

GREAT RIVERS COMMUNITY CAPITAL
FORM 1120
TAX YEAR 2024

Comparison Schedule of 2024 to 2023 (Form 1120, Page 1)

Name as shown on return		Employer Identification Number	
GREAT RIVERS COMMUNITY CAPITAL		43-1862691	
Description	2024	2023	Difference
Income			
Gross receipts or sales			
Less returns and allowances			
Net receipts or sales			
Cost of goods sold			
Gross profit			
Dividends			
Interest	1,591,154.	1,507,050.	84,104.
Gross rents	83,587.	87,943.	-4,356.
Gross royalties			
Capital gain net income			
Net gain or (loss) from Form 4797			
Other income	1,273,462.	2,967,080.	-1,693,618.
Total income	2,948,203.	4,562,073.	-1,613,870.
Deductions			
Compensation of officers			
Salaries and wages			
Repairs and maintenance	214,107.	118,475.	95,632.
Bad debts	1,581,962.	2,958,201.	-1,376,239.
Rents			
Taxes and licenses	21,941.	11,300.	10,641.
Interest	343,969.	395,883.	-51,914.
Charitable contributions		10,000.	-10,000.
Depreciation	33,304.	28,414.	4,890.
Depletion			
Advertising			
Pension, profit-sharing, etc. plans			
Employee benefit programs			
Domestic Production activities deduction			
Other deductions	222,678.	790,178.	-567,500.
Total deductions	2,417,961.	4,312,451.	-1,894,490.
Taxable income before net operating loss deduction and special deductions	530,242.	249,622.	280,620.
Less: a Net operating loss (NOL) deduction			
b Special deductions			
Tax, Refundable Credits, and Payments			
Taxable income	530,242.	249,622.	280,620.
Total tax	111,351.	52,421.	58,930.
Total Payments and Credits	146,601.	87,022.	59,579.
Estimated tax penalty	515.		515.
Amount owed			
Overpayment	34,735.	34,601.	134.
Overpayment credited to next year's estimated tax	34,735.	34,601.	134.
Overpayment refunded			

CARRYOVERS TO NEXT YEAR
=====

SEC. 1231 LOSSES	31,472.
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A Check if:

1a Consolidated return (attach Form 851) ☐

b Life/nonlife consolidated return ☐

2 Personal holding co. (attach Sch. PH) ☐

3 Personal service corp. (see instructions) ☐

4 Schedule M-3 attached ☒

TYPE OR PRINT

Name
GREAT RIVERS COMMUNITY CAPITAL
Number, street, and room or suite no. If a P.O. box, see instructions.
1023 N. GRAND BLVD
City or town, state or province, country, and ZIP or foreign postal code
SAINT LOUIS, MO 63106

B Employer identification number
43-1862691

C Date incorporated
04/22/1999

D Total assets (see instructions)
\$ 22,998,672.

E Check if:

(1) Initial return

(2) Final return

(3) Name change

(4) Address change

Income	1 a	Gross receipts or sales.	1 a		
	b	Returns and allowances.	1 b		
	c	Balance. Subtract line 1b from line 1a.	1 c		
	2	Cost of goods sold (attach Form 1125-A).	2		
	3	Gross profit. Subtract line 2 from line 1c.	3		
	4	Dividends and inclusions (Schedule C, line 23).	4		
	5	Interest.	5		1,591,154.
	6	Gross rents.	6		83,587.
	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		
Deductions (See instructions for limitations on deductions.)	10	Other income (see instructions - attach statement).	10	SEE. STATEMENT. 1.	1,273,462.
	11	Total income. Add lines 3 through 10.	11		2,948,203.
	12	Compensation of officers (see instructions - attach Form 1125-E).	12		
	13	Salaries and wages (less employment credits).	13		
	14	Repairs and maintenance.	14		214,107.
	15	Bad debts.	15		1,581,962.
	16	Rents.	16		
	17	Taxes and licenses.	17	SEE. STATEMENT. 2.	21,941.
	18	Interest (see instructions).	18		343,969.
	19	Charitable contributions.	19		
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562).	20		33,304.
Tax, Refundable Credits, and Payments	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. 3.	222,678.
	27	Total deductions. Add lines 12 through 26.	27		2,417,961.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		530,242.
	29a	Net operating loss deduction (see instructions).	29a		
	b	Special deductions (Schedule C, line 24).	29b		
	c	Add lines 29a and 29b.	29c		
	30	Taxable income. Subtract line 29c from line 28. See instructions.	30		530,242.
	31	Total tax (Schedule J, line 12).	31		111,351.
	32	Reserved for future use.	32		
	33	Total payments and credits (Schedule J, line 23).	33		146,601.
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached. <input checked="" type="checkbox"/>	34		515.
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed.	35		
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid.	36		34,735.
	37	Enter amount from line 36 you want: Credited to 2025 estimated tax 34,735. Refunded	37		

Sign Here

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

Signature of officer SHERI FLANIGAN-VAZQUEZ Date
COO Title
May the IRS discuss this return with the preparer shown below?
See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name
TROY A LINDSEY

Preparer's signature
TROY A LINDSEY

Date
08/28/2025

Check ☐ if self-employed PTIN
P01041237

Firm's name
FORVIS MAZARS, LLP

Firm's EIN
44-0160260

Firm's address
211 N. BROADWAY, SUITE 600
ST. LOUIS, MO 63102-2733

Phone no.
314-231-5544

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

Schedule J Tax Computation and Payment (see instructions)

1a Income tax (see instructions)	1a	111,351.		
b Tax from Form 1120-L (see instructions)	1b			
c Section 1291 tax from Form 8621	1c			
d Tax adjustment from Form 8978	1d			
e Additional tax under section 197(f)	1e			
f Base erosion minimum tax from Form 8991	1f			
g Amount from Form 4255, Part I, line 3, column (q)	1g			
z Other chapter 1 tax	1z			
2 Total income tax. Add lines 1a through 1z.	2		111,351.	
3 Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)	3			
4 Add lines 2 and 3	4		111,351.	
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			
f Adjustment from Form 8978	5f			
6 Total credits. Add lines 5a through 5f	6			
7 Subtract line 6 from line 4	7		111,351.	
8 Personal holding company tax (attach Schedule PH (Form 1120))	8			
9a Amount from Form 4255, Part I, line 3, column (r)	9a			
b Recapture of low-income housing credit (attach Form 8611)	9b			
c Completed long-term contract look-back interest due (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 Total. Add lines 9a through 9z	10			
11a Total tax before deferred taxes. Add lines 7, 8, and 10	11a	111,351.		
b Deferred tax on the corporation's share of undistributed earnings of a qualified electing fund	11b			
c Deferred LIFO recapture tax (section 1363(d))	11c			
12 Total tax. Subtract the sum of lines 11b and 11c from 11a. Enter here and on page 1, line 31	12		111,351.	
13 Preceding year's overpayment credited to the current year	13		34,601.	
14 Current year's estimated tax payments	14			
15 Current year's refund applied for on Form 4466	15	()
16 Reserved for future use	16			
17 Tax deposited with Form 7004	17		112,000.	
18 Withholding (see instructions)	18			
19 Total payments. Combine lines 13 through 18	19		146,601.	
20 Refundable credits from:				
a Form 2439.	20a			
b Form 4136.	20b			
c Credit for tax withheld under Chapter 3 or 4 from Form 1042-S, Form 8805, or Form 8288 (attach the applicable form)	20c			
z Other (attach statement - see instructions)	20z			
21 Total credits. Add lines 20a through 20z	21			
22 Elective payment election amount from Form 3800	22			
23 Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23		146,601.	

Form **1120** (2024)

Schedule K Other Information (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <u>624100</u>		
b	Business activity <u>INDIV & FAMILY SERVI</u>		
c	Product or service <u>COMMUNITY DEVELOPMENT</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation <u>JUSTINE PETERSEN HOUSING</u> <u>43-1769074</u>	X	
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)	X	
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
			(iv) Percentage Owned in Voting Stock
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Country of Organization
			(iv) Maximum Percentage Owned in Profit, Loss, or Capital
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during 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? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____		X
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during this tax year \$ <u>NONE</u>		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) <u>1</u>		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) . . . <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ _____		

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

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).)		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions.		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ _____		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote _____ By Value _____		
27 At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X
28 Is the corporation a member of a controlled group?		X
If "Yes," attach Schedule O (Form 1120). See instructions.		
29 Corporate Alternative Minimum Tax:		
a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year?		X
If "Yes," go to question 29b. If "No," skip to question 29c.		
b Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year?		X
If "Yes," complete and attach Form 4626. If "No," continue to question 29c.		
c Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions	X	
If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.		
30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)?		X
b Under the applicable foreign corporation rules?		X
c Under the covered surrogate foreign corporation rules?		X
If "Yes" to either 30a, 30b, or 30c, complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
31 Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more?		X
If "Yes," attach a statement. See instructions.		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		2,165,366.		936,504.
2a	Trade notes and accounts receivable . .	580,667.		809,572.	
b	Less allowance for bad debts	()	580,667.	()	809,572.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions) .				
6	Other current assets (attach statement) .	STMT 4	92,853.		33,505.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) .	STMT 4	1,198,511.		2,395,288.
10a	Buildings and other depreciable assets . .	529,718.		529,718.	
b	Less accumulated depreciation	(171,775.)	357,943.	(189,424.)	340,294.
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 4	22,182,817.		18,483,509.
15	Total assets		26,578,157.		22,998,672.
Liabilities and Shareholders' Equity					
16	Accounts payable		NONE		99,242.
17	Mortgages, notes, bonds payable in less than 1 year		768,307.		NONE
18	Other current liabilities (attach statement) .	STMT 4	NONE		91,243.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		2,506,905.		2,506,905.
21	Other liabilities (attach statement)	STMT 4	20,025,913.		17,042,438.
22	Capital stock: a Preferred stock				
b	Common stock	10,000.	10,000.	10,000.	10,000.
23	Additional paid-in capital		671,560.		671,560.
24	Retained earnings - Appropriated (attach statement)				
25	Retained earnings - Unappropriated		2,595,472.		2,577,284.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity .		26,578,157.		22,998,672.

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

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____	
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions . \$ _____ c Travel and entertainment . \$ _____		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	2,595,472.	5	Distributions: a Cash	
2	Net income (loss) per books	-18,188.	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	2,577,284.	8	Balance at end of year (line 4 less line 7)	2,577,284.

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

OMB No. 1545-0123

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

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

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
JUSTINE PETERSEN HOUSING & REINVESTMENT	43-1769074	TAX-EXEMPT	US	100.000

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

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

**SCHEDULE B
(Form 1120)**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service

Additional Information for Schedule M-3 Filers

► **Attach to Form 1120.**

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

OMB No. 1545-0123

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

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

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

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

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

OMB No. 1545-0123

▶ Attach to Form 1120 or 1120-C.

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

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

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

1 a Did the corporation file SEC Form 10-K for its income statement period ending with or within this tax year?

☐ Yes. Skip lines 1b and 1c and complete lines 2a through 11 with respect to that SEC Form 10-K.

☒ No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the corporation prepare a certified audited non-tax-basis income statement for that period?

☒ Yes. Skip line 1c and complete lines 2a through 11 with respect to that income statement.

☐ No. Go to line 1c.

c Did the corporation prepare a non-tax-basis income statement for that period?

☐ Yes. Complete lines 2a through 11 with respect to that income statement.

☐ No. Skip lines 2a through 3c and enter the corporation's net income (loss) per its books and records on line 4a.

2 a Enter the income statement period: Beginning 01/01/2024 Ending 12/31/2024

b Has the corporation's income statement been restated for the income statement period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

c Has the corporation's income statement been restated for any of the five income statement periods immediately preceding the period on line 2a?

☐ Yes. (If "Yes," attach an explanation and the amount of each item restated.)

☒ No.

3 a Is any of the corporation's voting common stock publicly traded?

☐ Yes.

☒ No. If "No," go to line 4a.

b Enter the symbol of the corporation's primary U.S. publicly traded voting common stock

c Enter the nine-digit CUSIP number of the corporation's primary publicly traded voting common stock

4 a Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1

4a -18,188.

b Indicate accounting standard used for line 4a (see instructions):

(1) ☒ GAAP (2) ☐ IFRS (3) ☐ Statutory (4) ☐ Tax-basis (5) ☐ Other (specify)

5 a Net income from nonincludible foreign entities (attach statement)

5a

b Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)

5b

6 a Net income from nonincludible U.S. entities (attach statement)

6a

b Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)

6b

7 a Net income (loss) of other includible foreign disregarded entities (attach statement)

7a

b Net income (loss) of other includible U.S. disregarded entities (attach statement)

7b

c Net income (loss) of other includible entities (attach statement)

7c

8 Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach statement)

8

9 Adjustment to reconcile income statement period to tax year (attach statement)

9

10 a Intercompany dividend adjustments to reconcile to line 11 (attach statement)

10a

b Other statutory accounting adjustments to reconcile to line 11 (attach statement)

10b

c Other adjustments to reconcile to amount on line 11 (attach statement)

10c

11 Net income (loss) per income statement of includible corporations. Combine lines 4 through 10.

11 -18,188.

Note: Part I, line 11, must equal Part II, line 30, column (a), or Schedule M-1, line 1 (see instructions).

12 Enter the total amount (not just the corporation's share) of the assets and liabilities of all entities included or removed on the following lines.

	Total Assets	Total Liabilities
a Included on Part I, line 4	22,998,672.	19,739,828.
b Removed on Part I, line 5		
c Removed on Part I, line 6		
d Included on Part I, line 7		

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

Schedule M-3 (Form 1120) (Rev. 12-2019)

Name of corporation (common parent, if consolidated return)

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

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

Name of subsidiary (if consolidated return)

Employer identification number

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

Income (Loss) Items (Attach statements for lines 1 through 12)	(a) Income (Loss) per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Income (Loss) per Tax Return
1 Income (loss) from equity method foreign corporations				
2 Gross foreign dividends not previously taxed				
3 Subpart F, QEF, and similar income inclusions				
4 Gross-up for foreign taxes deemed paid . .				
5 Gross foreign distributions previously taxed .				
6 Income (loss) from equity method U.S. corporations				
7 U.S. dividends not eliminated in tax consolidation				
8 Minority interest for includible corporations .				
9 Income (loss) from U.S. partnerships . . .				
10 Income (loss) from foreign partnerships . .				
11 Income (loss) from other pass-through entities				
12 Items relating to reportable transactions . .				
13 Interest income (see instructions)	1,591,154.			1,591,154.
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)	383,223.	331,629.		714,852.
26 Total income (loss) items. Combine lines 1 through 25	1,974,377.	331,629.		2,306,006.
27 Total expense/deduction items (from Part III, line 39)	-2,207,685.	383,368.	-166,567.	-1,990,884.
28 Other items with no differences	215,120.			215,120.
29 a Mixed groups, see instructions. All others, combine lines 26 through 28	-18,188.	714,997.	-166,567.	530,242.
b PC insurance subgroup reconciliation totals				
c Life insurance subgroup reconciliation totals				
30 Reconciliation totals. Combine lines 29a through 29c	-18,188.	714,997.	-166,567.	530,242.

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

Schedule M-3 (Form 1120) (Rev. 12-2019)

Name of corporation (common parent, if consolidated return)

Employer identification number

GREAT RIVERS COMMUNITY CAPITAL

43-1862691

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

Name of subsidiary (if consolidated return)

Employer identification number

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

Expense/Deduction Items	(a) Expense per Income Statement	(b) Temporary Difference	(c) Permanent Difference	(d) Deduction per Tax Return
1 U.S. current income tax expense	111,808.		-111,808.	
2 U.S. deferred income tax expense	-278,400.		278,400.	
3 State and local current income tax expense	22,628.	-687.		21,941.
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)	343,969.			343,969.
9 Stock option expense				
10 Other equity-based compensation				
11 Meals and entertainment				
12 Fines and penalties				
13 Judgments, damages, awards, and similar costs				
14 Parachute payments				
15 Compensation with section 162(m) limitation				
16 Pension and profit-sharing				
17 Other post-retirement benefits				
18 Deferred compensation				
19 Charitable contribution of cash and tangible property				
20 Charitable contribution of intangible property				
21 Charitable contribution limitation/carryforward				
22 Domestic production activities deduction (see instructions)				
23 Current year acquisition or reorganization investment banking fees				
24 Current year acquisition or reorganization legal and accounting fees				
25 Current year acquisition/reorganization other costs				
26 Amortization/impairment of goodwill				
27 Amortization of acquisition, reorganization, and start-up costs				
28 Other amortization or impairment write-offs	22,592.	-22,592.		
29 Reserved				
30 Depletion	17,649.	15,655.		33,304.
31 Depreciation	1,965,847.	-383,885.		1,581,962.
32 Bad debt expense				
33 Corporate owned life insurance premiums				
34 Purchase versus lease (for purchasers and/or lessees)				
35 Research and development costs				
36 Section 118 exclusion (attach statement)				
37 Section 162(r) - FDIC premiums paid by certain large financial institutions (see instructions)				
38 Other expense/deduction items with differences (attach statement)	STMT 6 1,592.	8,141.	-25.	9,708.
39 Total expense/deduction items. Combine lines 1 through 38. Enter here and on Part II, line 27, reporting positive amounts as negative and negative amounts as positive	2,207,685.	-383,368.	166,567.	1,990,884.

Name
GREAT RIVERS COMMUNITY CAPITAL

Employer identification number
43-1862691

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	111,351.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	111,351.
4	Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5.	4	52,421.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3.	5	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.

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9	04/15/2024	06/15/2024	09/15/2024	12/15/2024
10	13,106.	13,105.	13,105.	13,105.
11	34,601.			
12		21,495.	8,390.	
13		21,495.	8,390.	
14				4,715.
15	34,601.	21,495.	8,390.	
16				
17			4,715.	13,105.
18	21,495.	8,390.		

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19		04/15/2025	04/15/2025
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20		212	121
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 8% (0.08)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23		15	
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 8% (0.08)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25		92	16
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 8% (0.08)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27		90	90
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29		15	15
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns **38** \$ 515.

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

Form **2220** (2024)

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return
GREAT RIVERS COMMUNITY CAPITAL

Identifying number
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.

1	Maximum amount (see instructions).	1	
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12.	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	31,482.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	07/01/2024	109,299.	27.5 yrs.	MM	S/L	1,822.
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

Part IV

Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	33,304.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) . . .						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
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 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Supplemental Attachment to Schedule M-3

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

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

OMB No. 1545-0123

Name of common parent

GREAT RIVERS COMMUNITY CAPITAL

Employer identification number

43-1862691

Name of subsidiary

Employer identification number

Part I Cost of Goods Sold

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

For Paperwork Reduction Act Notice, see instructions.

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	1,591,154.			1,591,154.
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.	1,591,154.			1,591,154.

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	343,969.			343,969.
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.	343,969.			343,969.

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

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: 12/31/2024

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	558,610.
GRANTS	714,852.

TOTAL	1,273,462.
	=====

FORM 1120, PAGE 1 DETAIL
=====

LINE 17 - TAXES AND LICENSES

STATE AND LOCAL INCOME TAXES	21,941.

TOTAL	21,941.
	=====

FORM 1120, PAGE 1 DETAIL

LINE 26 - OTHER DEDUCTIONS

PROFESSIONAL FEES	209,403.
INSURANCE	6,357.
SUPPLIES	3,481.
MISCELLANEOUS EXPENSES	3,351.
PROGRAM EXPENSE	86.

TOTAL	222,678.
	=====

FORM 1120, PAGE 6 DETAIL

=====

SCH L, LINE 6 - OTHER CURRENT ASSETS	BEGINNING	ENDING
-----	-----	-----
PREPAID EXPENSES AND OTHER	66,564.	33,505.
OTHER RECEIVABLES	26,289.	NONE
	-----	-----
TOTAL	92,853.	33,505.
	=====	=====

SCH L, LINE 9 - OTHER INVESTMENTS		

INVESTMENT IN REAL ESTATE	1,178,511.	2,375,288.
INVESTMENT IN SITO	20,000.	20,000.
	-----	-----
TOTAL	1,198,511.	2,395,288.
	=====	=====

SCH L, LINE 14 - OTHER ASSETS		

NOTES RECEIVABLE	22,177,555.	17,449,700.
DUE FROM AFFILIATES	5,262.	1,033,809.
	-----	-----
TOTAL	22,182,817.	18,483,509.
	=====	=====

SCH L, LINE 18 - OTHER CURRENT LIABILITIES		

INCOME TAXES PAYABLE	NONE	91,243.
	-----	-----
TOTAL	NONE	91,243.
	=====	=====

SCH L, LINE 21 - OTHER LIABILITIES		

DUE TO AFFILIATES	19,682,113.	16,977,038.
DEFERRED TAXES	343,800.	65,400.
	-----	-----
TOTAL	20,025,913.	17,042,438.
	=====	=====

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)	383,223.	331,629.		714,852.
	-----	-----	-----	-----
TOTAL	383,223.	331,629.		714,852.
	=====	=====	=====	=====

SCHEDULE M-3, PART III DETAIL

=====

LINE 38 - OTHER EXPENSE/DEDUCTION ITEMS WITH DIFFERENCES

DESCRIPTION	EXPENSE PER INCOME STMT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN

PREPAID INSURANCE	-1,784.	8,141.		6,357.
MISCELLANEOUS EXPENSES	3,376.		-25.	3,351.

TOTAL	1,592.	8,141.	-25.	9,708.
=====				

2024

California Corporation
Franchise or Income Tax Return

100

RP

3637018 GREA 43-1862691 24
TYB 01-01-2024 TYE 12-31-2024
GREAT RIVERS COMMUNITY CAPITAL1023 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 ☒ NoIf "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)
☐ Within and outside of CA2. Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☒ No3. 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 ☐ NoC 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 ☒ No2. 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 ☒ No3. 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 ☒ No

(Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.)

State Adjustments	1	Net income (loss) before state adjustments. See instructions	1	530,242	00
	2	Amount deducted for foreign or domestic tax based on income or profits from Schedule A	2	21,941	00
	3	Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	3		00
	4	Interest on government obligations	4		00
	5	Net California capital gain from Side 6, Schedule D, line 11	5		00
	6	Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	6		00
	7	Net income from corporations not included in federal consolidated return. See instructions	7		00
	8	Other additions. Attach schedule(s)	8		00
	9	Total. Add line 1 through line 8	9	552,183	00

State Adjustments (cont.)	10	Intercompany dividend elimination. Attach Schedule H (100)	10		00	
	11	Dividends received deduction. Attach Schedule H (100)	11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	12		00	
	13	Capital gain from federal Form 1120, line 8	13		00	
	14	Charitable Contributions	14		00	
	15	Other deductions. Attach schedule(s)	15		00	
	16	Total. Add line 10 through line 15	16			00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	17	552,183	00	
	18	Net income (loss) for state purposes. Complete Schedule R if apportioning or allocating income. See instructions.	18		256	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	
Taxes	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	22		256	00
	23	Tax. 8.840 % x line 22 (at least minimum franchise tax, if applicable). See instructions	23		800	00
	24	Credit name code amount	24		00	
	25	Credit name code amount	25		00	
	26	To claim more than two credits, see instructions	26		00	
	27	Add line 24 through line 26	27			00
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	28		800	00
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	29			00
	30	Total tax. Add line 28 and line 29	30		800	00
	Payments	31	Overpayment from prior year allowed as a credit	31		00
32		2024 Estimated tax payments. See instructions STMT. 1.	32	800	00	
33		2024 Withholding (Form 592-B and/or 593). See instructions	33		00	
34		Amount paid with extension of time to file tax return.	34		00	
35		Total payments. Add line 31 through line 34	35		800	00
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	36		00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35.	37		800	00
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	38			00
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	39			00
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37.	40			00
	41	Amount of line 40 to be credited to 2025 estimated tax.	41			00
	42	Refund. Subtract line 41 from line 40. See instructions to have the refund directly deposited.	42			00
	<input type="checkbox"/> Checking					
	<input type="checkbox"/> Savings					
	42a. ● Routing number 42b. ● Type 42c. ● Account number					
	43	a Penalties and interest	43a			00
	b ● <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result.	44			00	

Schedule Q Questions (continued from Side 1)

- D** If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) ● _____
- E** Was the corporation's income included in a consolidated federal return? ● ☐ Yes ☒ No
- F** Principal business activity code. (Do not leave blank): ● 624100
Business activity INDIV & FAMILY SERVI
Product or service COMMUNITY DEVELOPMEN
- 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 2
- 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 3
- 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 ● \$ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ▶	Title COO	Date 10/15/2025	● Telephone 314-533-2411
	Officer's email address (optional)			
Paid Preparer's Use Only	Preparer's signature ▶ TROY A LINDSEY	Date 08/28/2025	Check if self-employed ▶ <input type="checkbox"/>	● PTIN P01041237
	Firm's name (or yours, if self-employed) and address ▶ FORVIS MAZARS LLP 211 N BROADWAY SUITE 600 ST. LOUIS, MO 63102-2733			● Firm's FEIN 44-0160260 ● Telephone 314-231-5544
	May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
SEE STATEMENT 4			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		21,941.	21,94100

Income	1	a) Gross receipts or gross sales	1c		00
		b) Less returns and allowance			
	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	5b	1,591,154	00
	6	Gross rents	6	83,587	00
	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	10	1,273,462	00	
11	Total income. Add line 3 through line 10	11	2,948,203	00	
Deductions	12	Compensation of officers. Attach federal Form 1125-E or equivalent schedule	12		00
	13	Salaries and wages (not deducted elsewhere)	13		00
	14	Repairs and maintenance	14	214,107	00
	15	Bad debts	15	1,581,962	00
	16	Rents	16		00
	17	Taxes (California Schedule A). See instructions	17	21,941	00
	18	Interest. Attach schedule	18	343,969	00
	19	Charitable Contributions. Attach schedule	19		00
	20	Depreciation. Attach federal Form 4562 and FTB 3885	20	33,304	
	21	Less depreciation claimed elsewhere on return	21a		
			21b	33,304	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			
		b) Deductible amounts	26b		00
	27	Other deductions. Attach schedule	27	222,678	00
	28	Specific deduction for organizations under R&TC Section 23701r or 23701t. See instructions	28		00
29	Total deductions. Add line 12 through line 28	29	2,417,961	00	
30	Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1	30	530,242	00	

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

Schedule V Cost of Goods Sold

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

Method of inventory valuation ► _____

Was there any change in determining quantities, costs of valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach an explanation.

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

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

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

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

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		⊙ 2,165,366.		● 936,504.
2	a Trade notes and accounts receivable	⊙ 580,667.		● 809,572.	
	b Less allowance for bad debts	⊙()	⊙ 580,667.	●()	● 809,572.
3	Inventories		⊙		●
4	Federal and state government obligations		⊙		●
5	Other current assets. Attach schedule(s).	STMT 7	92,853.		33,505.
6	Loans to stockholders/officers. Attach schedule		⊙		●
7	Mortgage and real estate loans		⊙		●
8	Other investments. Attach schedule(s)	STMT 7	⊙ 1,198,511.		● 2,395,288.
9	a Buildings and other fixed depreciable assets	⊙ 529,718.		● 529,718.	
	b Less accumulated depreciation	⊙(171,775.)	⊙ 357,943.	●(189,424.)	● 340,294.
10	a Depletable assets				
	b Less accumulated depletion	()	⊙	()	⊙
11	Land (net of any amortization)		⊙		●
12	a Intangible assets (amortizable only)	⊙		●	
	b Less accumulated amortization	⊙()	⊙	⊙()	⊙
13	Other assets. Attach schedule(s)	STMT 7	⊙ 22,182,817.		● 18,483,509.
14	Total assets.		⊙ 26,578,157.		● 22,998,672.
Liabilities and Stockholders' Equity					
15	Accounts payable		⊙ NONE		● 99,242.
16	Mortgages, notes, bonds payable in less than 1 year		⊙ 768,307.		● NONE
17	Other current liabilities. Attach schedule(s)	STMT 7	⊙ NONE		● 91,243.
18	Loans from stockholders. Attach schedule(s)		⊙		●
19	Mortgages, notes, bonds payable in 1 year or more		⊙ 2,506,905.		● 2,506,905.
20	Other liabilities. Attach schedule(s)	STMT 8	⊙ 20,025,913.		● 17,042,438.
21	Capital stock: a Preferred stock	⊙		●	
	b Common stock	⊙ 10,000.	⊙ 10,000.	● 10,000.	● 10,000.
22	Paid-in or capital surplus. Attach reconciliation		⊙ 671,560.		● 671,560.
23	Retained earnings - Appropriated. Attach schedule		⊙		⊙
24	Retained earnings - Unappropriated		⊙ 2,595,472.		⊙ 2,577,284.
25	Adjustments to shareholders' equity. Attach schedule				
26	Less cost of treasury stock		()		()
27	Total liabilities and stockholders' equity		26,578,157.		22,998,672.

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	-18,163.	7	Income recorded on books this year not included in this return (itemize)	
2	Federal income tax	-166,592.	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 9	331,629.	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 . . . \$	15,655.
b	State taxes. . . \$	22,628.	b	State tax refunds. \$	
c	Travel and entertainment <input checked="" type="radio"/> \$		c	Other \$	8,141.
d	Other \$	406,477.	d	Total. Add line 8a through line 8c. . . .	23,796.
e	Total. Add line 5a through line 5d. . . .	429,105.	9	Total. Add line 7c and line 8d.	23,796.
6	Total. Add line 1 through line 5e.	575,979.	10	Net income per return. Subtract line 9 from line 6	552,183.
		STMT 9			STMT 9

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

1	Balance at beginning of year.	2,595,472.	5	Distributions: a Cash	
2	Net income per books	-18,188.	b	Stock.	
3	Other increases (itemize) _____ _____		c	Property	
			6	Other decreases (itemize) _____ _____	
4	Total. Add line 1 through line 3	2,577,284.	7	Total. Add line 5 and line 6	
			8	Balance at end of year. Subtract line 7 from line 4	2,577,284.

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 2023				00
4	Net short-term capital gain (loss). Combine line 1 through line 3				00

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

5					00
					00
					00
					00
					00
6	Enter gain from Schedule D-1, line 9 and/or any capital gain distributions.				00
7	Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37.				00
8	Net long-term capital gain (loss). Combine line 5 through line 7.				00
9	Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8).				00
10	Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4) . . .				00
11	Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2025				00

2024 Apportionment and Allocation of Income

R

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

For calendar year 2024 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

3637018

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

1	a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13f from Schedule K (565 or 568)	1a	552,183	00
	b	Water's-edge foreign investment interest offset from form FTB 2424, line 17	1b		00
	c	Total. Combine line 1a and line 1b	1c	552,183	00
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.					
2		Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	2		00
3		Interest. Attach schedule	3		00
4		Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	4		00
5		Royalties. Attach schedule	5		00
6		Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	6		00
7		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	7		00
8		Miscellaneous nonbusiness income (loss). Attach schedule	8		00
9		Total nonbusiness income (loss). Combine line 2 through line 8	9		00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)					
10		Business income (loss) from nonunitary partnership or LLC	10		00
11		Income (loss) from a separate trade or business. Attach supplemental Schedule R	11		00
12		Business income (loss) deferred from prior years. See General Information L	12		00
13		Capital gain (loss) netting subject to separate apportionment. See General Information M	13		00
14		Total separately apportionable business income (loss). Combine line 10 through line 13	14		00
15		Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c	15	552,183	00
16		Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)	16		00
17		Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16	17	552,183	00
18	a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	18a	0.0464	%
	b	Business income (loss) apportioned to California. Multiply line 17 by line 18a	18b	256	00
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.					
19		Dividends and interest income (if taxpayer's commercial domicile is in California):			
	a	Dividends included in line 2 above	19a		00
	b	Interest included in line 3 above	19b		00
20		Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	20		00
21		Royalties. Attach schedule	21		00
22		Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	22		00
23		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	23		00
24		Miscellaneous nonbusiness income (loss). Attach schedule	24		00
25		Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	25		00
26		Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	26		00
27		Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	27		00

Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	256	00
34	Contributions adjustment from Schedule R-6, line 15		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	256	00

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

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

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

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Sales: Gross receipts, less returns, and allowances			STMT 10
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable. . .			
c Total other gross receipts	● 2,948,203.		
(i) Sales from services		●	
(ii) Sales or other income from intangibles		●	
(iii) Sales from rental, leasing or licensing of tangible or real property . .		●	
(iv) Sales from other gross receipts.		● 1,367.	
d Sales from partnerships or LLCs treated as partnerships	●	●	
Total sales	● 2,948,203.	● 1,367.	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H . .			● 0.0464%

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

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment) .			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E .			
Total property	●	●	
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll	●	●	● %
3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California.			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable. . .			
c Total other gross receipts	●	●	
Total sales	●	●	● %
4 Total percent. Add the percentages in column (c).			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H . .			● %

Name as shown on your California tax return.

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

GREAT RIVERS COMMUNITY CAPITAL

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

- 1 Describe briefly the nature and location(s) of the California business activities. SEE STATEMENT 11
- 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.		<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Total gain (loss).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

2024

Alternative Minimum Tax and
Credit Limitations - Corporations

P (100)

Attach to Form 100 or Form 109.

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

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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	552,183	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. Depletion. See instructions	3		00
4	Pre-adjustment alternative minimum taxable income (AMTI):			
a	Combine line 1, line 2l, and line 3	4a	552,183	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	256	00
5	Adjusted current earnings (ACE) adjustment:			
a	Enter ACE. See instructions	5a	552,183	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	256	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	256	00
7	a Reduction for disaster loss deduction, if any, from Form 100, line 21			
	b AMT net operating loss deduction. See instructions	7b		00
	c Combine line 7a and line 7b	7c		00
8	AMTI. Subtract line 7c from line 6	8	256	00
9	Enter \$40,000 exemption. See instructions.	9	40,000	00
10	Enter \$150,000 limitation. See instructions.	10	150,000	00
11	Subtract line 10 from line 8. If zero or less, enter -0-.	11	NONE	00
12	Multiply line 11 by 25% (.25)	12	NONE	00
13	Exemption. Subtract line 12 from line 9. If zero or less, enter -0-.	13	40,000	00
14	Subtract line 13 from line 8. If zero or less, enter -0-.	14	NONE	00
15	Multiply line 14 by 6.65% (.0665)	15	800	00
16	Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions	16		00

Adjusted Current Earnings (ACE) Worksheet

1	Pre-adjustment AMTI . Enter the amount from Schedule P (100), line 4a, or Schedule P (100W), line 4a.	1	552,183.
2	ACE depreciation adjustment:		
	a AMT depreciation	2a	
	b ACE depreciation:		
	(1) Post-1998 property.	2b(1)	
	(2) Post-1990, pre-1998 property.	2b(2)	
	(3) Post 1987, pre-1990 property.	2b(3)	
	(4) Post-1981, pre-1987 property.	2b(4)	
	(5) Property described in sections 168(f)(1) through (4)	2b(5)	
	(6) Other property	2b(6)	
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6).	2b(7)	
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
	a Tax-exempt interest income.	3a	
	b Death benefits from life insurance contracts	3b	
	c All other distributions from life insurance contracts (including surrenders).	3c	
	d Inside buildup of undistributed income in life insurance contracts.	3d	
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e.	3f	
4	Disallowance of items not deductible from E&P:		
	a Allowable deduction to a credit union	4a	
	b Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4b	
	c Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a and 4b.	4c	
5	Other adjustments based on rules for figuring E&P:		
	a Intangible drilling costs	5a	
	b Circulation expenditures	5b	
	c Organizational expenditures	5c	
	d LIFO inventory adjustments.	5d	
	e Installment sales	5e	
	f Total other E&P adjustments. Combine lines 5a through 5e.	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts.	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property.	9	
10	Interest income	10	
11	Interest expense	11	
12	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 11. Enter the result here and on Schedule P (100), line 5a, or Schedule P (100W), line 5a	12	552,183.

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

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

Part II Credits that Reduce Tax. See instructions.

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

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

Part III Credit for Prior Year AMT

1	Enter the AMT from the 2023 Schedule P (100). See instructions.	<input type="radio"/> 1		00
2	Carryover of unused credit for prior year AMT. See instructions	<input type="radio"/> 2		00
3	Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a).	<input type="radio"/> 3		00

*

2024 Apportionment and Allocation of Income

R

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

For calendar year 2024 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

3637018

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

1	a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13f from Schedule K (565 or 568).	1a	00
	b	Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
	c	Total. Combine line 1a and line 1b.	1c	552,18300
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.				
2		Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10.	2	00
3		Interest. Attach schedule.	3	00
4		Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
5		Royalties. Attach schedule.	5	00
6		Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
7		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
8		Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
9		Total nonbusiness income (loss). Combine line 2 through line 8.	9	00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)				
10		Business income (loss) from nonunitary partnership or LLC.	10	00
11		Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
12		Business income (loss) deferred from prior years. See General Information L.	12	00
13		Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
14		Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
15		Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.	15	552,18300
16		Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
17		Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	552,18300
18	a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0464 %
	b	Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	25600
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.				
19		Dividends and interest income (if taxpayer's commercial domicile is in California):		
	a	Dividends included in line 2 above.	19a	00
	b	Interest included in line 3 above.	19b	00
20		Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
21		Royalties. Attach schedule.	21	00
22		Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M.	22	00
23		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
24		Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
25		Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
26		Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
27		Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	27	00

Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	256	00
34	Contributions adjustment from Schedule R-6, line 15		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	256	00

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

2024 Apportionment and Allocation of Income

R

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

For calendar year 2024 or fiscal year beginning month (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Name as shown on your California tax return.

GREAT RIVERS COMMUNITY CAPITAL

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

3637018

Water's-Edge Filers Only: If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

1	a	Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13f from Schedule K (565 or 568).	1a	00
	b	Water's-edge foreign investment interest offset from form FTB 2424, line 17.	1b	00
	c	Total. Combine line 1a and line 1b.	1c	552,18300
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.				
2		Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10.	2	00
3		Interest. Attach schedule.	3	00
4		Net income (loss) from the rental of property from Schedule R-3, line 3, column (c).	4	00
5		Royalties. Attach schedule.	5	00
6		Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e).	6	00
7		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	7	00
8		Miscellaneous nonbusiness income (loss). Attach schedule.	8	00
9		Total nonbusiness income (loss). Combine line 2 through line 8.	9	00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)				
10		Business income (loss) from nonunitary partnership or LLC.	10	00
11		Income (loss) from a separate trade or business. Attach supplemental Schedule R.	11	00
12		Business income (loss) deferred from prior years. See General Information L.	12	00
13		Capital gain (loss) netting subject to separate apportionment. See General Information M.	13	00
14		Total separately apportionable business income (loss). Combine line 10 through line 13.	14	00
15		Total business income (loss) subject to apportionment for this trade or business, subtract the sum of line 9 and line 14 from line 1c.	15	552,18300
16		Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only).	16	00
17		Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16.	17	552,18300
18	a	Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5.	18a	0.0464 %
	b	Business income (loss) apportioned to California. Multiply line 17 by line 18a.	18b	25600
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.				
19		Dividends and interest income (if taxpayer's commercial domicile is in California):		
	a	Dividends included in line 2 above.	19a	00
	b	Interest included in line 3 above.	19b	00
20		Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b).	20	00
21		Royalties. Attach schedule.	21	00
22		Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M.	22	00
23		Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule.	23	00
24		Miscellaneous nonbusiness income (loss). Attach schedule.	24	00
25		Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24.	25	00
26		Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J.	26	00
27		Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25.	27	00

Name as shown on your California tax return.		SSN, ITIN, FEIN, CA corp no., or CA SOS file no.	
GREAT RIVERS COMMUNITY CAPITAL		3637018	
California Business Income (Loss) subject to a separate apportionment formula.			
28	California business income (loss) from a nonunitary partnership or LLC.	00	
29	California income (loss) from a separate trade or business. Attach supplemental schedule R.	00	
30	California business income (loss) deferred from prior years. See General Information L	00	
31	Total business income (loss) separately apportioned to California. Combine line 28 through line 30		00
Net Income (Loss) for California Purpose			
32	Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M.		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32.	256	00
34	Contributions adjustment from Schedule R-6, line 15		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	256	00

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

2024

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W.

Corporation name

California corporation number

GREAT RIVERS COMMUNITY CAPITAL

3637018

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	25,000.

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

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	33,304.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	33,304.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	33,304.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	NONE

Part IV Amortization

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

CALIFORNIA FORM 100, SIDE 2 -- DETAIL

=====

LINE 32 - ESTIMATED TAX PAYMENTS	

1ST INSTALLMENT PAYMENT	800

TOTAL LINE 32 - ESTIMATED TAX PAYMENTS	800
	=====

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

STATE AND LOCAL TAXES			
	STATE AND LOCAL INCOME TAXES	21,941.	21,941.
		-----	-----
TOTAL - SCH A, TAXES		21,941.	21,941
		=====	=====

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

=====

LINE 5B - OTHER INTEREST	

TOTAL LINE 5B - OTHER INTEREST	-----
	1,591,154
	=====

LINE 10 - OTHER INCOME	

LOAN FEES	558,610
GRANTS	714,852

TOTAL LINE 10 - OTHER INCOME	1,273,462
	=====

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

=====

LINE 18 - INTEREST DEDUCTION	

OTHER INTEREST	343,969

TOTAL LINE 18 - INTEREST DEDUCTION	343,969
	=====

LINE 27 - OTHER DEDUCTIONS	

PROFESSIONAL FEES	209,403
INSURANCE	6,357
SUPPLIES	3,481
MISCELLANEOUS EXPENSES	3,351
PROGRAM EXPENSE	86

TOTAL LINE 27 - OTHER DEDUCTIONS	222,678
	=====

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

=====

LINE 5 - OTHER CURRENT ASSETS	BEGINNING	ENDING
-----	-----	-----
PREPAID EXPENSES AND OTHER	66,564.	33,505.
OTHER RECEIVABLES	26,289.	NONE
	-----	-----
TOTAL LINE 5 - OTHER CURRENT ASSETS	92,853.	33,505.
	=====	=====
LINE 8 - OTHER INVESTMENTS		

INVESTMENT IN REAL ESTATE	1,178,511.	2,375,288.
INVESTMENT IN SITO	20,000.	20,000.
	-----	-----
TOTAL LINE 8 - OTHER INVESTMENTS	1,198,511.	2,395,288.
	=====	=====
LINE 13 - OTHER ASSETS		

NOTES RECEIVABLE	22,177,555.	17,449,700.
DUE FROM AFFILIATES	5,262.	1,033,809.
	-----	-----
TOTAL LINE 13 - OTHER ASSETS	22,182,817.	18,483,509.
	=====	=====
LINE 17 - OTHER CURRENT LIABILITIES		

INCOME TAXES PAYABLE	NONE	91,243.
	-----	-----
TOTAL LINE 17 - OTHER CURRENT LIABILITIES	NONE	91,243.
	=====	=====

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

LINE 20 - OTHER LIABILITIES	BEGINNING	ENDING
-----	-----	-----
DUE TO AFFILIATES	19,682,113.	16,977,038.
DEFERRED TAXES	343,800.	65,400.
	-----	-----
TOTAL LINE 20 - OTHER LIABILITIES	20,025,913.	17,042,438.
	=====	=====

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	331,629.

TOTAL TAXABLE INCOME NOT RECORDED ON BOOKS	331,629.
	=====

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

ALLOWANCE FOR DOUBTFUL ACCOUNTS	383,885.
IMPAIRMENT LOSS	22,592.

TOTAL EXPENSES RECORDED ON BOOKS NOT IN THE RETURN	406,477.
	=====

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

PREPAID INSURANCE	8,141.

TOTAL DEDUCTIONS IN RETURN NOT RECORDED ON BOOKS	8,141.
	=====

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

=====

LINE 1C - OTHER GROSS RECEIPTS	EVERYWHERE	WITHIN CA
-----	-----	-----
	-----	-----
TOTAL LINE 1C - OTHER GROSS RECEIPTS	2,948,203.	1,367.
	=====	=====

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

QUESTION 1

COMMUNITY DEVELOPMENT BY PROVIDING INDIVIDUAL AND FAMILY SERVICES



For the taxable year beginning 01012024 ending 12312024

GREAT RIVERS COMMUNITY CAPITAL
1023 N. GRAND BLVD

EIN this entity

EIN Federal Consolidated Parent

SAINT LOUIS MO 63106

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

X 1. Separate

2. Activity wholly within Kansas - Consolidated

C. Date Business Began in KS:

2. Consolidated

X 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 2024.

Amended affects Kansas only

Adjustment by IRS

Amended Federal return

1. Federal taxable income 530242.00

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) 21941.00

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)

552183.00

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)

552183.00

8. Total additions to federal taxable income
(Add lines 2 - 7) 21941.00

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

0.8371

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

A C. 0.8371
B

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

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

4622.00

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.)



GREAT RIVERS COMMUNITY CAPITAL

431862691

24. Kansas Expensing Deduction (Sch. req.)

37. Total of all other refundable credits
(Part I, line 46)25. Kansas net income before NOL
deduction (Add lines 21 - 23, then
subtract line 24)

4622.00

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

4361.00

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

519.00

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

261.00

41. Balance due

29. Normal tax (3.5% of line 28)

9.00

42. Interest

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

43. Penalty

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

9.00

44. Estimated tax penalty

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

If annualizing to compute penalty, check this field

33. Balance (Subtract line 32 from line 31;
cannot be less than zero)

9.00

45. Total tax, interest & penalty due (Add
lines 41 - 44) Complete Form K-120V &
enclose it with your payment34. Estimated tax paid and amount credited
forward (Part II, line 4)

519.00

46. Overpayment

510.00

35. Other tax payments (enclose separate
schedule)47. Refund. Enter the amount of line 46
you wish to be refunded

36. Amount paid with Kansas extension

48. Credit Forward. Enter the amount of
line 46 (original return only) you wish
to apply to 2025 estimated tax. (Line 48
cannot exceed the total of lines 34 - 36)

510.00

X I authorize the Director of Taxation or the Director's designee to discuss my K-120 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer
Signature
(Required)

Title COO

Date

10/15/2025

Preparer
Signature
(Required)

TROY A LINDSEY

Preparer
Phone Number

3142315544

Preparer PTIN, EIN, or SSN
(Required)

P01041237

CORPORATE INCOME TAX
PO BOX 750260
TOPEKA KS 66699-0260

For Office Use Only

**PART 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. Disability Employment 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. Pregnancy Resource Act Credit (Enclose Schedule K-94; See instructions)
37. Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)
38. **Total nonrefundable credits (Add lines 1 - 37. Enter total here and on line 32, page 2)**

REFUNDABLE CREDITS

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

ADDITIONAL INFORMATION

021

K-120
Page 4
Attach
151324

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>21,941.</u>
2. Total (Enter on line 3, page 1)	<u>21,941.</u>
3. Total other taxes	
4. Total taxes (Must equal line 17 of the federal return)	<u>21,941.</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>1,591,154.</u>
4. Total interest income (Must equal line 5 of the federal return)	<u>1,591,154.</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

01012024

, ending

12312024

Name as shown on Form K-120

Employer Identification Number (EIN)

GREAT RIVERS COMMUNITY CAPITAL

431862691

PART VI**APPORTIONMENT FORMULA**

A. Property	WITHIN KANSAS		TOTAL COMPANY		PERCENT WITHIN KANSAS
	Beginning of Year	End of Year	Beginning of Year	End of Year	
(1) Value of owned real and tangible personal property used in business at original cost:					
Inventory					
Depreciable assets					
Land					
Other tangible assets (Enclose schedule)					
Less: Construction in progress					
Total property to be averaged					
Average owned property (Beg. + End ÷ 2)					
(2) Net annual rented property. Multiplied by 8					
TOTAL PROPERTY (Enter on line 20A, page 1)					
					A %

B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)	WITHIN KANSAS	TOTAL COMPANY	
(1) Compensation of officers			
(2) Wages, salaries and commissions			
(3) Payroll expense included in cost of goods sold			
(4) Payroll expense included in repairs			
(5) Other wages and salaries			
TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)			B %

C. Sales (Gross receipts, less returns and allowances)			
(1) Sales delivered or shipped to purchasers in Kansas:			
(a) Shipped from outside Kansas			
(b) Shipped from within Kansas			
(2) Sales shipped from Kansas to:			
(a) The United States Government			
(b) Purchasers in a state where the taxpayer would not be taxable (e.g., under federal Public Law 86-272)			
(3) Dividends			
Interest	22,127.	1,591,154.	
Rents	NONE	83,587.	
Royalties			
Gains/losses from intangible asset sales			
Gross proceeds from tangible asset sales			
Other income (Enclose schedule)	2,553.	1,273,462.	
TOTAL SALES (Enter on line 20C, page 1)	24,680.	2,948,203.	C 0.8371 %

D(1). Total percent (Sum of lines A, B & C if utilizing three-factor formula)	D(1)	0.8371 %
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	0.8371 %



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)

2024

KANSAS UNDERPAYMENT OF ESTIMATED TAX (CORPORATE INCOME TAX)



Name as shown on Form K-120

GREAT RIVERS COMMUNITY CAPITAL

Employer Identification Number (EIN)

431862691

CURRENT AND PRIOR YEAR INFORMATION

1. Subtract line 37 from line 33 on current year's Form K-120 and enter result
2. Multiply line 1 by 90%
3. Prior year's tax liability (Subtract line 37 from line 33 of last year's Form K-120).

1	9.
2	8.
3	NONE

PART I - EXCEPTIONS TO THE PENALTY

4. Enter in Columns (1) through (4) the installment due dates that correspond to the 15th day of the 4th, 6th, 9th and 12th month of the taxable year
5. Cumulative timely paid estimated tax payments and credit forward from the beginning of the tax year through each installment due date
6. Exception 1 - Cumulative amount from either line 2 or line 3, whichever is less.
7. Exception 2 - Tax on annualized 2024 income

	(1)	(2)	(3)	(4)
4	04/15/2024	06/17/2024	09/16/2024	12/16/2024
5	519.	519.	519.	519.
6	25% of line 2 or 3	50% of line 2 or 3	75% of line 2 or 3	100% of line 2 or 3
7	22.5% of tax	45% of tax	67.5% of tax	90% of tax

PART II - FIGURING THE PENALTY

8. Amount of underpayment. Enter the sum of line 6 less line 5; or line 7, less line 5; whichever is applicable
9. Due date of each installment
10. Number of days from the due date of the installment in one column to the due date of the next installment in the next column or to 12/31/24; whichever is earlier. If paid late, see instructions
11. For calendar years enter the number of days from 1/1/25 to the due date of the return or the date the tax was paid, whichever was earlier. For fiscal years or if tax was paid late, see instructions.
12. Line 10 X (8% X amount on line 8).
365
13. Line 11 X (9% X amount on line 8).
366
14. Penalty (Add lines 12 and 13).
15. Total penalty. Add amounts in each column of line 14 and enter total here and on the *Estimated Tax Penalty* line of Form K-120

8				
9	04/15/2024	06/17/2024	09/16/2024	12/16/2024
10	63	91	91	15
11				
12				
13				
14				
15				

KANSAS FORM K-120, PAGE 4 DETAIL

=====

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

STATE AND LOCAL INCOME TAXES	21,941.

TOTAL	21,941.
	=====

KANSAS FORM K-120AS, PAGE 1 DETAIL

=====

PART VI - OTHER INCOME	KANSAS	TOTAL
-----	-----	-----
OTHER RECEIPTS	2,553.	1,273,462.
	-----	-----
TOTAL	2,553.	1,273,462.
	=====	=====

KANSAS FORM K-120AS, PAGE 2 DETAIL

=====

PART VII - QUESTION 2A

CA
MO
MI
LA

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

LA Corporation Income Tax Return for 2024	LA Corporation Franchise Tax Return for 2025
Mark box if:	
Calendar Year filer	X
Fiscal Year filer (Enter dates below.)	
Short period return (Enter dates below.)	
Income (mmddyy) Ended Begun	Franchise (mmddyy) Ended Begun

Mark box if:

Name Change

Address Change

Amended Return

Amended Due to IRS audit

Entity Not Required to File Franchise Tax

Entity Not Required to File Income Tax

First Time Filing of This Form

Final Return

Timely Requested Extensions for Federal Income Tax

Enter your LDR Account Number here (Not FEIN):
1888996001

For office use only.

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

A. Federal Employer Identification Number				431862691	1A. Louisiana net income before loss adjustments				NONE
B. Total business interest expense				343969	1B. Subchapter S corporation exclusion				NONE
C. Total business interest expense deduction				343969	Loss carryforward [\$.00] less federal tax refund applicable to loss [\$.00] Attach schedule.				
D. Income tax apportionment percentage				NONE	1C1. Loss carryforward utilized				
E. Gross revenues					1D. Louisiana taxable income				NONE
F. Total assets				22998672	2. Louisiana income tax				NONE
G. NAICS code				624100	3. Nonrefundable income tax credits from Schedule NRC-P1				
H. Enter the state abbreviation for location of the principal place of business.				MO	4. Income tax after priority 1 credits				NONE
I. Does the income of this corporation include the income of any disregarded entities?				Yes No X					
J. Was the income of this corporation included in a consolidated federal income tax return?				Yes No X					
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 X					
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									

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.**

Computation of Income Tax - See instructions.				
5A. Total capital stock, surplus, & undivided profits				3258844
5B. Franchise tax apportionment percentage				NONE
5C. Franchise taxable base				NONE
6. Amount of assessed value of real and personal property in Louisiana in 2024				NONE
7. Louisiana franchise tax				NONE
8. Nonrefundable franchise tax credits from Schedule NRC-P1				
9. Franchise tax after priority 1 credits				NONE

Net Amount Due			
	Col. 1 - Income Tax	Col. 2 - Franchise Tax	Col. 3 - Total
10. Tax liability after priority 1 credits	10.	NONE	
11. Refundable credits from Schedule RC-P2	11.		
12. Tax liability after priority 2 credits	12.	NONE	
13. Overpayment after priority 2 credits	13.		
14. Nonrefundable credits from Schedule NRC-P3	14.		
15. Tax liability after priority 3 credits	15.	NONE	
16A. Overpayment after priority 2 credits	16A.		
16B. Refundable credits from Schedule RC-P4	16B.		
16C. Credit carryforward from prior year return	16C.		
16D. Estimated payments	16D.		
16E. Amount of extension payment	16E.		
16F. Total refundable credits and payments	16F.		
17. Overpayment	17.		
18. Tax due	18.	NONE	
19. Amount of Income tax overpayment applied to franchise tax	19.		
20. Net Tax due	20.	NONE	
21. Interest	21.		
22. Delinquent filing penalty	22.		
23. Delinquent payment penalty	23.		
24. Additional donation to The Military Family Assistance Fund	24.		
25. Total amount due	25.	NONE	25. NONE

↓ 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.**

22542

Enter your LDR Account Number here. ▶ 1888996001

Net Amount Due				
	Col. 1 - Income Tax	Col. 2 - Franchise Tax	Col. 3 - Total	
26. Net overpayment		26. NONE	26.	NONE
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27.	
28. Amount of overpayment to be credited to 2025 income tax			28.	
29. Amount of overpayment to be credited to 2026 franchise tax			29.	
30. Amount of overpayment to be refunded			30.	NONE

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

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer 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) 10/15/2025
E-mail Address		

PAID PREPARER USE ONLY	Print Preparer's Name TROY A LINDSEY		Preparer's Signature TROY A LINDSEY	Date (mm/dd/yyyy) 08/28/2025	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

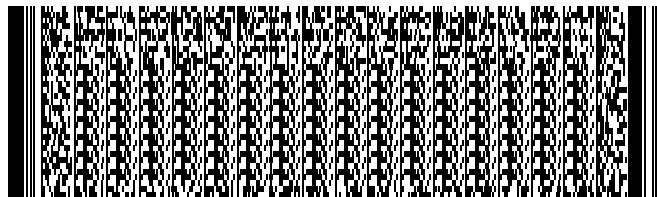
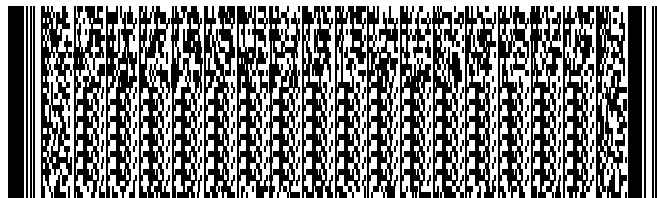
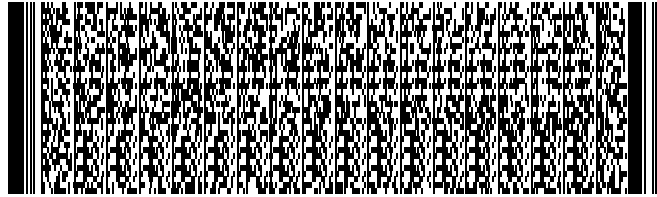
P01041237

For Office
Use Only.



22543

Enter your LDR 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.**

22544



Schedule NRC-P1 - Nonrefundable Priority 1 Credits

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

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 Credits

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

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



Schedule NRC-P3 – Part I – Nonrefundable Priority 3 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
1.			
2.			
3.			
4.			
5.			
6.			

Description	Code	Description	Code	Description	Code	Description	Code
New Jobs Credit	224	Donation to School Tuition Organization	424	LA Import	460	Ad Valorem Natural Gas Credit Carried Forward	502
Eligible Re-Entrants	228			LA Work Opportunity	461		
Apprenticeship (2007)	236	QMC Music Job Creation Credit	454	Youth Jobs	462	Atchafalaya Trace	504
Tax Equalization	305			Apprenticeship (2022)	463	Cane River Heritage	506
Manufacturing Establishments	310	Neighborhood Assistance	457	Donation to Qualified Foster Care Charitable Organization	464	Ports of Louisiana Investor	508
Other	399	Research and Development	458			Enterprise Zone	510
Refunds by Utilities	412	Ports of Louisiana Import Export Cargo	459	Inventory Tax Credit Carried Forward and ITEP	500	Recycling Credit	550
						Other	599

Schedule NRC-P3 - Part II - Transferable, Nonrefundable Priority 3 Credits			
Description	Code	Column A Corporation Income Tax	Column B Corporation Franchise Tax
7.			
7A.			
8.			
8A.			
9.			
9A.			
10. Total Income Tax Credits: Add credit amounts in Column A, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 1.			
11. Total Franchise Tax Credits: Add credit amounts in Column B, Lines 1 through 9. Enter here and on Form CIFT-620, Line 14, Column 2.			

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

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



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

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

Description	Code	Description	Code	Description	Code	Description	Code
Ad Valorem Offshore Vessels	52F	School Readiness Child Care Provider	65F	School Readiness Fees and Grants to Resource and Referral Agencies	68F	Digital Interactive Media and Software	73F
Telephone Company Property	54F	School Readiness Business - Supported Child Care	67F	Retention and Modernization	70F	Restaurant Recycling of Oyster Shells	79F
Prison Industry Enhancement	55F					Other Refundable Credit	80F
Milk Producers	58F						
Technology Commercialization	59F						



All applicable schedules must be completed.

Schedule A - Required Information

1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN	Percentage
		2		
	No <input checked="" type="checkbox"/>	3		
		4		
		5		
	2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities. STMT 1	Yes <input checked="" type="checkbox"/>	1	FEIN/SSN
2			431769074	100.00
No <input type="checkbox"/>		3		
		4		
		5		
3. If you answered yes to Line 1 on Form CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.		Yes <input type="checkbox"/>	1	FEIN
	2			
	No <input checked="" type="checkbox"/>	3		
		4		
		5		

Schedule B - Computation of Income Tax Apportionment Percentage

Description of Items Used as Ratios	1. Total Amount	2. Louisiana Amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales			
B. Charges for services			
C. Other gross apportionable income	2948203	NONE	
D. Total - Add the amounts in Columns 1 and 2.	2948203	NONE	NONE %
2. Certain oil & gas businesses only - Enter total wages, salaries, and other personal service compensation paid during the year. See instructions. <input type="checkbox"/>			%
3. Certain oil & gas businesses only - Income tax property ratio - Enter percentage from Schedule C, Line 24. See instructions. If ratio not used, check box. <input type="checkbox"/>			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 See instructions.			%
5. Total of percents in Column 3			NONE %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on Form CIFT-620, Line D.			NONE %



22550

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



Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts		.00	23. Energy efficient commercial buildings deduction		.00
1B. Less returns and allowances		.00	24. Other deductions - Attach schedule.	222678	.00
1C. Balance. Subtract Line 1B from Line 1A.		.00	25. Total deductions - Add Lines 10 through 24.	2417961	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.		.00	26. Net income from all sources - Subtract Line 25 from Line 9.	-1060912	.00
3. Gross profit - Subtract Line 2 from Line 1C.		.00	27. Allocable income from all sources:		
4. Gross rents	83587	.00	27A. Net rents and royalties from immovable or corporeal movable property	83587	.00
5. Gross royalties		.00	27B. Royalties from the use of patents, trademarks, etc.		.00
6. Income from estates, trusts, partnerships		.00	27C. Income from estates, trusts, and partnerships		.00
7. Income from construction, repair, etc.		.00	27D. Income from construction, repair, etc.		.00
8. Other income - Attach schedule.	1273462	.00	27E. Other allocable income		.00
9. Total income - Add Lines 3 through 8.	1357049	.00	27F. Allocable expenses	()	.00
10. Compensation of officers		.00	27G. Net allocable income from all sources	83587	.00
11. Salaries and wages (not deducted elsewhere)		.00	28. Net income subject to apportionment - Subtract Line 27G from Line 26.	-1144499	.00
12. Repairs	214107	.00	29. Net income apportioned to Louisiana	NONE	.00
13. Bad debts	1581962	.00	30. Allocable income from Louisiana sources:		
14. Rent		.00	30A. Net rents and royalties from immovable or corporeal movable property		.00
15. Taxes and licenses - Attach schedule.	21941	.00	30B. Royalties from the use of patents, trademarks, etc.		.00
16. Interest	343969	.00	30C. Income from estates, trusts, and partnerships		.00
17. Charitable Contributions		.00	30D. Income from construction, repair, etc.		.00
18. Depreciation - Attach schedule.	33304	.00	30E. Other allocable income	NONE	.00
19. Depletion - Attach schedule.		.00	30F. Allocable expenses	()	.00
20. Advertising		.00	30G. Net allocable income from Louisiana sources	NONE	.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00	31. Louisiana net income before loss adjustments - Add Line 29 and Line 30G.	NONE	.00
22. Other employee benefit plans		.00			



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

1. Net income per books	-18163	6. Total - Add Lines 1 through 5c.	575979
2. Louisiana income tax		7. Income recorded on books this year, but not included in this return - Attach Schedule.	
3. Excess of capital loss over capital gains		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	331629	a. Depreciation	15655
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	
a. Depreciation		c. Other - Attach Schedule STMT 3	30082
b. Depletion		9. Total - Add Lines 7 through 8c.	45737
c. Other - Attach schedule. STMT 3	262513	10. Net income from all sources per return - Subtract Line 9 from Line 6.	530242

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of Year	2. End of Year
1. Accounts payable	NONE	99242
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	768307	NONE
3. Other current liabilities - Attach schedule. STMT 4	NONE	91243
4. Loans from stockholders - Attach schedule.		
5. Due to subsidiaries and affiliates		
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	2506905	2506905
7. Other liabilities - Attach schedule. STMT 4	20025913	17042438
8. Capital stock: a. Preferred stock		
b. Common stock	10000	10000
9. Paid-in or capital surplus	671560	671560
10. Surplus reserves - Attach schedule.		
11. Earned surplus and undivided profits	2595472	2577284
12. Excessive reserves or undervalued assets		
13. Totals - Add Lines 1 through 12.	26578157	22998672



22553

All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income See Louisiana Revised Statutes 47:287.71, 47:287.73, and 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	530242
a. Federal disallowed business interest expense (<i>See instructions.</i>)	
2. Additions to federal net income:	
a. Louisiana income tax	
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (<i>See instructions.</i>)	
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit (<i>See instructions.</i>)	
d. Other additions - Attach schedule.	
e. Total additions - Add Lines 2a through 2d.	
3. Subtractions from federal net income:	
a. Bank dividends (<i>See instructions.</i>)	
b. All other dividends	
c. Interest	1591154
d. Road Home - The amount included in federal taxable income	
e. Louisiana depletion in excess of federal depletion	
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	
g. Exempt amount of related members interest\intangible\management fee expenses or costs - From Form R-6950 (<i>See instructions.</i>)	
h. Compensation for disaster services (<i>See instructions.</i>)	
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E	
j. COVID-19 Relief Benefits	
k. Other subtractions - Attach schedule.	
l. Total subtractions - Add Lines 3a through 3k.	1591154
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 26.	-1060912



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

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	681560
1B. Preferred Stock - Include paid-in or Capital Surplus	
2. Total Capital stock - Add Lines 1A and 1B.	681560
3. Surplus and undivided profits	2577284
4. Surplus reserves - Include any excessive reserves or undervalued assets	
5. Total - Add Lines 2, 3, and 4	3258844
6. Due to subsidiaries and affiliates (Do not net with receivables)	
7. Deposit liabilities to affiliates - Included in the amount on Line 6	
8. Accounts payable less than 180 days old - Included in the amount on Line 6	
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	
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.	
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.	
11. Additional Surplus and Undivided Profits - See instructions.	
Total Franchise Taxable Base	
12. Capital Stock - Common Stock	10000
Preferred Stock	
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	671560
14. Surplus reserves - Attach schedule.	
15. Earned surplus and undivided profits	2577284
16. Excessive reserves or undervalued assets	
17. Additional surplus and undivided profits - From Line 11 above	
18. Allowable deductions - See instructions. <input type="checkbox"/>	
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also, enter the total on Form CIFT-620, Line 5A. Round to the nearest dollar.	3258844

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.



22555

Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	Located Everywhere	Located in Louisiana
	1. End of Year	2. End of Year
1. Cash	936504	
2. Notes and accounts receivable	809572	
3. Reserve for bad debts	()	()
4. Investment in U.S. gov. obligations		
5. Stock and obligations of subsidiaries		
6. Other investments - Attach schedule. STMT 5	2395288	
7. Loans to stockholders		
8. Other intangible assets - Attach schedule. STMT 5	18517014	
9. Accumulated depreciation	()	()
10. Total intangible assets – Add Lines 1 through 9.	22658378	
11. Inventories		
12. Bldgs. and other depreciable assets	529718	
13. Accumulated depreciation	(189424)	()
14. Depletable assets		
15. Accumulated depletion	()	()
16. Land		
17. Other real & tangible assets - Attach schedule.		
18. Excessive reserves, assets not reflected on books, or undervalued assets		
19. Total real and tangible assets - Add Lines 11 through 18.	340294	
20 Total Assets - Add Lines 10 and 19.	22998672	
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		NONE %



Schedule I - Computation of Corporation Franchise Tax Apportionment Percentage			
Description of items Used as Ratios	1. Total Amount	2. Louisiana Amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales			
B. Charges for services			
C. Other Revenues			
(i) Rents and royalties			
(ii) Dividends and interest from subsidiaries			
(iii) Other dividends and interest			
(iv) All other revenues	2948203	NONE	
D. Total - If the ratio is not used, check the box. <input type="checkbox"/>	2948203	NONE	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"/>			%
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 Form CIFT-620, Line 5B.			NONE %



Schedule J - Calculation of Income Tax

1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			NONE
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$50,000 of net taxable income	NONE	x 3.5% =	NONE
b. Next \$100,000		x 5.5% =	
c. Over \$150,000		x 7.5% =	
3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.	NONE		
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.			NONE

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

1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income		x 1.85% =	
b. Next \$75,000		x 3.5% =	
c. Over \$100,000		x 4.25% =	
3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.			NONE

Schedule K - Summary of Estimated Tax Payments

	Check Number	Date	Income Tax Amount	Franchise Tax Amount
1. Credit from prior year return				
2. First quarter estimated payment				
3. Second quarter estimated payment				
4. Third quarter estimated payment				
5. Fourth quarter estimated payment				
6. Amount of extension payment				



22558

Schedule L - Calculation of Franchise Tax	
1. Enter the amount from Form CIFT-620,Line 5C or Line 6, whichever is greater. Mark this box if you are a short period filer and see the instructions.	<input type="checkbox"/> NONE
2. Enter the amount of Line 1 or \$300,000, whichever is less.	NONE
3. Subtract Line 2 from Line 1 and enter the result.	NONE
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 Form CIFT-620, Line 7.	NONE

Schedule M - Analysis of Schedule G, Line 11, Column 2 – Earned Surplus and Undivided Profits per Books			
1. Balance at beginning of year	2595472	b. Stock	
2. Net income per books	-18188	c. Property	
3. Other increases - Attach schedule.		6. Other decreases - Attach schedule.	
4. Total - Add Lines 1, 2, and 3.	2577284	7. Total - Add Lines 5a through 6.	
5. Distributions: a. Cash		8. Balance at end of year - Subtract Line 7 from Line 4.	2577284

Schedule N - Additional Information Required	
1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere. Louisiana: _____ _____ _____ Elsewhere: <u>INDIV FAMILY SERVI</u> _____ _____	2. Indicate the date and state of incorporation. <u>04/22/1999</u> 3. Indicate parishes in which property is located. _____ _____ _____ _____ _____ _____



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	558,610.
GRANTS	714,852.

TOTAL	1,273,462.
	=====

SCH D, LINE 15 - TAXES	

STATE AND LOCAL INCOME TAXES	21,941.

TOTAL TAXES DEDUCTED ON THE FEDERAL RETURN	21,941.

TOTAL	21,941.
	=====

SCH D, LINE 24 - OTHER DEDUCTIONS	

PROFESSIONAL FEES	209,403.
INSURANCE	6,357.
SUPPLIES	3,481.
MISCELLANEOUS EXPENSES	3,351.
PROGRAM EXPENSE	86.

TOTAL	222,678.
	=====

LOUISIANA FORM 620, PAGE 11 DETAIL

=====

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

TAXABLE GRANTS	331,629.

TOTAL	331,629.
	=====

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

STATE TAXES	22,628.
FEDERAL INCOME TAX	-166,592.
CHANGE IN DOUBTFUL ACCOUNTS	383,885.
IMPAIRMENT LOSS	22,592.

TOTAL	262,513.
	=====

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

STATE TAXES	21,941.
PREPAID EXPENSES	8,141.

TOTAL	30,082.
	=====

LOUISIANA FORM 620, PAGE 11 DETAIL - SCH G

=====

	BEGINNING	ENDING
LINE 3 - OTHER CURRENT LIABILITIES	-----	-----

INCOME TAXES PAYABLE	NONE	91,243.
	-----	-----
TOTAL	NONE	91243
	=====	=====
LINE 7 - OTHER LIABILITIES		

DUE TO AFFILIATES	19,682,113.	16,977,038.
DEFERRED TAXES	343,800.	65,400.
	-----	-----
TOTAL	20,025,913.	17,042,438.
	=====	=====

LOUISIANA FORM 620, PAGE 14 DETAIL-SCH H

=====

	ENDING
LINE 6 - OTHER INVESTMENTS EVERYWHERE	-----

INVESTMENT IN REAL ESTATE	2,375,288.
INVESTMENT IN SITO	20,000.

TOTAL	2,395,288.
	=====

LINE 8 - OTHER INTG. ASSETS EVERYWHERE	

PREPAID EXPENSES AND OTHER	33,505.
OTHER RECEIVABLES	NONE
NOTES RECEIVABLE	17,449,700.
DUE FROM AFFILIATES	1,033,809.

TOTAL	18,517,014.
	=====

2024 MICHIGAN Corporate Income Tax Annual Return

Issued under authority of Public Act 38 of 2011.

		MM-DD-YYYY			MM-DD-YYYY
1. Return is for calendar year 2024 or for tax year beginning:					
2. Taxpayer Name (print or type) GREAT RIVERS COMMUNITY CAPITAL			3. Federal Employer Identification Number (FEIN) 43-1862691		
4. Street Address 1023 N. GRAND BLVD					
City SAINT LOUIS			State MO	ZIP/Postal Code 63106	Country Code
5. NAICS (North American Industry Classification System) Code 624100		6. If a Final Return, Enter Effective End Date		8. <input type="checkbox"/> Check if a special sourcing formula for transportation services is used in the sourcing of Sales to Michigan.	
7a. <input type="checkbox"/> Check if Filing Michigan Unitary Business Group Return. (Include Form 4896, if applicable, and Form 4897.)		7b. Affiliated Group Election year (MM-DD-YYYY)			

Important: If the tax liability on line 41 is less than or equal to \$100, or the gross receipts on line 11 are less than \$350,000, you are not required to file this return or pay the tax; however, there may be other reasons to file this form. Short period filers, gross receipts threshold amount differs, 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.	1,262	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.	1,262	00
d. Total sales of the corporation/UBG	9d.	2,948,203	00
e. Proportionate total sales from unitary FTEs (include Form 4900)	9e.		00
f. Total sales. Add lines 9d and 9e	9f.	2,948,203	00
g. Apportionment percentage. Divide line 9c by line 9f	9g.	0.0428	%

10. a. Gross receipts from corporate activities (see instructions).	10a.	2,948,203	00
10. b. Apportioned gross receipts from FTEs	10b.		00
11. REQUIRED: Total gross receipts for filing threshold purposes. Multiply line 10a by line 9g, and add line 10b.	11.	1,262	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.	530,242	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.	530,242	00
16. For a UBG, total group eliminations from business income (see instructions). All other filers, enter zero	16.		00
17. Business Income. Subtract line 16 from line 15. (UBGs, see instructions.) If negative, enter as negative	17.	530,242	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.	21,941	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.	21,941	00
25. Corporate Income Tax Base After Additions. Add lines 17 and 24. If negative, enter as negative.	25.	552,183	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. Corporate Income Tax Base. Subtract line 31 from line 25. If negative, enter as negative	32.	552,183	00
33. Apportioned Corporate Income Tax Base. Multiply line 32 by percentage on line 9g.	33.	236	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.	236	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.	236	00
38. Corporate Income Tax Before Credit. Multiply line 37 by 6% (0.06). If less than zero, enter zero	38.	14	00

PART 2: TOTAL CORPORATE INCOME TAX

39. Small Business Alternative Credit (SBAC) from Form 4893, line 14 or line 18, whichever applies	39.		00
40. Tax Liability after SBAC. Subtract line 39 from line 38.	40.		00
41. Tax Liability after CIT Historic Preservation Credit from Form 5793, line 11. If less than or equal to \$100, enter zero. If apportioned or allocated gross receipts are less than \$350,000, enter zero (see instr.)	41.		00
42. Total Recapture of Certain Business Tax Credits from Form 4902	42.		00
43. Total Tax Liability. Add lines 41 and 42	43.		00

PART 3: PAYMENTS AND TAX DUE

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

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

PART 4: REFUND OR CREDIT FORWARD

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

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.		Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.	
<input checked="" type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer.		Preparer's PTIN, FEIN or SSN P01041237	
Authorized Signature for Tax Matters		Preparer's Business Name (print or type) FORVIS MAZARS, LLP	
Authorized Signer's Name (print or type) SHERI FLANIGAN-VAZQUE	Date 10-15-2025	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 Corporation Income Tax Return for 2024	Beginning (MM/DD/YY)	01	01	24	Ending (MM/DD/YY)	12	31	24
---	-------------------------	----	----	----	----------------------	----	----	----

Federal Employer I.D. Number	4	3	1	8	6	2	6	9	1	Charter Number										
Corporation Name	GREAT RIVERS COMMUNITY CAPITAL																			

Address	1023 N. GRAND BLVD
---------	--------------------

City	SAINT LOUIS	State	MO
------	-------------	-------	----

ZIP -  24111011062

☒ 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

1.	Federal taxable income from Federal Form 1120, Line 30	1	530,242	.00
2.	Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income	2	21,941	.00
3.	Missouri modifications - Additions (complete Page 3, Part 1)	3		.00
4.	Total additions - Add Lines 2 and 3	4	21,941	.00
5.	Missouri modifications - Subtractions (complete Page 3, Part 2).	5	NONE	.00
6.	Balance - Line 1 plus Line 4 minus Line 5.	6	552,183	.00
7.	Federal income tax - Current year (complete Page 4, Part 3).	7	55,676	.00
8.	Taxable Income - All sources - Line 6 less Line 7.	8	496,507	.00
9.	Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete and attach Form MO-MS . Method <input type="text" value="2A"/> Percent <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="0"/> Multiply Line 8 by the percentage	9	317,417	.00
10.	Missouri dividends deduction (see instructions).	10		.00
11.	Enterprise zone or rural empowerment zone income modification	11		.00
12.	RESERVED	12		.00
13.	Missouri taxable income - Line 9 minus Lines 10 and 11.	13	317,417	.00

Tax
14. Corporation income tax - 4% of Line 13.
15. Recapture of Missouri low income housing credit - Attach a copy of Federal Form 8611 (see instructions).
16. Total tax - Add Lines 14 and 15.
17. Tax credits - Attach Form MO-TC.
18. Estimated tax payments - Include approved overpayments applied from previous year.
19. Payments with Form MO-7004.
20. Amended return only - Tax paid with (or after) the filing of the original return.
21. Subtotal - Add Lines 17 through 20.
22. Amended return only - Overpayment, if any, as shown on original return or as later adjusted.
23. Total - Line 21 minus Line 22.

Credits and Payments
24. If Line 23 is more than Line 16, enter overpayment here.
25. Amount remitted or amount of tax overpayment to be contributed to the funds listed below.

Refund or Tax Due
Table with 12 columns: 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.).
26. Amount of Line 24 to be applied to your 2025 estimated tax.
27. REFUND - Line 24 minus Lines 25 and 26.
28. If Line 23 is less than Line 16, enter underpayment here.
29. Enter the total from boxes, A, B, and C below on Line 29.
A. Interest, B. Penalty, C. MO-2220.
30. AMOUNT DUE - Add Lines 28 and 29 (U.S. funds only).

Signature
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of their firm, or if internally prepared, any member of the internal staff.
Signature of Officer, Printed Name, Telephone Number, Preparer's Signature, Preparer's FEIN, SSN, or PTIN, Date Signed.
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.

Part 1 - Missouri
Modifications - Additions

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

Part 2 - Missouri Modifications - Subtractions

1a. Interest from exempt federal obligations - Attach a detailed schedule	1a		.00		
1b. Related expenses. (omit if less than \$500) - Enter Line 1a minus Line 1b on Line 1.	1b		.00	1	.00
2. Federally taxable - Missouri exempt obligations		2			.00
3. Agriculture disaster relief		3			.00
4. Previously taxed income.		4			.00
5. Amount of any state income tax refund included in federal taxable income.		5			.00
6. Capital gain exclusion from the sale of low income housing project.		6			.00
7. Fiduciary, partnership, and other adjustments (see instructions)		7		NONE	.00
8. Missouri depreciation basis adjustment.		8			.00
9. Subtraction modification offsetting previous addition modification from a net operating loss deduction from an applicable year (only enter previously disallowed NOL carryback)		9			.00
10. Depreciation recovery on qualified property that is sold		10			.00
11. Build America and recovery zone bond interest		11			.00
12. Missouri public-private partnerships transportation act		12			.00
13. Disallowed business interest expense		13			.00
14. Total - Add Lines 1 through 13. Enter here and on Page 1, Line 5		14		NONE	.00



24111031062

Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 12.	1	111,351	.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	55,676	.00
Consolidated federal and separate Missouri returns must complete Lines 4 through 6.			
4. Numerator - Enter the amount of separate company federal taxable income	4		.00
5. Denominator -Enter the total positive separate company federal taxable income.	5		.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 7. Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.	6		.00

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

- ☐ A. Missouri correction only ☐ B. Federal correction ☐ C. Loss carryback (complete Part 5)
- ☐ D. Federal tax credit carryback ☐ E. IRS audit (RAR)
- ☐ F. Missouri tax credit carryback -Enter on Part 5, Line 1 the first year that the credit became available.

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

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 12-2024)

Mail To:**E-mail:** corporate@dor.mo.gov**Balance Due:**

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

Visit dor.mo.gov/taxation/business/tax-types/corporation-income/ for additional information.**Phone:** (573) 751-4541**Fax:** (573) 522-1721**Refund or No Amount Due:**

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



24111041062

MISSOURI DEPARTMENT OF
REVENUE
Form **MO-MS**
2024 Corporation Allocation and Apportionment of Income Schedule

Department Use Only (MM/DD/YY)

Taxable Year Beginning (MM/DD/YY) 0 1 0 1 2 4 Ending (MM/DD/YY) 1 2 3 1 2 4
Missouri Tax I.D. Number 9 9 9 9 9 9 9 9
Federal Employer I.D. Number 4 3 1 8 6 2 6 9 1
Charter Number
Corporation Name GREAT RIVERS COMMUNITY CAPITAL

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

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 method and 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. 1884781 .00
2. Amount of receipts everywhere 2948203 .00
3. Receipts Factor - Divide Line 1 by Line 2. 6 3 9 3 0 %
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 . %

CITY OF ST. LOUIS
EARNINGS TAX RETURN

2024

TAXABLE YEAR BEGINNING 01/01/2024 AND ENDING 12/31/2024

FOR OFFICE USE ONLY

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

☐ E-2 INDIVIDUAL (LLC, 1099-Misc., 1099-NEC, Schedule C)

FEIN OR SSN #: 43-1862691

☐ E-3 PARTNERSHIP (LLC, Trust, 1065)

PRINCIPAL BUSINESS ACTIVITY: INDIV & FAMILY SERVI

☒ E-4 CORPORATION (LLC, Sub S, 1120, 1120S)

E-MAIL:

GREAT RIVERS COMMUNITY CAPITAL

1023 N. GRAND BLVD

SAINT LOUIS

MO 63106

Check applicable boxes:

- (1) ☐ Due month change
(2) ☐ Amended return (3) ☐ Change in address
(4) ☐ Account terminated (5) ☐ Initial Return

DATE & REASON (REQUIRED):

TO WHOM SOLD OR TRANSFERRED: (Attach Statement)

ADDRESS OF NEW OWNER:

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

VERIFIED BY

AUDITED BY

SECTION A - NET PROFIT

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions (less Returns and Allowances)	1.		
2. Cost of Goods Sold (attach itemized list)	2.		
3. Gross Profit (subtract line 2 from line 1)	3.		
4. Other Income or Loss (attach itemized list) SEE STATEMENT 1	4.	2,948,203.	
5. Total Gross Profit (add lines 3 and 4)	5.	2,948,203.	
6. Business Expenses (use Section A-1 on the reverse side)	6.	2,396,020.	
7. Net Profit or Loss (subtract line 6 from line 5)	7.	552,183.	

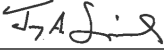
SECTION B - NET PROFIT BY ALLOCATION (From Section B Worksheet, on back)

8. (a) Allocation percent (line 2)	8a.	56.86608	%
(b) Net Profit by allocation (line 7 multiplied by line 8a)	8b.	314,005.	

SECTION C - COMPUTATION OF TAX

9. Taxable Net Profit (line 7, line 8b or total of column 3 in Section B-1)	9.	314,005.	
10. Earnings Tax Due is 1% of line 9 (no tax due if less than \$1.00)	10.	3,140.	
11. Payroll Expense Tax Credit (complete Section C-1 on the reverse side)	11.	NONE	
12. Net Earnings Tax Due (line 10 minus line 11)	12.	3,140.	
13. Less Extension payment and pre-payments (penalty and interest will be assessed if prepayment is not 90% of tax due)	13.	4,345.	
14. Subtotal (line 12 minus line 13)	14.	-1,205.	
15. Penalty _____ % (5% per month, 25% maximum)	15.		
16. Interest _____ % (1% per month)	16.		
17. Amount Due	17.		
18. Amount Overpaid. <input type="checkbox"/> Refund or <input checked="" type="checkbox"/> Carry Forward (refund claims under \$1.00 will not be awarded)	18.	1,205.	

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.

10/15/2025 (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 #)			

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.

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>

www.stlouiscollector.com

Email: earningstaxcor@stlouis-mo.gov

Telephone: (314) 622-4248

Fax: (314) 622-4847

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	
2. Commissions		9. Repairs	214,107.
3. Depreciation	33,304.	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)	2,148,609.
7. Office Expense and Supplies		Total - Enter on line 6, Section A	2,396,020.

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

All applicable fields must be completed. Please attach a list of all business locations.		Within & Without St. Louis	Within St. Louis	Percentage Within St. Louis
1. (a) Average Value of Real and Tangible Personal Property, including inventory.		2,306,618.	1,382,083.	59.91816
(b) Gross Receipts		2,948,203.	1,586,546.	53.81400
(c) Wages & Salaries (except Officers)				
			Total Percentage %	113.73216
2. ALLOCATION PERCENTAGE:	Total of Percentages divided by number of factors used 56.86608 %. 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

1. Did you pay the Payroll Expense Tax on Form P-10? ☐ Yes (Proceed to line 2) ☐ No (P-10 credit does not apply)
2. Total quarterly Payroll Expense Tax paid from line 3, Form P-10.
1st Qtr. _____ + 2nd Qtr. _____ + 3rd Qtr. _____ + 4th Qtr. _____ = _____
3. Line 2 x 20 % = _____
4. Tax amount due from line 10, Section C (reverse side) 3,140. x 25 % = NONE
5. Smaller of lines 3 and 4 (Please enter this amount on line 11, Section C) = NONE

ST. LOUIS E-234, PAGE 1 DETAIL

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

INTEREST	1,591,154.
GROSS RENT	83,587.
OTHER INCOME	1,273,462.

TOTAL	2,948,203.
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ST. LOUIS E-234, PAGE 2 DETAIL

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SECTION A-1, LINE 13 - OTHER DEDUCTIONS	

INTEREST	343,969.
BAD DEBTS	1,581,962.
PROFESSIONAL FEES	209,403.
INSURANCE	6,357.
SUPPLIES	3,481.
MISCELLANEOUS EXPENSES	3,351.
PROGRAM EXPENSE	86.

TOTAL	2,148,609.
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