Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the 2	021 calend	dar year, or tax year beginning	07/01/2021	and ending		06/30/2	2022				
В	Check if ap	oplicable:	C Name of organization AAA RES	SIDENTIAL RESOURCES IN	IC			D Emplo	yer identif	ication n	umber	
	Address ch	nange	Doing business as RESIDENT	IAL RESOURCES INC					62-171	8171		
$\overline{\Box}$	Name char	Ĭ.	Number and street (or P.O. box if		dress)	Room/s	suite	E Teleph	one numbe	 ∍r		
~	Initial retur	•	604 Gallatin Avenue Suite 10		,				615-650			
\Box	Final return		City or town, state or province, co		code				0.000			
\vdash	Amended i		Nashville, TN 37206	ountry, and 211 of follogin poolar	oodo			G Gross	receipts \$		138,354	
H	Application		F Name and address of principal off	ficer: Docalind Dohinson			H(a) Is this a gr		•		s V No	
Ш	Арріісаціої	pending	604 Gallatin Avenue Suite 103			1	I(b) Are all s			=	=	
_	Tax-exemp	ot etatue:	✓ 501(c)(3) 501(c) (· · · · · · · · · · · · · · · · · · ·	a)(1) or 527		f "No," attacl				, NO	
<u>'</u>) • (insert no.) +3+7 (a)(1) 01 321		I(c) Group e			113.		
	•		nousing.org Corporation Trust Associa	ation ☐ Other ►	L Year of for				of legal dor			
_	art I			ation Uniter P	L rear or for	mation.	1997	IVI State	or legal dol	niche.	TN	
	_	Summa	-	vian ar maat ajanifiaant aa	tivition. Out	1						
a)			cribe the organization's miss				or acquirin	g and su	ıstaining	decent		
ü	_3	iffordable	housing by consultation, educ	cation, referrals and housin	g developme	nt.						
Activities & Governance								050/ 6				
×6			box ► ☐ if the organization	•	-			1 1	its net as	ssets.		
Ğ			voting members of the gove	• • •	•			3			4	
ο O			independent voting member			,		4			4	
Ę.			per of individuals employed in					5			3	
Ę	l .		per of volunteers (estimate if	= -				6			4	
ĕ	l .		ated business revenue from	* **				7a			0	
	b N	let unrelat	ted business taxable income	from Form 990-T, Part I,	line 11			7b			17,286	
							Prior Yea	r	Cui	rrent Yea	ır	
ō	8 0	Contribution	ons and grants (Part VIII, line	1h)			1	41,085		1	138,354	
Revenue	9 P	rogram se	ervice revenue (Part VIII, line		0			0				
ě	10 Ir	nvestment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)				0			0	
<u> </u>	11 C	Other reve	nue (Part VIII, column (A), line		28,375			0				
	12 T	otal reven	ue-add lines 8 through 11 (r	nust equal Part VIII, colum	n (A), line 12))	1	69,460		1	138,354	
	13 G	ants and	d similar amounts paid (Part I	X, column (A), lines 1-3).				0			0	
	14 B	Benefits pa	aid to or for members (Part I)	X, column (A), line 4)				0			0	
Ø	15 S	alaries, ot	her compensation, employee	benefits (Part IX, column (A	A), lines 5–10)		1	109,893			93,161	
Expenses	16a P	rofession	al fundraising fees (Part IX, c	column (A), line 11e)				0			0	
e d			raising expenses (Part IX, col		0							
ш	l .		enses (Part IX, column (A), lin					50,638			52,910	
			nses. Add lines 13-17 (must		line 25) .		1	60,531		-	146,071	
		-	ess expenses. Subtract line 1		-			8,929			-7,717	
es -							ning of Curr		En	d of Year		
ets (20 T	otal asset	ts (Part X, line 16)					946,685			932,193	
Ass I Bal	21 T		ties (Part X, line 26)					74,646			50,584	
Net Assets or Fund Balances	22		or fund balances. Subtract I	ine 21 from line 20				372,039			881,609	
	art II		re Block					772,007			201,007	
			, I declare that I have examined this	return, including accompanying	schedules and s	tatement	ts and to the	e hest of r	ny knowlec	dae and b	nelief it is	
			e. Declaration of preparer (other than						ny ranovnoc	igo ana b	701101, 11 10	
_		<u> </u>										
Sig	n	Signatu	ure of officer				l Date					
He	-			VED								
110			Ilind Robinson, President/CEO or print name and title	I/EU								
_		, ,,	·	Dronoror's signature		Doto			¬ Грті	NI.		
Pa	id	Fill Viype	e preparer's name	Preparer's signature		Date			if PTI	IN.		
Pr	eparer									self-employed		
	e Only	Firm's nan		's EIN ▶								
		Firm's add					Phone	e no.		1 > 4		
Ma	y the IRS	discuss	this return with the preparer	snown above? See instruc	ctions				· L	Yes	<u> No</u>	

Form 990 (2021) Page **2**

Part	_	Accomplishments response or note to any line in this Pa	art III	
1	Briefly describe the organization's missi	<u> </u>		
	Provide guidance through consultation, e		the acquisition and sustaining o	f decent
	Did the constitution and other	:::	and the first of the second se	
2	Did the organization undertake any sign prior Form 990 or 990-EZ?			
	If "Yes," describe these new services or			☐ Yes 🔽 No
3	Did the organization cease conducting		ow it conducts any progran	n
·	services?			
	If "Yes," describe these changes on Sch			_ 100 _ NO
4	Describe the organization's program se		three largest program service	s. as measured by
	expenses. Section 501(c)(3) and 501(c)(
	the total expenses, and revenue, if any,	for each program service reported.	_	
4a	(Code:) (Expenses \$	81,412 including grants of \$	<u>0</u>) (Revenue \$	81,412)
	Assisted 273 clients to purchase housing	:		
4b	(Code:) (Expenses \$	53,070 including grants of \$	0) (Revenue \$	53,070)
	Assisted 177 homeowner clients avoid for	reclosure on their home, and 82 non deli	nguent homeowners clients avoi	
4 -	(O-d	as Too in about a superior of the	a) (D d	
4c		11,589 including grants of \$	o) (Revenue \$	11,588)
	Assisted 73 clients sustain rental housing	<u>}·</u>		
4d	Other program services (Describe on Sc	chedule O.)		
	(Expenses \$ 0 including g	grants of \$ 0) (Revenue	\$ 0)	
4e	Total program service expenses ▶	146,071		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e	~	V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		·
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
	conservation contributions? If "Yes," complete Schedule M	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	\ \	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	· · · · · · · · · · · · · · · · · · ·		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	.,	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ►			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
	·	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		Ť
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 1 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► TN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Rosalind Robinson, (615)650-9779

Part VI

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if fletther the organization flor	i airy reiate	u oig	ailiz	auc	льс	ompe	ilisa	ited arry currerit	onicer, un ector,	oi iiusiee.
				(0	C)					
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	ss pe	rson lirect	e than on its both to the contract of the cont	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		
Rosalind Robinson	40.00									
President and Executive Director	0.00	~						50,000	0	0
Stephon Fleming	3.00									
N/A	0.00			~				0	0	0
Lethia Mann	3.00									
Chair	3.00			~				0	0	0
Dr Paulette Coleman	3.00									
Secretary	3.00			~				0	0	0

Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization to take year. (A) Name and business address None	Part	VII Section A. Officers, Directors, 7	Γrustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
Name and title Name and title Name						(C)					
Name and title Name and title Name											(E)	(F)
Total from continuation sheets to Part VII, Section A Total from		Name and title	Average	e box, unless person is						Reportable	Reportable	Estimated amount
Total from continuation sheets to Part VII, Section A												
Total number of independent contractors (including but not limited to those listed above) who Section B. Independent Contractors A				or Inc	Ins	Qf	₹ e	em Hig	Fo			
Total number of independent contractors (including but not limited to those listed above) who Section B. Independent Contractors A			hours for	livid	titu	icer	y er	ploy	rme	1099-MISC/	1099-MISC/	organization and
1b Subtotal				ctor	ion			t co	~	1099-NEC)	1099-NEC)	related organizations
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Total (add lines 1b and 1c)			 VII Sectio	 n Δ	•	•	•			30,000	0	0
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employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former	officer dire	ector	trı	ıste	ا م	(6)/ 6	mnl	lovee or highes	et compensated	
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who	Ū										lion of inalvidua	
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was it and makes them \$100,000 of a company time from the appropriation		Total number of independent contracts	re (includi	na hi	ıt n	o+	limit	tod to	\ \ +b	nose listed above	e) who	
	_								ווו	0	C) WIIO	

Page 8

Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	ny line in this Pa	rt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
an an	b	Membership dues			1b	0				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events			1c	0				
	d	Related organization	ns .		1d	0				
ig ë	е	Government grants	(cont	ributions)	1e	138,354				
ns,	f	All other contribution								
tio er		and similar amounts no	ot incl	uded above	1f	0				
ള	g	Noncash contribution	ons in	cluded in						
d C	_	lines 1a-1f			1g	\$ 0				
a Go	h	Total. Add lines 1a-	-1f .				138,354			
						Business Code				
Ce	2a									
ه ڃَ	b									
Se	С									
gram Ser Revenue	d									
P. B.	e									
Program Service Revenue	f	All other program se			 · •					
_	g	Total. Add lines 2a-				•	0			
	3	Investment income								
		other similar amoun	its) .							
	4	Income from investr	nent o	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				•				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с		0	0				
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
Ze		Gain or (loss)	7c		0	0				
		Net gain or (loss)			-	<u> ▶</u>				
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep 1c). See Part IV, line			0-					
	L	•			8a 8b					
		Less: direct expense Net income or (loss)				ents ▶				
	с 9а	Gross income f			g eve	ents >				
	Ja	activities. See Part I			9a					
	h	Less: direct expense	•		9b					
		Net income or (loss)				es >				
		Gross sales of in				J				
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	C	Net income or (loss)								
<u>o</u>		, , , ,				Business Code				
e go	11a									
scellaneo Revenue	b									
eve eve	С									
Miscellaneous Revenue	d									
2	е	Total. Add lines 11a	a–11c	1		•	0			
	12	Total revenue. See	instr	uctions		🕨	138,354	0	0	0

Part IX Statement of Functional Expenses

Section 501	1 (c)(3)	and 50	1 (c)(4)	orgai	nizations	must complete	all colum	ns. All	other	orgai	nizations must	t complete colui	mn (A).	
	~:													

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одрогиесь	general expenses	слропосс
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic	-			
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	42,292	42,292	0	0
6	Compensation not included above to disqualified	72,272	42,272		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	33,450	33,450	0	0
8	Pension plan accruals and contributions (include	33,430	33,430	U	<u> </u>
-	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	17,419	17,419	0	0
11	Fees for services (nonemployees):	17,419	17,419	U	U
а	Management	0	2	0	0
_	F	0	0	0	
b	Legal	0	0	0	0
d	Accounting	0	0	0	0
e	Lobbying	0	U	U	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column	U	0	U	U
9	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	33,171	33,171	0	0
14	Information technology	33,171	33,171	0	0
15	Royalties	0	0	0	0
16	Occupancy	19,739	19,739	0	0
17	Travel	19,739	19,739	0	0
18	Payments of travel or entertainment expenses	U	U	U	U
. •	for any federal, state, or local public officials	_	_	_	•
19	Conferences, conventions, and meetings .	0	0	0	0
20		0	0	0	0
21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	0	0	0	0
24	Other expenses. Itemize expenses not covered	U	U	U	U
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
C					
d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	146 071	144 071	0	0
26	Joint costs. Complete this line only if the	146,071	146,071	U	U
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	13.13.11.11g 331 33 2 (1.00 300 120)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		📙
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	36,152	1	70,186
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	38,494	4	40,000
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $$.	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
ğ	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 854,407	7		
	b	Less: accumulated depreciation 10b 32,400	872,039	10c	822,007
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	946,685	16	932,193
	17	Accounts payable and accrued expenses	7,467	17	9,407
	18	Grants payable	0	18	0
	19	Deferred revenue	40,179	19	0
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	21,144
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	20,033
	26	Total liabilities. Add lines 17 through 25	74,646	26	50,584
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
anc	07		7/7.000	07	77/ /00
Bal	27	Net assets without donor restrictions			776,609
둳	28	Net assets with donor restrictions	105,000	28	105,000
Ψ		and complete lines 29 through 33.			
٥٠	29			29	
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ä	32	Total net assets or fund balances			881,609
Se	33	Total liabilities and net assets/fund balances			932,193
	_ 5 5	Total liabilities and het assets/fully balances	940,083	_ 00	732,193

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			~
1	Total revenue (must equal Part VIII, column (A), line 12)		13	8,354
2	Total expenses (must equal Part IX, column (A), line 25)		14	6,071
3	Revenue less expenses. Subtract line 2 from line 1		-	7,717
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		87	2,039
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)		1	7,287
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		88	1,609
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	on		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both:			
_	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	ı a		
	separate basis, consolidated basis, or both:			
_	Separate basis Consolidated basis Both consolidated and separate basis	- 4		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	•			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he		
	Single Audit Act and OMB Circular A-133?	3a	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		1
		•		$\overline{}$

Form **990** (2021)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization AAA RESIDENTIAL RESOURCES INC 62-1718171 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 109,281 42,259 115,768 141,185 138,354 546,847 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 109,281 42,259 115,768 141,185 138,354 546,847 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 **Public support.** Subtract line 5 from line 4 546.847 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 109,281 42,259 115,768 141,185 138,354 546,847 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources O 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 15,828 14,088 18,415 7,627 17,286 73,244 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 620,091 Gross receipts from related activities, etc. (see instructions) 12 620.091 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 88.19 % Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				•	•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	109,281	42,259	115,768	141,185	138,354	546,847
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	26,202	101,840	29,979	21,302	0	179,323
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		0		0	0	0
6	Total. Add lines 1 through 5	0 135,483	0 144,099	0 145,747	0 162,487	138,354	726,170
7a	Amounts included on lines 1, 2, and 3	135,463	144,077	145,747	102,467	130,334	720,170
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	J	-	J	J	-	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						726,170
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	135,483	144,099	145,747	162,487	138,354	726,170
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	-	15,828	14,088	18,415	6,973	17,286	72,590
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	15,828	0 14,088	18,415	6,973	0 17,286	72,590
11	Net income from unrelated business	15,626	14,000	16,415	0,973	17,200	12,390
••	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or					•	
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,						_
	and 12.)	151,311	158,187	164,162	169,460	155,640	798,760
14	First 5 years. If the Form 990 is for the	J	•		•		` ' ' ' _
<u> </u>	organization, check this box and stop he						🕨 📋
	on C. Computation of Public Suppor			10 1 (6)		45	
15 16	Public support percentage for 2021 (line 8		•			15 16	90.91 %
16 Socti	Public support percentage from 2020 Schon D. Computation of Investment In					10	91.42 %
17	Investment income percentage for 2021 (v line 13 colu	mn (f))	17	9.09 %
18	Investment income percentage for 2021 (18	8.58 %
19a	33 ¹ / ₃ % support tests—2021. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2020. If the organiz	_	_	-		_	_
~	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	_	•		-	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	orting organization
,	(see instructions).	any I	megrated Type III suppo	nung organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A,	Part III, Line 12 - Schedule A, Part III, Line 12 - Services partially compensated for HBE clients assisted.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name c	f the organization		Employer identification number
AAA F	RESIDENTIAL RESOURCES INC		62-1718171
Par	Organizations Maintaining Donor Advisor Complete if the organization answered "		ds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or fo	r any other purpose
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreated)	•	f a historically important land area
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
2	Preservation of open space	d a qualified concentration contribution	n in the form of a concernation
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	d a quaimed conservation contribution	
•			Held at the End of the Tax Year
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (
		· · · · · · · · · · · · · · · · · · ·	· 2d
3	Number of conservation easements modified, trans tax year ►	ferred, released, extinguished, or tern	
4 5	Number of states where property subject to conserve Does the organization have a written policy regardiations, and enforcement of the conservation eas	arding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \bigset\$	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer	onservation easements in its revenue the footnote to the organization's fina	and expense statement and
Part	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under FASI of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education	, or research in furtherance of public
b	If the organization elected, as permitted under FAS		
Б	art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res s:	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar SB ASC 958 relating to these items:	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		• \$
b	Assets included in Form 990, Part X		▶ \$

	le D (Form 990) 2021	Callantiana of	At 11:a	torical T		O	bar Circilar A	\	- /	Page 2
Pari 3	Organizations Maintaining Using the organization's acquisition, a									
3	collection items (check all that apply):	accession, and of		·	,		J	signii	icani u	ise oi its
а	Public exhibition		d		or exchang					
b	Scholarly research		е	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	ion's collections a	and expl	ain how tl	ney further	the org	ganization's exe	empt _l	ourpos	e in Par
5	During the year, did the organization assets to be sold to raise funds rather								Yes	☐ No
Part	IV Escrow and Custodial Arra	ngements.								
	Complete if the organization 990, Part X, line 21.						•		nt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing ta	able:					
								Amou	nt	
С	Beginning balance					10	;			
d	Additions during the year					10	I			
е	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amour	nt on Form 990, P	art X, line	e 21, for e	scrow or c	ustodia	l account liabili	ty?	Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanation	n has been	provide	ed on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.				
	·	(a) Current year		ior year	(c) Two yea		(d) Three years ba	ack (e) Four ye	ars back
1a	Beginning of year balance		, ,	-			, , , ,			
b	Contributions									
C	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
·	programs									
	· -									
f	Administrative expenses									
g	End of year balance	L		- /! -	l /-	.\\				
2	Provide the estimated percentage of the	•		e (line 1g	, column (a	i)) neid	as:			
а	Board designated or quasi-endowmer		%							
b	Permanent endowment	%								
С	Term endowment ▶%		/							
_	The percentages on lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of tr	ne organi	zation tha	at are neld	and ad	ministered for	tne	24	1
	organization by:							г		es No
	()							—	Ba(i)	
	()							. 3	Ba(ii)	
b	If "Yes" on line 3a(ii), are the related or	•	•						3b	
4	Describe in Part XIII the intended uses		on's endo	owment fu	ınds.					
Part			_	_						
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin	e 11a.	See Form 990	o, Par	t X, lin	e 10.
	Description of property	(a) Cost or of (investment)		1 ' '	r other basis ther)		Accumulated epreciation	(d) Book v	/alue
1a	Land		254,407		0					254,407
b	Buildings		600,000		0		32,400			567,600
c	Leasehold improvements		000,000		0		0			007,000
d	Equipment		0	 	0		0			0
		1	•	1			•			•

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

e Other

0

822,007

0

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) the proposed or security or category including name of security) (f) Financial derivatives (g) Closely held equity interests (g) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments – Other Securities.	V 5 11- C E	- w 000	Dowl V. line 10
2 Closely held equity interests		(a) Description of security or category		(c) Me	ethod of valuation:
2 Closely held equity interests	(1) Financial	derivatives			
(A) (B) (C) (C)					
(N) (B) (C) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(3) Other				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(A)				
Co. Co.					
(F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
Fotal. Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value Cost or end-of-year market value (c) (c) (d) (e) (e)					
(it) Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part XIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Get or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (1) (e) Method of valuation: Cost or end-of-year market value (2) (e) Method of valuation: Cost or end-of-year market value (3) Methods value (4) (e) Method of valuation: Cost or end-of-year market value (5) Methods value (7) Total. Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X					
Cotat. Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Method of valuation: Cost or end-of-year market value (f) (e) (e) (f) (e) (f) (
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of value					
Investments		mn (b) must equal Form 990, Part X, col. (B) line 12.).▶			
(a) Description of investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (t) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (e) (f) (g) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h			!		
(1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990,	Part X, line 13.
(2) (8) (9)		(a) Description of investment	(b) Book value		
(2) (8) (9)	(1)				
[4] [5] [6] [7] [8] [9] [7] Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) [1] [2] [3] [4] [6] [6] [7] [8] [9] [7] [8] [9] [7] [8] [9] Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) [3] [4] [5] [6] [6] [7] [6] [8] [9] [7] [8] [9] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9					
(6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ▶ 20,033 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)				
77 (8) (9)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,033 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Part IX					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,033 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	raitix		V line 11d See F	orm 990	Part X line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 20,033 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,033 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		· · · · · · · · · · · · · · · · · · ·	v, iiiio 11a. 0001	01111 000,	
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Schedule D (Form 990) 2021 Page **4**

Part	•		Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		4
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5 Dor#	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Dort IV lines 1h and Oh	or Dort V. line 4. Dort V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
_,	74, into 2a and 15, and 1 are 74, into 2a and 15.7400 complete the part	to provide any additional in	normation.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
AAA RESIDENTIAL RESOURCES INC	62-1718171
Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - Board members with account of the section B.	ounting skills which includes the
treasurer, review the 990 and attachments for accuracy. Board Members with accounting skills which inc	clude the treasurer, review the 990
and attachments for accuracy.	
Form 990, Part VI, Section B, Line 15 - Form 990, Part VI, Section B, Line 15 - Based on Comparable	pensation in the industry. Based
on comparable industry compensation.	
Form 000 Dort VI. Section C. Line 10. Form 000 Dort VI. Section C. Line 10. Describes information and dis	
Form 990, Part VI, Section C, Line 19 - Form 990, Part VI, Section C, Line 19 - Provides information and do	ocumentation upon request.
Provides information and documentation upon request.	
Form 990, Part XI, Line 9 - Rental property income. Income increase in rent, which is still lower than mark	ket rents averages.
Form 990, Part XII, Line 3b - The organization did not have the funds to pay the auditor who required aud	iting the previous year and this
one. Previous year was not audited due to lack of funds resulting from COVID 19 impact on agency.	
one: revious year was not addited due to lack of funds resulting from COVID-17 impact of agency.	

Schedule O, Statement 1 AAA RESIDENTIAL RESOURCES INC

Form: Form 990 (2021) EIN: 62-1718171

Page: 1 Header Section

Reasonable Cause Explanations

Late filing due to death of spouse. Filed 8868 requesting an extension to file which was approved.

Explanation