



307 North Main Street ~ Saint Charles, MO 63301 ~ 314.209.7777
www.devereuxcpa.com

September 26, 2023

RAINTREE PLANTATION PROPERTY OWNERS
599 HIGHWAY B
HILLSBORO, MO 63050

Dear Client,

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

James P. Devereux, CPA



307 North Main Street ~ Saint Charles, MO 63301 ~ 314.209.7777
www.devereuxcpa.com

Filing Instructions For
2022 Form 1120-H U.S. Income Tax Return for Homeowners Associations

Enclosed is the 2022 Form 1120-H, U.S. Income Tax Return for Homeowners Associations, for RAINTREE PLANTATION PROPERTY OWNERS for the tax year ending December 31, 2022.

The return should be **signed and dated** by a corporate officer and mailed on or before October 16, 2023 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0012

No payment is due with this return.



307 North Main Street ~ Saint Charles, MO 63301 ~ 314.209.7777
www.devereuxcpa.com

Filing Instructions For
2022 Missouri Corporation Income Tax Return

Enclosed is the 2022 Form MO-1120, Missouri Corporation Income Tax Return for RAINTREE PLANTATION PROPERTY OWNERS.

The return should be **signed and dated** by a corporate officer and mailed on or before October 16, 2023 to:

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

No payment is due with this return.



307 North Main Street ~ Saint Charles, MO 63301 ~ 314.209.7777
www.devereuxcpa.com

Dear Client,

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

James P. Devereux, CPA

DEVEREUX & COMPANY LLC
307 N MAIN ST
SAINT CHARLES, MO 63301

2022 Form 1120-H

RAINTREE PLANTATION PROPERTY OWNERS
599 HIGHWAY B
HILLSBORO, MO 63050

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

OMB No. 1545-0233

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

**Print
or
Type**

Name RAINTREE PLANTATION PROPERTY OWNERS	Identifying number 43-1268374
Number, street, and room or suite no. (If P.O. box, see instructions.) 599 HIGHWAY B	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) HILLSBORO MO 63050	

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

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

1 Enter the form code for the return listed below that this application is for 17

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

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5a The application is for calendar year 2022, or tax year beginning _____, 20____, and ending _____, 20____.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions—attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	0
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

**U.S. Income Tax Return
for Homeowners Associations**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning _____, 2022, and ending _____, 20

TYPE OR PRINT	Name RAINTREE PLANTATION PROPERTY OWNERS	Employer identification number 43-1268374
	Number, street, and room or suite no. If a P.O. box, see instructions. 599 HIGHWAY B	Date association formed 07/27/1981
	City or town, state or province, country, and ZIP or foreign postal code HILLSBORO MO 63050	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B	Total exempt function income. Must meet 60% gross income test. See instructions	B 942,470
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C 909,905
D	Association's total expenditures for the tax year. See instructions	D 927,582
E	Tax-exempt interest received or accrued during the tax year	E

Gross Income (excluding exempt function income)

1	Dividends	1	
2	Taxable interest	2	4,713
3	Gross rents	3	10,537
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach statement)	7	
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	15,250

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	7,420
10	Repairs and maintenance	10	5,823
11	Rents	11	
12	Taxes and licenses	12	501
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach statement) See Statement	15	3,933
16	Total deductions. Add lines 9 through 15	16	17,677
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-2,427
18	Specific deduction of \$100	18	\$100

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	-2,527
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	
21	Tax credits (see instructions)	21	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23a	2021 overpayment credited to 2022 23a		
b	2022 estimated tax payments 23b	c Total	23c
d	Tax deposited with Form 7004		23d 0
e	Credit for tax paid on undistributed capital gains (attach Form 2439)		23e
f	Credit for federal tax paid on fuels (attach Form 4136)		23f
g	Add lines 23c through 23f	23g	0
24	Amount owed. Subtract line 23g from line 22. See instructions	24	
25	Overpayment. Subtract line 22 from line 23g	25	0
26	Enter amount of line 25 you want: Credited to 2023 estimated tax Refunded	26	

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	Date	TREASURER Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer Use Only	Print/Type preparer's name Richard G Stringham, CPA	Preparer's signature Richard G Stringham, CPA	Date 09/26/2023	Check <input type="checkbox"/> if self-employed	PTIN P00833834
	Firm's name DEVEREUX & COMPANY LLC	Firm's EIN 26-3317195			
	Firm's address 307 N MAIN ST SAINT CHARLES MO 63301	Phone no. (636) 947-3151			

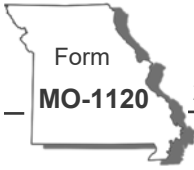
Additional Information From 2022 Federal Corporation Tax Return

Form 1120-H: U.S Income Tax Return for Homeowners Associations

Other Deductions

Continuation Statement

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	266
OFFICE EXPENSE	3,166
SECURITY	125
SNOW REMOVAL	376
Total	3,933



MISSOURI DEPARTMENT OF
REVENUE
2022 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number 1 4 3 5 2 0 7 9

Missouri Corporation Income Beginning (MM/DD/YY) 0 1 0 1 2 2 Ending (MM/DD/YY) 1 2 3 1 2 2

Federal Employer I.D. Number 4 3 1 2 6 8 3 7 4 Charter Number N 0 0 0 2 6 2 8 3

Corporation Name RAINTREE PLANTATION PROPERTY OWNERS

Address 599 HIGHWAY B

City HILLSBORO State MO

ZIP 6 3 0 5 0 -  22111011030

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

- Select applicable boxes. Failure to select the address change box may result in mailings going to the last address on file.
- Consolidated MO Return Consolidated Federal and Separate Missouri Return Amended Return Name Change
- Address Change Final Return and Close Corporation Income Tax Account Bankruptcy 1120C 990T
- All Missouri source income is from an interest(s) in a partnership(s) Public Law 86-272

Computation of Income Tax	1. Federal taxable income from Federal Form 1120, Line 30.....	1	<input type="text"/>	-2527	<input type="text"/>	.00
	2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income.....	2	<input type="text"/>		<input type="text"/>	.00
	3. Missouri modifications - Additions (complete Page 3, Part 1).....	3	<input type="text"/>		<input type="text"/>	.00
	4. Total additions - Add Lines 2 and 3	4	<input type="text"/>		<input type="text"/>	.00
	5. Missouri modifications - Subtractions (complete Page 3, Part 2)	5	<input type="text"/>		<input type="text"/>	.00
	6. Balance - Line 1 plus Line 4 minus Line 5	6	<input type="text"/>	-2527	<input type="text"/>	.00
	7. Federal income tax - Current year (complete Page 4, Part 3).....	7	<input type="text"/>		<input type="text"/>	.00
	8. Taxable income - All sources - Line 6 minus Line 7	8	<input type="text"/>	-2527	<input type="text"/>	.00
	9. Preliminary Missouri taxable income - If all Missouri income, enter amount from Line 8. If not, complete Form MO-MS .					
	Method <input type="text"/> Percent <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply Line 8 by the percentage	9	<input type="text"/>	-2527	<input type="text"/>	.00
	10. Missouri dividends deduction (see instructions)	10	<input type="text"/>		<input type="text"/>	.00
	11. Enterprise zone or rural empowerment zone income modification	11	<input type="text"/>		<input type="text"/>	.00
	12. Bring jobs home deduction (see instructions)	12	<input type="text"/>		<input type="text"/>	.00
	13. Transportation facilities deductions: <input type="checkbox"/> Port Cargo Expansion <input type="checkbox"/> International Trade Facility <input type="checkbox"/> Qualified Trade Activities	13	<input type="text"/>		<input type="text"/>	.00
14. Missouri taxable income - Line 9 minus Lines 10, 11, 12, and 13	14	<input type="text"/>	0	<input type="text"/>	.00	

Tax

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

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

17. Total tax - Add Lines 15 and 16 17

Credits and Payments

18. Tax credits - Attach **Form MO-TC** 18

19. Estimated tax payments - Include approved overpayments applied from previous year..... 19

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

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

22. Subtotal - Add Lines 18 through 21 22

23. Amended return only - Overpayment, if any, as shown on original return or as later adjusted .. 23

24. Total - Line 22 minus Line 23 24

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

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

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.)
<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>	<input type="text" value="00"/>

Refund or Tax Due

27. Amount of Line 25 to be applied to your 2023 estimated tax..... 27

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

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

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

Interest Additions to Tax MO-2220

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

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

Department Use Only
 S E F

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

Signature

Signature of Officer Printed Name **DEBRA ENDERSON**

Telephone Number Date Signed (MM/DD/YY)

Preparer's Signature (Including Internal Preparer) **RICHARD G STRINGHAM, CPA** Preparer's FEIN, SSN, or PTIN **2 6 3 3 1 7 1 9 5**

Telephone Number **6369473151** Date Signed (MM/DD/YY)

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



Part 1 - Missouri Modifications - Additions

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

Part 2 - Missouri Modifications - Subtractions

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

REV 01/21/23 PRO



22111031030

Part 3 - Federal Income Tax - Current Year

Consolidated federal and separate Missouri return (see instructions)

1. Federal tax from Federal Form 1120, Schedule J, Line 11.....	1	<input type="text"/>	.00
2. Foreign tax credit from Federal Form 1120, Schedule J, Line 5a.....	2	<input type="text"/>	.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	<input type="text"/>	.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	<input type="text"/>	.00
5. Denominator - Enter the total positive separate company federal taxable income	5	<input type="text"/>	.00
6. Divide Line 4 by Line 5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Multiply by Line 3. Enter here and on Page 1, Line 7. Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.	6	<input type="text"/>	.00

Part 4 - Amended Reason

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

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

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

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

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

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

Form MO-1120 (Revised 12-2022)

Mail To:

E-mail: corporate@dor.mo.gov

Balance Due:

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

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

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

Refund or No Amount Due:

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

REV 01/21/23 PRO



22111041030



**U.S. Income Tax Return
for Homeowners Associations**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form1120H for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning _____, 2022, and ending _____, 20

TYPE OR PRINT	Name RAINTREE PLANTATION PROPERTY OWNERS	Employer identification number 43-1268374
	Number, street, and room or suite no. If a P.O. box, see instructions. 599 HIGHWAY B	Date association formed 07/27/1981
	City or town, state or province, country, and ZIP or foreign postal code HILLSBORO MO 63050	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
B	Total exempt function income. Must meet 60% gross income test. See instructions	B 942,470
C	Total expenditures made for purposes described in 90% expenditure test. See instructions	C 909,905
D	Association's total expenditures for the tax year. See instructions	D 927,582
E	Tax-exempt interest received or accrued during the tax year	E

Gross Income (excluding exempt function income)

1	Dividends	1	
2	Taxable interest	2	4,713
3	Gross rents	3	10,537
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach statement)	7	
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	15,250

Deductions (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	7,420
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16	Total deductions. Add lines 9 through 15	16	17,677
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-2,427
18	Specific deduction of \$100	18	\$100

Tax and Payments

19	Taxable income. Subtract line 18 from line 17	19	-2,527
20	Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)	20	
21	Tax credits (see instructions)	21	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23a	2021 overpayment credited to 2022	23a	
b	2022 estimated tax payments	23b	
c	Total	23c	
d	Tax deposited with Form 7004	23d	0
e	Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
f	Credit for federal tax paid on fuels (attach Form 4136)	23f	
g	Add lines 23c through 23f	23g	0
24	Amount owed. Subtract line 23g from line 22. See instructions	24	
25	Overpayment. Subtract line 22 from line 23g	25	0
26	Enter amount of line 25 you want: Credited to 2023 estimated tax Refunded	26	

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	Date	TREASURER Title	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	------	--------------------	---

Paid Preparer Use Only	Print/Type preparer's name Richard G Stringham, CPA	Preparer's signature Richard G Stringham, CPA	Date 09/26/2023	Check <input type="checkbox"/> if self-employed	PTIN P00833834
	Firm's name DEVEREUX & COMPANY LLC	Firm's EIN 26-3317195			
	Firm's address 307 N MAIN ST SAINT CHARLES MO 63301	Phone no. (636) 947-3151			

Additional Information From 2022 Federal Corporation Tax Return

Form 1120-H: U.S Income Tax Return for Homeowners Associations

Other Deductions

Continuation Statement

Description	Amount
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OFFICE EXPENSE	3,166
SECURITY	125
SNOW REMOVAL	376
Total	3,933

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

OMB No. 1545-0233

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

**Print
 or
 Type**

Name RAINTREE PLANTATION PROPERTY OWNERS	Identifying number 43-1268374
Number, street, and room or suite no. (If P.O. box, see instructions.) 599 HIGHWAY B	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) HILLSBORO MO 63050	

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

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

1 Enter the form code for the return listed below that this application is for 17

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

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . .
- 5a The application is for calendar year 2022, or tax year beginning _____, 20____, and ending _____, 20____.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions—attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	0
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

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

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