J M & M 10500 LITTLE PATUXENT PARKWAY SUITE 770 COLUMBIA, MD 21044

NOVEMBER 16, 2022

KELLER WILLIAMS REALTY CARES 1221 S. MOPAC EXPRESSWAY 400 AUSTIN, TX 78746

KELLER WILLIAMS REALTY CARES:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

Im & m

J M & M

EXTENDED TO NOVEMBER 15, 2022

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Α	For th	ne 2021 calendar year, or tax year beginning	and ending										
В	Check i applica	C Name of organization		D Employer identifi	cation number								
	Addi												
	Nam char	Doing business as		68-05059	69								
	Initia retur Fina retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/su 400	ite E Telephone numbe									
	term	In-		_	6,197,000.								
	ated NAme	, , , , , , , , , , , , , , , , , , ,	•	G Gross receipts \$									
F	retur	n AUSIIN, IX /0/40		H(a) Is this a group r									
	tion pend	F Name and address of principal officer: ADEXIA RODRIGOED		for subordinates									
		SAME AS C ABOVE		H(b) Are all subordinates i									
			a)(1) or 5	_	list. See instructions								
		ite: WWW.KWCARES.ORG		H(c) Group exemption									
		of organization: X Corporation Trust Association Other	L Ye	ar of formation: 2002	M State of legal domicile: $\mathbf{T}\mathbf{X}$								
P	art I												
ø	1	Briefly describe the organization's mission or most significant activities: \underline{DE}											
& Governance		WILLIAMS REALTY ASSOCIATES AND THEIR Q											
ern	2	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	13									
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line	4	13									
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0									
Viti	6	Total number of volunteers (estimate if necessary)		6	13								
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.								
				Prior Year	Current Year								
Revenue	8	Contributions and grants (Part VIII, line 1h)	Г	5,355,662.	6,102,504.								
	9	Program service revenue (Part VIII, line 2g)		0.	0.								
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,366.	44,496.								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,869.	50,000.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	Г	5,421,159.	6,197,000.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,439,991.	5,563,140.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5		296,113.	747,464.								
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)	-,	0.	0.								
bei	···	Total fundraising expenses (Part IX, column (D), line 25)	,785.										
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	, , , ,	930,881.	608,956.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,666,985.									
	19			754,174.									
or es		Troversae 1000 experiedes. Gubitaet into 10 ment into 12		Beginning of Current Year	End of Year								
Net Assets or Find Balances	20	Total assets (Part X, line 16)	<u> </u>	20,370,900.	19,707,329.								
Ass	21	Total liabilities (Part X, line 26)		391,271.	450,260.								
Net	22	Net assets or fund balances. Subtract line 21 from line 20		19,979,629.	19,257,069.								
	art II				23/23//0031								
		nalties of perjury, I declare that I have examined this return, including accompanying scho	edules and stat	ements, and to the hest of m	y knowledge and helief it is								
		ect, and complete. Declaration of preparer (other than officer) is based on all information			iy kilowicago alla bollol, it lo								
	, 00110	Sol, and complete. Declaration of property (other than officer) is based on an information	or willon propu	To has any knowledge.									
Si.	ın	Signature of officer		I Date									
Sig		ALEXIA RODRIGUEZ, CEO											
He	re	Type or print name and title											
		1	/	Date Check	TT PTIN								
Da:	d	Print/Type preparer's name SEAN MCELWANEY Preparer's signature	166	11.21.22									
Pai				self-employ	52-1853933								
	parer	Firm's name JM&M Firm's name JM&M 10500 ITMMIE DAMILYENM DARKWAY	CIITMI		24-1023232								
USE	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY	, POLIT		0 004 0220								
_		COLUMBIA, MD 21044		Phone no.41	0-884-0220								
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No								

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	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			- V
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	44.	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII	12a		X
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
	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	Х	
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	Х	
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? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	X	

Form 990 (2021) KELLER WILLIAMS RE Part IV Checklist of Required Schedules (continued)

	The officer of frequency contained		.,	
	Dilli		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		37	
	Schedule J	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
2 5a	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		X
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		X
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? If "Yes," complete Schedule L, Part II	26		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	00-		Х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b 36		X
36 37	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			Х
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			X
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	36	X	
37 38	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	36	х	
37 38	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance	36 37 38	Х	
37 38	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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	36 37 38	X	
37 38	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	36 37 38		х
37 38 Pai	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	36 37 38		х
37 38 Par 1a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11	36 37 38		х

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									
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.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	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		X						
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	6a 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?										
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
were not tax deductible?										
7	Organizations that may receive deductible contributions under section 170(c).			37						
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		X						
b	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	_		X						
اہ	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х						
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of qualified intellectual property, and 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.									
а										
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans									
•	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 -						
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		Х						
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		Х						
	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.									

5 Form **990** (2021) 132005 12-09-21 2021.05000 KELLER WILLIAMS REALTY CARE 17770__1

Part VI 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.

	· · · · · · · · · · · · · · · · · · ·					Λ					
Sec	tion A. Governing Body and Management										
		1 1	4 A .		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13								
	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 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other									
	officer, director, trustee, or key employee?		L	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	Г	4	Х						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	$ extstyle e$	5		X					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?		7	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···								
	persons other than the governing body?		7	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye										
а	The governing body?	-	8	Ва	Х						
b	Each committee with authority to act on behalf of the governing body?			Bb B	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		··· F								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R										
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		1	0a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such c		··· -	-							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	0b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			1a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ly boloro limig allo lollil	.								
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2a 2b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		F								
·	on Schedule O how this was done		₁	2c	х						
13	5111			13	X						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		⊢	14	X						
15	Did the process for determining compensation of the following persons include a review and approv			17							
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_	The organization's CEO, Executive Director, or top management official		4	5a		Х					
	Other officers or key employees of the organization			5b		X					
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		··· '	20							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
iva			4	6a		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organization the organization the organization the organization to evaluate the organization		··· ⊢'	0a							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization of										
	and the second s		1	6b							
Sec	exempt status with respect to such arrangements?tion C. Disclosure		<u>'</u>	J							
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501/	c)(3)<	onlv)	availa	able					
.5	for public inspection. Indicate how you made these available. Check all that apply.	300 1 (00011011 001)	-,(-)-(-···y/	arunc						
		on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and f	finan	cial						
	statements available to the public during the tax year.	oor or interest policy	, ա ա		Jiui						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records									
20	TONI YOUNG - 512-306-6727										
	1221 S. MOPAC EXPRESSWAY, 400, AUSTIN, TX 78746										

132006 12-09-21

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.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable compensation	Reportable	Estimated
	hours per					is bot or/trus			compensation	amount of
	week (list any	_					Ú	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidua	itutior	Je.	Key employee	nest c	ner			organizations
	line)	ib	Inst	Officer	Key	High	Former			
(1) ALEXIA RODRIGUEZ	40.00									
CEO AS OF FEB. 2021				Х				0.	0.	0.
(2) TRISTAN PIERCE	40.00							_	_	_
CFO AS OF MAY 2021				Х				0.	0.	0.
(3) RACHEL TANG, PROGRAMS MANAGER	40.00									
AND BOARD SECRETARY UNTIL MAY 2021				Х				0.	0.	0.
(4) KATHY NEU, EXE. DIR. UNTIL	40.00									
FEB. 2021. DIRECTOR AS OF NOV. 2021		Х		Х				0.	0.	0.
(5) MO ANDERSON	1.50									
CHAIR		Х		X				0.	0.	0.
(6) BEVERLY STEINER	1.50									
VICE CHAIR		X		Х				0.	0.	0.
(7) SHARON GIBBONS	1.50									
TREASURER		X		Х				0.	0.	0.
(8) DORIS CARLIN, DIRECTOR,	1.50									
THEN SECRETARY AS OF MAY 2021		Х		Х				0.	0.	0.
(9) STEVE CHADER	1.50									_
DIRECTOR		Х						0.	0.	0.
(10) JULIE COSTA FOURRE	1.50									_
DIRECTOR		Х						0.	0.	0.
(11) JEAN GRUBB	1.50									
DIRECTOR		Х						0.	0.	0.
(12) BEN KINNEY	1.50									_
DIRECTOR		Х						0.	0.	0.
(13) MINDY GRUBB	1.50									
DIRECTOR		Х						0.	0.	0.
(14) KELLY HENDERSON	1.50									
DIRECTOR AS OF FEB. 2021		Х						0.	0.	0.
(15) VALERIE KING	1.50									
DIRECTOR AS OF FEB. 2021		Х						0.	0.	0.
(16) DAWN CAZEDESSUS	1.50									
DIRECTOR AS OF FEB. 2021		Х						0.	0.	0.
		1	l	l	1	ı	1	1		

Га	Section A. Officers, Directors, Trus	tees, Key Em	рюу	<u>rees</u>	, and	d Hi	gne	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	fr org an	pensa rom the anizat d relat anizati	e ion ed
			=	=	0	호	Ξ 0	ш						
			\vdash											
			-											
			\vdash											
			\vdash											
			-											
	Subtotal								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r							no r		,000 of reportab				
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	, director, trust	ee, I	key e	emp	loye	e, or	hiç	ghest compensated emp	oloyee on			162	NO
	line 1a? If "Yes," complete Schedule J for s	such individual									- 1	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					•	the organization		4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr			idual for services	;		77	
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .					5	Х	
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs 1	that received more than	\$100,000 of con	npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.		(0	2)	
	(A) Name and business	address							(B) Description of s	ervices	С	ompe	nsatio	n
	PPLEEFFECT LLC 703 BIRCHBARK TRAIL, A	IISTIN '	יציו	78	375	50			CONSULTING S	ERVICES		22	5,1	46.
	700 Billonbilli Illing II				,,,					21171020			5 / 1	101
								\dashv						
											ı			
								\dashv						
								\sqcup						
2	Total number of independent contractors (•	ot li	mite	d to	tho	se lis 1	stec	d above) who received m	nore than				

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or note to	any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f 2 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Business of All other program service revenue	. •	6,102,504.			sections 512 - 514
	l	Total. Add lines 2a-2f	•				
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personation of tax and tax a	>	44,496.			44,496.
	b	Less: rental expenses 6b Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities (ii) Oth	er				
Revenue		assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7a 7b 7b 7c					
r Re	d	Net gain or (loss)					
Other		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
	l	Net income or (loss) from fundraising events					
	b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b					
	l	Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	b	and allowances 10a Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	INSURANCE PAYOUT 9000		50,000.			50,000.
ellar	b c						
lisc. Re	d	All other revenue					
2	e	Total. Add lines 11a-11d	$\overline{}$	50,000.			
		Total revenue See instructions		6 197 000.	0.	0.	94.496.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

art include amounts reported on lines 6b, 10, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified intersons (as defined under section 4958(f)(1)) and intersons described in section 4958(c)(3)(B)	(A) Total expenses 320,236. 5,101,686. 141,218. 134,049.	(B) Program service expenses 320,236. 5,101,686. 141,218.	Management and general expenses 47,653.	Fundraising expenses
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Grants paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,101,686.	5,101,686.	17 652	
Grants and other assistance to domestic andividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign andividuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	5,101,686.	5,101,686.	17 652	
ndividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Genefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	141,218.	141,218.	A7 652	
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 genefits paid to or for members. Compensation of current officers, directors, rustees, and key employees grant on the included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	141,218.	141,218.	17 652	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			17 652	
ndividuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages			17 652	
Benefits paid to or for members Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages			A7 652	
Compensation of current officers, directors, rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	134,049.	51,568.	17 652	
rustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	134,049.	51,568.	17 652	
Compensation not included above to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages	134,049.	31,300.		34,828
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages			41,000.	34,020
persons described in section 4958(c)(3)(B) Other salaries and wages				
Other salaries and wages				
F	496,029.	100 010	176,333.	120 077
lancian plan accruals and acceptable at the control of	430,049.	190,819.	1/0,333.	128,877
Pension plan accruals and contributions (include				
ection 401(k) and 403(b) employer contributions)	117,386.	45,158.	41,729.	30 400
Other employee benefits	111,300.	43,130·	41,143.	30,499
Payroll taxes				
Fees for services (nonemployees):				
Г	7 /50		7 /50	
	20,030.		20,030.	
F				
	35 508		35 508	
· · · · · · · · · · · · · · · · · · ·		101 050	33,300.	101,050
			40 713	1,182
				1,843
	7,055.	2,723.	2,521.	1,015
	25 342	9 749	9.009.	6,584
				3,200
Г	12,517.	4,750.	1,575	3,200
• •				
·				
	12.383.	4.764.	4.402.	3,217
				1,541
	3,332.	2,202.	= / = 0 3 4	
bove. (List miscellaneous expenses on line 24e. If				
ine 24e amount exceeds 10% of line 25, column (A),				
	220.986.	220.986		
			2.688.	1,964
	.,551	_,,,,,,	=, 5551	
All other expenses				
·	6.919.560	6,201,642	403.133.	314,785
	-,,	-,		,,,,,,
, , , ,				
Check here if following SOP 98-2 (ASC 958-720)				
	Management Accounting Deprofessional fundraising services. See Part IV, line 17 investment management fees Dether. (If line 11g amount exceeds 10% of line 25, bolumn (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Deffice expenses Information technology Royalties Decupancy Travel Payments of travel or entertainment expenses or any federal, state, or local public officials Depreciation, depletion, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Dether expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), imount, list line 24e expenses on Schedule 0.) DISASTER RELIEF EXPENSE DUES & SUBSCRIPTIONS All other expenses Total functional expenses. Add lines 1 through 24e doint costs. Complete this line only if the organization eported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	Management Legal 7, 459. Accounting 28, 630. Accounting 28, 630. Accounting 28, 630. Accounting 28, 630. Accounting 30. Accounting 30. Accounting 30. Accounting 30. Accounting 30. Accounting 30. Accounting 31. Accounting 31. Accounting 32. Accounting 32. Accounting 33. Accounting 34. Accounting 34. Accounting 34. Accoun	Managementegal	Advantagement Legal 7, 459. 7, 459. Accounting 28, 630. 28, 630. 28, 630. Dobbying Professional fundraising services. See Part IV, line 17 Provestment management fees 25, olumn (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 202, 100. 101, 050. 35, 508. Advertising and promotion 202, 100. 101, 050. 40, 7113. Advertising and promotion 7, 093. 2, 729. 2, 521. Advertising and promotion 25, 342. 9, 749. 9, 009. Travel 30, 70, 70, 70, 70, 70, 70, 70, 70, 70, 7

Part 7	^	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing				1	9,648
2	2	Savings and temporary cash investments			19,714,267.	2	19,123,098
;	3	Pledges and grants receivable, net				3	F22 0FF
4	4	Accounts receivable, net				4	533,277
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				5	
- 6	6	Loans and other receivables from other disqu	-		F01 700		
		under section 4958(f)(1)), and persons describ			501,789.	6	
ets	7	Notes and loans receivable, net				7	
<i>"</i>	8	Inventories for sale or use				8	
` `	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other		02 560			
		basis. Complete Part VI of Schedule D		83,560.	154,844.		11 206
		Less: accumulated depreciation	-	134,044.	10c	41,306	
1		Investments - publicly traded securities			11		
12		Investments - other securities. See Part IV, lin			12		
13		Investments - program-related. See Part IV, lir			13		
14		Intangible assets			14		
11		Other assets. See Part IV, line 11			20,370,900.	15 16	19,707,329
10		Total assets. Add lines 1 through 15 (must end accounts payable and accrued expenses			20,310,300	17	149,546
18		Grants payable		391,271.	18	300,714	
19		Deferred revenue	0,21,2,20	19	300,722		
20		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
		Loans and other payables to any current or for					
Liabilities	_	trustee, key employee, creator or founder, sul					
abil		controlled entity or family member of any of the				22	
ے ا	3	Secured mortgages and notes payable to uni				23	
24	4	Unsecured notes and loans payable to unrela				24	
2	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24	. Complete Part X			
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			391,271.	26	450,260
_ω		Organizations that follow FASB ASC 958, o	heck her	e ▶ X			
ğ		and complete lines 27, 28, 32, and 33.					
<u>a</u> 27	7	Net assets without donor restrictions			18,901,366.	27	19,257,069 0
<u>m</u> 28	8	Net assets with donor restrictions			1,078,263.	28	0
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
۲		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fund				29	
8 30	0	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			10 070 600	31	10 057 060
		Total net assets or fund balances			19,979,629.	32	19,257,069
33	3	Total liabilities and net assets/fund balances			20,370,900.	33	19,707,329

Par	t 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)	1 2		,19 ,91					
2	Total expenses (must equal Part IX, column (A), line 25)	3							
3	Revenue less expenses. Subtract line 2 from line 1	4		-722,560. 9,979,629.					
4									
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10								
Par	t 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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule C).						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?			За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KELLER WILLIAMS REALTY CARES 68-0505969 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.) 11 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 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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) 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II 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.)

Sec	ction A. Public Support	71		,			
	ndar 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.")	14085913.	6160221.	5748545.	5355662.	6102504.	37452845.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4.4005040	64 60 004		5055660	64.005.04	05450045
4	Total. Add lines 1 through 3	14085913.	6160221.	5748545.	5355662.	6102504.	37452845.
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,						101 117
_	column (f)						191,117. 37261728.
	Public support. Subtract line 5 from line 4.						5/201/20.
	ndar year (or fiscal year beginning in)	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Total
	Amounts from line 4	(a) 2017 14085913.	(b) 2018 6160221.	(c) 2019 5748545.	(d) 2020 5355662.	(e) 2021 6102504.	(f) Total 37452845.
	Gross income from interest,	140000100	0100221.	37403436	3333002.	0102504.	37432043.
0	•						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	646.	83,379.	163,565.	78,366.	44,496.	370,452.
9	Net income from unrelated business	0 2 0 1	00,0151		707000	22,2300	37072321
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					50,000.	50,000.
11	Total support. Add lines 7 through 10						37873297.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto						>
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2021 (14	98.39 %
	Public support percentage from 2020					15	99.14 %
16a	33 1/3% support test - 2021. If the	O .		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	-					
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fac-		·	•		· ·	\
	meets the facts-and-circumstances to	-		*	-	47 15 45	
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets t				-		. —
40	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	ni dia not check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a	ınu see instruction	ıs

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed beating A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(D) 2016	(c) 2019	(a) 2020	(e) 2021	(f) Total
٠	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's f	irst seemed third	fourth or fifth toy	Lance on a continu	[E01(a)(2) arganizat	ion
14		· ·		•	•	. , . ,	ion,
Sec	check this box and stop here ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (I			column (fl)		15	%
						16	
	Public support percentage from 2020 ction D. Computation of Investigation					10	%
	-					17	30
	Investment income percentage for 20					18	%
	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box at						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

132023 01-04-22

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

- 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.
- 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).
- 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.
- 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.
- c 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.
- 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.
- **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.
- c 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.
- 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 designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- 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.
- c 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.
- 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.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
1		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t 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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
Ū	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the governing hady, members of the governing hady, officers acting in their official conscity, or membership of one or		162	INO
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		
Sect	tion 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		
Sec	tion 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?	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			
3	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		
Sec	tion 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 yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.	'		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-	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,	Zu		
	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	Parent of Supported Organizations. Answer lines 3a and 3b below.	~		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	,, J , , , , , , , , , , , , , , , , ,			

Sche	idule A (Form 990) 2021 KELLER WILLIAMS REALTY	CARES	;	68-0505969 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E	•
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

6

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

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

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANNONYMOUS	948,583.	191,117.
Total Excess Contributions to Schedule A. Part II. Line 5		191,117.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bottor advised failed	(b) I dilab and other accounts
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 advisors in		and funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor		-
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		a
•	Preservation of land for public use (for example, recreations)		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	Troscivation of a	derined motorio structure
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 98	, ,	
	of art, historical treasures, or other similar assets held for pu	, ,	•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 98		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	r Othei	r Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following that	t make siç	gnificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 1	Loan or exc	hange progra	m				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizatio	n's exem	pt purpos	se in Par	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	sets not ir	ncluded	_	,	
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance								,	
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or co	ustodial acco	unt liabilit	y?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.		_		_					
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	i) Three ye	ars back	(e) Four ye	ars back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administer	red for the	e organiza	ation	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment 1	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1								
	Description of property	(a) Cost or obasis (investr			or other (other)	` '	cumulated reciation		(d) Book v	alue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			4	4,240.		31,60	0.	12	,640.
	Other			3	9,320.		10,65	4.	28	,666.
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	10c.)				41	,306.
								obodulo	D (Form 9	00) 2021

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 KELLER WILL	IAMS REALTY C	ARES	68-0505969 _{Page} 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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.	
	Description		(b) Book value
(1)	<u>·</u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			+
(8)			
(9) Tatal (Column (b) must actual Form 000 Port V and (D) lim	o 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
	an Farma 000 Dark IV line	11 11 C Faure 200 Doub V line	- 05
Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tie or Tif. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Name of the organization

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Open to Public Inspection

Schedule F (Form 990) 2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

KELLER WILLIAMS REALTY CARES

Employer identification number

68-0505969

Pa			ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part I\					
1				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	tside the
_	United States.	in are verice	o organization o	procedures for memicining the dec of its		iolao irio
3		he following Part	· L line 3 table c	an be duplicated if additional space is r	needed)	
_	(a) Region		(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
NOR	TH AMERICA -		in the region			
	ADA AND MEXICO,					
	NOT THE UNITED			GRANTS TO RECIPIENTS		
STA:		0	0	LOCATED IN THE REGION.		141,218.
7171.	110		•	ECCUIED IN THE RECTOR:		141,210.
						+
						+
						
3 a	Subtotal	0	C			141,218.
b	Total from continuation					
	sheets to Part I	0	С			0.
С	Totals (add lines 3a					
	and 3b)	0	C			141,218.

132071 12-20-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA -						
		CANADA AND	TO BUILD CLEAN-WATER					
		MEXICO, BUT NOT	WELLS IN DEVELOPING					
		THE UNITED STATES	COUNTRIES.	110,128.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients noncash assistance cash grant cash disbursement noncash assistance ASSISTANCE TO KELLER WILLIAMS REALTY ASSOCIATES AND THEIR QUALIFYING FAMILY MEMBERS EXPERIENCING HARDSHIP AS A CANADA 31,100.WIRE 0.

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

68-0505969 KELLER WILLIAMS REALTY CARES Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: GRANTS ARE FOR KELLER WILLIAMS REALTY ASSOCIATES AND THEIR QUALIFYING FAMILY MEMBERS EXPERIENCING HARDSHIP AS A RESULT OF A SUDDEN EMERGENCY. MINIMAL MONITORING IS REQUIRED. PART III, COLUMN (A): REGION: CANADA (A) TYPE OF GRANT OR ASSISTANCE: ASSISTANCE TO KELLER WILLIAMS REALTY ASSOCIATES AND THEIR QUALIFYING FAMILY MEMBERS EXPERIENCING HARDSHIP AS A RESULT OF A SUDDEN EMERGENCY.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 68-0505969 KELLER WILLIAMS REALTY CARES Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) AMERICARES UKRAINE HUMANITARIAN 88 HAMILTON AVE. STAMFORD, CT 06902 06-1008595 501(C)(3) 100,000 0. SUPPORT MD ANDERSON CANCER CENTER P.O. BOX 446 HOUSTON, TX 77210 74-6001118 110,118 0. CANCER RESEARCH HOMES FOR OUR TROOPS, INC. TO BUILD HOMES FOR 6 MAIN STREET SEVERELY INJURED VETERANS TAUNTON, MA 02780 54-2143612 501(C)(3) 110,118 0 AND THEIR FAMILIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE FOR EMERGNECY MEDICAL OR OTHER					
HARDSHIPS	74	1,608,495.	. 0.		
ASSISTANCE FOR FOOD, WATER, SHELTER, MEDICAL CARE,					
TRANSPORTATION AND POWER GENERATION FOR VICTIMS OF					
NATURAL DISASTERS INCLUDING HURRICANES, TORNADOS,					
FLOODING AND WILDFIRES.	534	3,493,191.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
A FILE IS DEVELOPED ON EACH GRANT	DECIDIEN		FENTE CDANTE	EI TOTETI TMV	
A FILE IS DEVELOPED ON EACH GRANT	RECIPIEN	I TO DOCOR	IENI GRANI	EDIGIDIDIII	
AND DETERMINE NEED. THE FILE INCLU	JDES A CO	MPLETED AF	PLICATION	AND	
SUPPORTING DOCUMENTATION. MINIMAL	MONITORI	NG IS NEED	ED ONCE TH	E FUNDS ARE	
DISBURSED.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

Pa	art I Questions Regarding Compensation				
	·		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the very did any page listed on Forms 000 Dark VIII. Coation A. line 10 with respect to the filing				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
а		4a		х	
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
c		4c		X	
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	The totally of lines fals, list the persons and provide the applicable affective for each term in the first line.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?	5a		X	
b	Any related organization?	5b		X	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37	
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	l 9 l		1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	SC and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(i)		<u> </u>					
(ii)		<u> </u>					
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART VII:
THE ORGANIZATION'S CEO, TREASURER AND EXECUTIVE DIRECTOR ARE PAID BY AN
AFFILIATED, BUT UNRELATED ORGANIZATION, KELLER WILLIAMS REALTY. THE
CEO'S W2 WAGES FOR 2021 WERE \$134,049, THE TREASURER'S WAGES WERE
\$31,267, AND THE EXECUTIVE DIRECTOR'S WAGES WERE \$104,902.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

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

2021
Open to Public Inspection

Name of the organization

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

REDEBIN WILLIAMS REMED 00 0303909
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCING HARDSHIP AS A RESULT OF A SUDDEN EMERGENCY.
FORM 990, PART VI, SECTION A, LINE 2:
MINDY GRUBB AND JEAN GRUBB HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 4:
THE ORGANIZATION MADE CHANGES TO ITS BYLAWS IN 2021. SIGNIFICANT CHANGES
WERE:
ADDED "PRESIDENT" TO THE TITLE OF CHAIRMAN IN ALIGNMENT WITH REQUIREMENTS
OF THE STATE OF TEXAS.
ADDED LANGUAGE STATING STAFF CAN NOT SERVE AS OFFICERS ON THE BOARD OF
DIRECTORS.
CHANGED LANGUAGE OF THE TREASURER'S ROLES AND RESPONSIBILITIES TO BE MORE
REFLECTIVE OF THE REALITY OF THE POSITION.
ADDED THE ROLE OF CEO AND CFO WITH LANGUAGE OUTLINING THEIR RESPECTIVE
DUTIES TO THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO SUBMISSION OF FORM 990 TO THE IRS, A COPY OF THE FORM 990 IS
PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS DIRECTORS AND STAFF ARE RESILIRED TO SIGN AN ANNILAL STATEMENT

132211 11-11-21

INDICATING THEY HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE CONFLICT

OF INTEREST POLICY. THE POLICY ITSELF PROHIBITS PARTICIPATION IN ANY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization	Employer identification number
KELLER WILLIAMS REALTY CARES	68-0505969
ACTIVITIES THAT WOULD BE A CONFLICT OF INTEREST EXCEPT WI	TH WRITTEN
APPROVAL OF THE CHAIRMAN AFTER FULL DISCLOSURE OF ALL REL	EVANT INFORMATION.
THE CEO MONITORS COMPLIANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.