLANIGAN-VAZQUE		Telephone 314-533-2411	Date (mm/dd/yyyy) 10/15/2024

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name TROY A LINDSEY		Preparer's Signature TROY A LINDSEY		Date (mm/dd/yyyy) 10/15/2024		Check <input type="checkbox"/> if Self-employed	
	Firm's Name ▶ FORVIS MAZARS, LLP		Firm's FEIN ▶ 44-0160260		Firm's Address ▶ 211 N. BROADWAY, SUITE 600 ST. LOUI		Telephone ▶ 314-231-5544	

**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.**

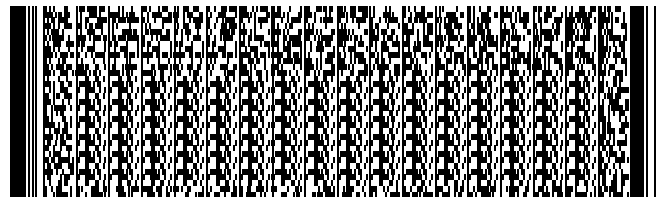
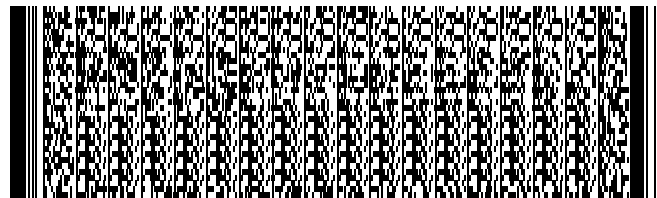
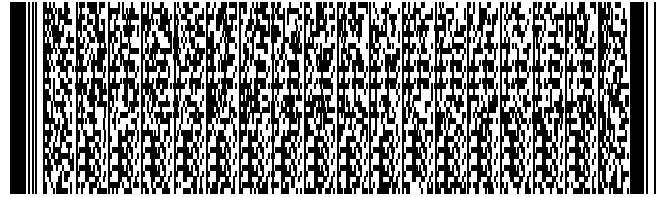
PTIN, FEIN, or LDR Account  
 Number of Paid Preparer

P01041237

For Office  
 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.**

**22444**





Schedule NRC-P1 - Nonrefundable Priority 1 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			
6.			
7. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 6. Enter here and on CIFT-620, Line 3.		0	
8. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 6. Enter here and on CIFT-620, Line 8.			0

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

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



**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
Tax Equalization	305
Manufacturing Establishments	310
Other	399
Refunds by Utilities	412

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

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

Description	Code	Description	Code	Description	Code
Motion Picture Investment	251	Capital Company	257	Motion Picture Infrastructure	261
Research and Development	252	LCDFI Credit	258	Angel Investor	262
Historic Structures	253	New Markets	259	Other	299



Schedule RC-P2 - Part I - Refundable Priority 2 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
1.			
2.			
3.			
4.			
5.			

Schedule RC-P2 - Part II - Transferable, Refundable Priority 2 Tax Credits			
Description	Code	Corporation Income Tax (A)	Corporation Franchise Tax (B)
6. Musical and Theatrical Production	6 2 F		
6A.			
7. Musical and Theatrical Production	6 2 F		
7A.			
8. Musical and Theatrical Production	6 2 F		
8A.			
9. <b>Total Income Tax Credits:</b> Add credit amounts in Column A, Lines 1 through 8. Enter the result here and on CIFT-620, Line 11, Col. 1.		0	
10. <b>Total Franchise Tax Credits:</b> Add credit amounts in Column B, Lines 1 through 5. Enter the result here and on CIFT-620, Line 11, Col. 2.			0

Description	Code
Ad Valorem Offshore Vessels	52F
Telephone Company Property	54F
Prison Industry Enhancement	55F
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





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



**Schedule D - Computation of Louisiana Net Income**

See instructions if separate accounting method is used and check box.

	Totals			Totals	
1A. Gross receipts	0	.00	23. Energy efficient commercial buildings deduction	0	.00
1B. Less returns and allowances	0	.00	24. Other deductions - Attach schedule.	790178	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	25. <b>Total deductions - Add Lines 10 through 24.</b>	4312451	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	26. <b>Net income from all sources - Subtract Line 25 from Line 9.</b>	4334375	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	27. Allocable income from all sources:		
4. Gross rents	87943	.00	27A. Net rents and royalties from immovable or corporeal movable property	87943	.00
5. Gross royalties	0	.00	27B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	27C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	27D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	2967080	.00	27E. Other allocable income	4486414	.00
9. <b>Total income - Add Lines 3 through 8.</b>	3055023	.00	27F. Allocable expenses	( 0)	.00
10. Compensation of officers	0	.00	27G. Net allocable income from all sources	4574357	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	28. Net income subject to apportionment - Subtract Line 27G from Line 26.	-239982	.00
12. Repairs	118475	.00	29. Net income apportioned to Louisiana	0	.00
13. Bad debts	2958201	.00	30. Allocable income from Louisiana sources:		
14. Rent	0	.00	30A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	11300	.00	30B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	395883	.00	30C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	10000	.00	30D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	28414	.00	30E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	30F. Allocable expenses	( 0)	.00
20. Advertising	0	.00	30G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	31. Louisiana net income before loss adjustments - Add Line 29 and Line 30G.	0	.00
22. Other employee benefit plans	0	.00			



<b>Schedule E - Reconciliation of Income Per Books with Income Per Return</b>			
1. Net income per books	-859314	6. Total - Add Lines 1 through 5c.	271687
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	0
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule STMT 3	1919396	a. Depreciation	10765
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule STMT 3	11300
b. Depletion	0	9. Total - Add Lines 7 through 8c.	22065
c. Other - Attach schedule. STMT 3	-788395	10. Net income from all sources per return - Subtract Line 9 from Line 6.	249622

<b>Schedule G - Liabilities and Capital from Balance Sheet</b>		
<b>Liabilities and Capital</b>	<b>1. Beginning of year</b>	<b>2. End of year</b>
1. Accounts payable	137823	0
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	91245	768307
3. Other current liabilities - Attach schedule. STMT 4	2241	0
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	1439779	2506905
7. Other liabilities - Attach schedule. STMT 4	19446215	20025913
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	3454786	2595472
12. Excessive reserves or undervalued assets	0	0
<b>13. Totals - Add Lines 1 through 12.</b>	<b>25253649</b>	<b>26578157</b>



22453

All applicable schedules must be completed.

<b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b> See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	249622
a. Federal disallowed business interest expense (see instructions)	0
<b>2. Additions to federal net income:</b>	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit 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
<b>3. Subtractions from federal net income:</b>	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	1507050
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.	1507050
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	-1257428



22454



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

<b>Schedule G-1 Computation of Franchise Tax Base</b>	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	681560
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	681560
3. Surplus and undivided profits	2595472
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	3277032
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
<b>Total Franchise Taxable Base</b>	
12. Capital Stock: Common Stock	10000
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	671560
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	2595472
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
<b>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.</b>	<b>3277032</b>

**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.



22455

<b>Schedule H - Computation of Corporate Franchise Tax Property Ratio</b>		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	2165366	0
2. Notes and accounts receivable	580667	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 <b>STMT 5</b>	1198511	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule <b>STMT 5</b>	22275670	0
9. Accumulated depreciation	( 0 )	( 0 )
10. Total intangible assets - Add Lines 1-9	26220214	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	529718	0
13. Accumulated depreciation	( 171775 )	( 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	357943	0
20. Total Assets - Add Lines 10 and 19	26578157	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		0 %



<b>Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage</b>				
<b>Description of items used as ratios</b>	<b>1. Total amount</b>	<b>2. Louisiana amount</b>	<b>3. Percent</b>	
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	4562073	0		
D. Total - If the ratio is not used, check the box. <input type="checkbox"/>	4562073	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 checked="" 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 %	



<b>Schedule J - Calculation of Income Tax</b>			
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	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> 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 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

<b>Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax</b>			
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	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income	0	x 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

<b>Schedule K - Summary of Estimated Tax Payments</b>				
	Check number	Date	Income Tax Amount	Franchise Tax Amount
1. Credit from prior year return			0	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



<b>Schedule L - Calculation of Franchise Tax</b>	
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

<b>Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books</b>			
1. Balance at beginning of year	3454786	b. Stock	0
2. Net income per books	-859314	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	2595472	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.	2595472

<b>Schedule N - Additional Information Required</b>	
<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>



LOUISIANA FORM 620, PAGE 8 DETAIL

=====

SCHEDULE A QUESTION 2

-----

NAME	JUSTINE PETERSEN
EIN/SSN	431769074
PERCENTAGE OWNED	100.00
ADDRESS	1023 N. GRAND BLVD
CITY	SAINT LOUIS
ST, ZIP	MO 63106

LOUISIANA FORM 620, PAGE 10 DETAIL

SCH D, LINE 8 - OTHER INCOME

LOAN FEES	1,047,684.
GRANTS	1,919,396.
TOTAL	2,967,080.

SCH D, LINE 15 - TAXES

STATE AND LOCAL INCOME TAXES	11,300.
TOTAL TAXES DEDUCTED ON THE FEDERAL RETURN	11,300.
TOTAL	11,300.

SCH D, LINE 24 - OTHER DEDUCTIONS

PROFESSIONAL FEES	189,437.
INSURANCE	5,591.
SUPPLIES	64,940.
MISCELLANEOUS EXPENSES	44,017.
ADMIN EXPENSES	485,574.
PROGRAM EXPENSE	619.
TOTAL	790,178.

LOUISIANA FORM 620, PAGE 11 DETAIL

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

TAXABLE GRANTS	1,919,396.
	-----
TOTAL	1,919,396.
	=====

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

STATE TAXES	12,614.
FEDERAL INCOME TAX	-167,898.
CHANGE IN DOUBTFUL ACCOUNTS	-749,243.
PREPAID INSURANCE	8,857.
IMPAIRMENT LOSS	107,275.
	-----
TOTAL	-788,395.
	=====

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

STATE TAXES	11,300.
	-----
TOTAL	11,300.
	=====



LOUISIANA FORM 620, PAGE 11 DETAIL - SCH G

=====

	BEGINNING	ENDING
LINE 3 - OTHER CURRENT LIABILITIES	-----	-----
INCOME TAXES PAYABLE	2,241.	NONE
TOTAL	2241	NONE
	=====	=====

LINE 7 - OTHER LIABILITIES	-----	-----
DUE TO AFFILIATES	18,882,515.	19,682,113.
DEFERRED TAXES	563,700.	343,800.
TOTAL	19,446,215.	20,025,913.
	=====	=====

LOUISIANA FORM 620, PAGE 14 DETAIL-SCH H

	ENDING
LINE 6 - OTHER INVESTMENTS EVERYWHERE	-----
INVESTMENT IN REAL ESTATE	1,178,511.
OTHER INVESTMENTS	20,000.
TOTAL	----- 1,198,511. =====

LINE 8 - OTHER INTG. ASSETS EVERYWHERE	
PREPAID EXPENSES AND OTHER	66,564.
OTHER RECEIVABLES	26,289.
NOTE RECEIVABLE	22,177,555.
DUE FROM AFFILIATES	5,262.
TOTAL	----- 22,275,670. =====

# 2023 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

1. Return is for calendar year 2023 or for tax year beginning:		MM-DD-YYYY	and ending:		MM-DD-YYYY
2. Taxpayer Name (print or type) <b>GREAT RIVERS COMMUNITY CAPITAL</b>			3. Federal Employer Identification Number (FEIN) <b>43-1862691</b>		
4. Street Address <b>1023 N. GRAND BLVD</b>					
City <b>SAINT LOUIS</b>		State <b>MO</b>	ZIP/Postal Code <b>63106</b>	Country Code	
5. NAICS (North American Industry Classification System) Code <b>624100</b>		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.	1,442	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.	1,442	00
d. Total sales of the corporation/UBG . . . . .	9d.	4,562,073	00
e. Proportionate total sales from unitary FTEs (include Form 4900) . . . . .	9e.		00
f. Total sales. Add lines 9d and 9e . . . . .	9f.	4,562,073	00
g. Apportionment percentage. Divide line 9c by line 9f . . . . .	9g.	0.0316	%

10. a. Gross receipts from corporate activities (see instructions). . . . .	10a.	4,562,073	00
10. b. Apportioned gross receipts from FTEs . . . . .	10b.		00

11. <b>REQUIRED:</b> Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b . . . . .	11.	1,442	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.	249,622	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.	249,622	00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero . . . . .	16.		00
17. <b>Business Income.</b> Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative . . . . .	17.	249,622	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.	11,300	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.	11,300	00
25. <b>Corporate Income Tax Base After Additions.</b> Add lines 17 and 24. If negative, enter as negative. . . . .	25.	260,922	00

**PART 1: CORPORATE INCOME TAX (Continued)**

**Subtractions from Business Income**

26. Income from non-unitary FTEs (Enter loss as negative; include Form 4898; see instructions) . . . . .	26.		00
27. Dividends and royalties received from persons other than U.S. persons and foreign operating entities . . . . .	27.		00
28. Interest income derived from United States obligations . . . . .	28.		00
29. Income from the production of oil and gas, and/or minerals (see instructions). . . . .	29.		00
30. Miscellaneous (see instructions). . . . .	30.		00
31. Total Subtractions from Income. Add lines 26 through 30 . . . . .	31.		00
32. <b>Corporate Income Tax Base.</b> Subtract line 31 from line 25. If negative, enter as negative . . . . .	32.	260,922	00
33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g. . . . .	33.	82	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.	82	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.	82	00
38. <b>Corporate Income Tax Before Credit.</b> Multiply line 37 by 6% (0.06). If less than zero, enter zero . . . . .	38.		500

**PART 2: TOTAL CORPORATE INCOME TAX**

39. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies . . . . .	39.		00
40. <b>Tax Liability after SBAC.</b> Subtract line 39 from line 38. . . . .	40.		00
41. <b>Tax Liability after CIT Historic Preservation Credit</b> 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 or Flow-Through Entity credit (see instructions) . . . . .	47.		00
48. Payment total. Add lines 44 through 47 . . . . .	48.		00
49. <b>TAX DUE.</b> 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. <b>PAYMENT DUE.</b> 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. <b>CREDIT FORWARD.</b> Amount on line 54 to be credited forward and used as an estimate for next CIT tax year . . . . .	55.		00
56. <b>REFUND.</b> Subtract line 55 from line 54 . . . . .	56.		00

<b>Taxpayer Certification.</b> I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		<b>Preparer Certification.</b> I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P01041237	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) FORVIS MAZARS, LLP	
Authorized Signer's Name (print or type) SHERI FLANIGAN-VAZQUE	Date 10-15-2024	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**  
2024 Declaration Of Estimated Tax for  
Corporation Income Tax (Form MO-1120ES)



24119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 24

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

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

04 15 24

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.

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

<b>Department Use Only</b>		

(Revised 12-2023)

023 000000 062 99999999 24 00000N0NE00

MISSOURI DEPARTMENT OF  
**REVENUE**  
2024 Declaration Of Estimated Tax for  
Corporation Income Tax (Form MO-1120ES)



Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 24

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

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

06 17 24

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.

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

<b>Department Use Only</b>			

(Revised 12-2023)

023 000000 062 99999999 24 00000N0NE00

MISSOURI DEPARTMENT OF  
**REVENUE**  
2024 Declaration Of Estimated Tax for  
Corporation Income Tax (Form MO-1120ES)



24119011062

Missouri Tax I.D. Number

99999999

Taxable Year Ending (MM/DD/YY)

12 31 24

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

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

09 16 24

Amount of this installment

(U.S. funds only) . . . . . \$ 1,500 . 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 12-2023)

023 000000 062 99999999 24 00000150000 3

MISSOURI DEPARTMENT OF  
**REVENUE**  
2024 Declaration Of Estimated Tax for  
Corporation Income Tax (Form MO-1120ES)



24119011062

Missouri Tax I.D. Number

999999999

Taxable Year Ending (MM/DD/YY)

12 31 24

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

Federal Employer I.D. Number

431862691

Due Date (MM/DD/YY)

12 16 24

Amount of this installment

(U.S. funds only) . . . . . \$ 61 . 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 12-2023)

023 000000 062 99999999 24 00000006100 7



MISSOURI DEPARTMENT OF REVENUE 2023 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number 99999999

Missouri Corporation Income Tax Return for 2023 Beginning (MM/DD/YY) 010123 Ending (MM/DD/YY) 123123

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 (Complete Form 4458)

Computation of Income Tax

Table with 13 rows for tax computation. Line 1: 249,622; Line 2: 11,300; Line 4: 11,300; Line 6: 260,922; Line 7: 26,211; Line 8: 234,711; Line 9: 209,024; Line 13: 209,024

**Tax**

14. Corporation income tax - 4% of Line 13 . . . . . 14 8,361 .00

15. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611 (see instructions) . . . . . 15 .00

16. Total tax - Add Lines 14 and 15 . . . . . 16 8,361 .00

**Credits and Payments**

17. Tax credits - Attach **Form MO-TC** . . . . . 17 .00

18. Estimated tax payments - Include approved overpayments applied from previous year . . . . . 18 15,200 .00

19. Payments with **Form MO-7004** . . . . . 19 .00

20. **Amended return only** - Tax paid with (or after) the filing of the original return . . . . . 20 .00

21. Subtotal - Add Lines 17 through 20 . . . . . 21 15,200 .00

22. **Amended return only** - Overpayment, if any, as shown on original return or as later adjusted . . . . . 22 .00

23. Total - Line 21 minus Line 22 . . . . . 23 15,200 .00

24. If Line 23 is more than Line 16, enter overpayment here . . . . . 24 6,839 .00

25. Amount remitted or amount of tax overpayment to be contributed to the funds listed below . . . . . 25 .00

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 Memorial Foundation 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

**Refund or Tax Due**

26. Amount of Line 24 to be applied to your 2024 estimated tax . . . . . 26 6,839 .00

27. **REFUND** - Line 24 minus Lines 25 and 26 . . . . . 27 .00

28. If Line 23 is less than Line 16, enter underpayment here . . . . . 28 .00

29. Enter the total from boxes, A, B, and C below on Line 29 . . . . . 29 .00

A - Interest  .00 B - Additions to Tax  .00 C - MO-2220  .00

30. **AMOUNT DUE** - Add Lines 28 and 29 (U.S. funds only) . . . . . 30 .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 their 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 4**

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 4**

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



Part 1 - Missouri  
Modifications - Additions

1a. State and local bond interest (except Missouri) . . . . .	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. Fiduciary and partnership adjustment - Enter share of adjustment from <b>Form MO-1041</b> , Part 1, Line 19 or <b>Form MO-1065</b> , Line 11. . . . .		<input type="text"/>	<input type="text"/>	.00
3. Net operating loss modification from <b>Form MO-5090</b> (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 loss 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. Disallowed 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



23111031062

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	52,421	.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	26,211	.00
<b>Consolidated federal and separate Missouri returns must complete Lines 4 through 6.</b>			
4. Numerator - Enter the amount of separate company federal taxable income . . . . .	4		.00
5. Denominator -Enter the total positive separate company federal taxable income. . . . .	5		.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 or credit . . . . .	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total net capital loss carryback . . . . .	2						.00
3. Total net operating loss carryback . . . . .	3						.00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations. . . . .	4						.00

Form MO-1120 (Revised 12-2023)

Mail To:

E-mail: [corporate@dor.mo.gov](mailto: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/](http://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



23111041062

MISSOURI DEPARTMENT OF REVENUE

Department Use Only (MM/DD/YY)

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Attachment Sequence No. 1120-01

Form MO-MS

2023 Corporation Allocation and Apportionment of Income Schedule

Taxable Year Beginning (MM/DD/YY) 

0	1
---	---

0	1
---	---

2	3
---	---

 Ending (MM/DD/YY) 

1	2
---	---

3	1
---	---

2	3
---	---

Missouri Tax I.D. Number 

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

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

Federal Employer I.D. Number 

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

Charter Number 

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

Corporation Name GREAT RIVERS COMMUNITY CAPITAL

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

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

Missouri Miles 

--	--	--	--

 ÷ Total Miles 

--	--	--	--

 = Percent 

--	--	--	--

 %

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

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

Part 1

1. Amount of receipts in Missouri . . . . .	4062808	.00
2. Amount of receipts everywhere . . . . .	4562073	.00
3. Receipts Factor - Divide Line 1 by Line 2. . . . .	89	056 %

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

Form MO-MS (Revised 12-2023)

Balance Due: P.O. Box 3365 Jefferson City, MO 65105-3365 3D2813 1.000

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





23110110620101

Federal employer identification number 431862691 RI Secretary of State ID number

For the taxable year from through

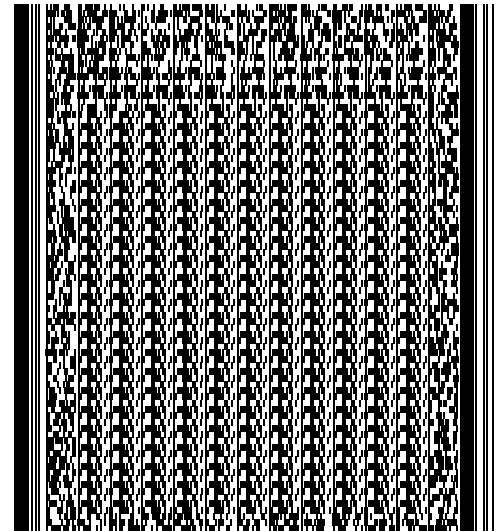
Name GREAT RIVERS COMMUNITY CAPITAL

Address 1 1023 N. GRAND BLVD

Address 2

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

E-mail address NAICS code 624100



Initial Return Short Year Pro-Forma X 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 (A Gross Receipts, B Depreciable Assets, C Total Assets), Code (A, B, C), and Amount (00, 529718 00, 26578157 00)

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 (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), Code (1, 2, 3, 4, 5, 6, 7, 8a, 8b, 9, 10a), Amount (249622 00, 00, 400 00, 250022 00, NONE, NONE 00, 00, 00, 00, 00, NONE 00)

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



23110110620102

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 2023 - Business Credit Schedule, line 19. . . . .	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 2023 declaration of estimated tax . . . . .	16 00
17 a Other payments . . . . .	17a 00
b Rhode Island pass-through withholding. Attach 2023 RI K-1(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 00
b Previously processed overpayments (if filing an amended return). . . . .	18b 00
c NET PAYMENTS. Subtract line 18b from line 18a. . . . .	18c 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 2024. . . . .	23 00
24 Amount of overpayment to be refunded. Subtract line 23 from line 22 . . . . .	24 00



23110110620103

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 <b>TOTAL DEDUCTIONS.</b> Add lines 1a through 1f. Enter here and on RI-1120C, page 1, Schedule A, line 2 . . . . .	1g	00

**Schedule C - Additions to Federal Taxable Income**

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

**Schedule D - Pass-through Withholding**

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





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)

Table with 5 columns: year that ended (2023, 2022, 2021, 2020, 2019) and corresponding taxable income values.



23110110620105

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 . . . . .			
Rhode Island Sales . . . . .	00		00
Sales Under 44-11-14(a)(2)(i)(B) . . . . .	00		
b Dividends . . . . .	00		00
c Interest . . . . .	00		00
d Rents . . . . .	00		00
e Royalties . . . . .	00		00
f Capital gains . . . . .	00		00
g Ordinary income . . . . .	00		00
h Other income . . . . .	00		00
i Income exempt from federal taxation . . . . .	00		00
j Total. Add lines 1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h and 1i . . . . .	NONE 00		4562073 00
2 Ratio in Rhode Island, line 1j, Column A divided by line 1j, Column B. Calculate to six (6) decimal places. Enter here and on page 1, Schedule A, line 5 . . . . .	2		NONE

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

Authorized officer signature	Print name	Date	Telephone number
	SHERI FLANIGAN-VAZQUE	10/15/2024	636-225-2900
Paid preparer signature	Print name	Date	Telephone number
TROY A LINDSEY	TROY A LINDSEY	10/15/2024	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**

2023

TAXABLE YEAR BEGINNING 01/01/2023 AND ENDING 12/31/2023

FOR OFFICE USE ONLY

TYPE OF RETURN: DAYTIME TELEPHONE #: 636-225-2900

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

FEIN OR SSN #: 43-1862691

PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

E-MAIL: \_\_\_\_\_

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

- Check applicable boxes: (1)  Due month change  
 (2)  Amended return (3)  Change in address  
 (4)  Account terminated (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.	4,562,073.	
6. Business Expenses (use Section A-1 on the reverse side)	6.	4,291,151.	
7. Net Profit or Loss (subtract line 6 from line 5)	7.	270,922.	

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

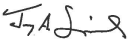
8. (a) Allocation percent (line 2)	8a.	67.582386	%
(b) Net Profit by allocation (line 7 multiplied by line 8a)	8b.	183,096.	

**SECTION C - COMPUTATION OF TAX**

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	183,096.	
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	1,831.	
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.	1,831.	
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.	1,486.	
14. Subtotal (line 12 minus line 13)	14.	345.	
15. Penalty _____ % (5% per month, 25% maximum)	15.		
16. Interest _____ % (1% per month)	16.		
17. Amount Due	17.	345.	
18. Amount Overpaid, Refund or <input checked="" type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.		

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

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

10/15/2024 (Date)	 (Signature)	SHERI FLANIGAN-VAZQUE (Typed or Printed Name)	COO (Title)
	44-0160260 (FEIN/SSN of preparer)	211 N. BROADWAY, SUITE 600 ST. LOUIS MO 63102-2733 (Address, City, State, Zip)	
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](mailto:earningstaxcor@stlouis-mo.gov)  
 Telephone: (314) 622-4248  
 Fax: (314) 622-4847

[www.stlouiscollector.com](http://www.stlouiscollector.com)

**SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS**

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	
2. Commissions		9. Repairs	118,475.
3. Depreciation	28,414.	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	4,144,262.
7. Office Expense and Supplies		<b>Total - Enter on line 6, Section A</b>	4,291,151.

**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			
N/A					

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

**SECTION B WORKSHEET - BUSINESS ALLOCATION OF TAXABLE NET PROFIT**

<b>All applicable fields must be completed. Please attach a list of all business locations.</b>	Within & Without St. Louis	Within St. Louis	Percentage Within St. Louis
1. (a) Average Value of Real and Tangible Personal Property, including inventory.	1,739,401.	1,014,449.	58.321744
(b) Gross Receipts	4,562,073.	3,505,635.	76.843027
(c) Wages & Salaries (except Officers)			
		<b>Total Percentage %</b>	135.164771
2. <b>ALLOCATION PERCENTAGE:</b> Total of Percentages divided by number of factors used _____	67.582386	%. 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) 1,831. 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	1,507,050.
GROSS RENT	87,943.
OTHER INCOME	2,967,080.
	-----
TOTAL	4,562,073.
	=====

ST. LOUIS E-234, PAGE 2 DETAIL

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SECTION A-1, LINE 13 - OTHER DEDUCTIONS

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INTEREST	395,883.
BAD DEBTS	2,958,201.
PROFESSIONAL FEES	189,437.
INSURANCE	5,591.
SUPPLIES	64,940.
MISCELLANEOUS EXPENSES	44,017.
ADMIN EXPENSES	485,574.
PROGRAM EXPENSE	619.

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TOTAL 4,144,262.

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