CHERRY BEKAERT LLP 221 W. 6TH STREET, STE 1900 AUSTIN , TX 78701

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

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November 15, 2021

Alexia Rodriguez Keller Williams Realty Cares 1221 S. Mopac Expressway, Suite 400 Austin, TX 78746

Dear Alexia:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Please review the return for completeness and accuracy.

Many Beknest LLP

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Cherry Bekaert LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared For:

Alexia Rodriguez Keller Williams Realty Cares 1221 S. Mopac Expressway, Suite 400 Austin, TX 78746

Prepared By:

Cherry Bekaert LLP 221 W. 6th Street, Ste 1900 Austin, TX 78701 512-479-6000

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

File Tax Return and Make Payment (if applicable):

If your return has been set up for electronic filing, please return ALL signed e-file forms as soon as possible to the following:

PORTAL: Upload to your CB Portal Account (Login via www.cbh.com) or

FAX: 1-844-487-1050

Return Must be Filed On or Before:

If your return has been set up for electronic filing, please return ALL signed e-file forms as soon as possible to the following:

PORTAL: Upload to your CB Portal Account (Login via www.cbh.com) or

FAX: 1-844-487-1050

Special Instructions:

Electronic filing regulations require us to receive your signed authorization forms within TEN DAYS of our processing your tax returns. We ask that you please help us comply with these rules by promptly returning your signed authorization forms.

We appreciate your business!

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

Form 8879-EC

IRS e-file Signature Authorization

an Exempt Organization	

, 2020, and ending For calendar year 2020, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number KELLER WILLIAMS REALTY CARES 68-0505969 Name and title of officer or person subject to tax KATHY NEU EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 5,421,159. b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) **▶**L 3a Form 1120-POL check here 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) ... 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CHERRY BEKAERT LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 70856919044 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date 🕨 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning and er	nding					
B	Check if applicable	C Name of organization		D Employer identifie	cation number			
	Addres							
	Name change	Doing business as		68-05059	69			
	□ Initial □ return □ Final □ return/	1221 G MODAC EXPRESSWAY STITTE AOO	loom/suite	E Telephone number 512-306-6727				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,434,028.			
	Ameno return	AUSTIN, TX 78746		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: MO ANDERSON	for subordinates	? Yes X No				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) or	527	If "No," attach a	list. See instructions			
		e: WWW.KWCARES.ORG		H(c) Group exemptio				
	orm of	organization: X Corporation	L Year o	of formation: 2002 N	1 State of legal domicile: TX			
	_	Briefly describe the organization's mission or most significant activities: SUPPO	RT FO	R VICTIMS OF	DISASTERS			
Se	l .	AND OTHER EMERGENCY HARDSHIPS, CONTINUED						
nar	2	Check this box if the organization discontinued its operations or disposed			ets.			
Governance	3			3	10			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8			
တို		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0			
/itie		Total number of volunteers (estimate if necessary)			0			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		5,820,857.	5,355,662.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
3e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		163,565.	78,366.			
_	ייון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-12,869.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,984,422.	5,421,159.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,709,043.	3,439,991.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 288,276.	0.			
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,2/0.	296,113. 0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,974	·····	0.	0.			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		378,622.	930,881.			
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,375,941.	4,666,985.			
		Revenue less expenses. Subtract line 18 from line 12		1,608,481.	754,174.			
	15	Trevende less expenses. Oubtract line 10 from line 12	Bed	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		19,773,199.	20,370,900.			
ASS	21	Total liabilities (Part X. line 26)		547,744.	391,271.			
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		19,225,455.	19,979,629.			
	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	е	KATHY NEU, EXECUTIVE DIRECTOR						
		Type or print name and title	In	lato laterat F	DTIN DTIN			
Paid	1	Print/Type preparer's name PAULA WENDLING PAULA WENDLING 202		late :39:59 -05'00' Check Check If self-employ	PTIN P00536805			
	arer	Firm's name CHERRY BEKAERT LLP			74-2939657			
-	Only	Firm's address 221 W. 6TH STREET, STE 1900		THIII 3 LIN				
		AUSTIN , TX 78701		Phone no.51	2-479-6000			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			
			_					

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 68-0505969 KELLER WILLIAMS REALTY CARES File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1221 S. MOPAC EXPRESSWAY, SUITE 400 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 TONI YOUNG The books are in the care of ► 1221 S. MOPAC EXPRESSWAY, SUITE 400 - AUSTIN, TX 78746 Fax No. ► 435-514-2229 Telephone No. \triangleright 512-306-67 $\overline{27}$ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 💮 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

За

3b

0.

Га	Cities of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE SUPPORT FOR VICTIMS OF DISASTERS AND OTHER EMERGENCY HARDSHIPS. RELIEF IS PROVIDED TO A RECIPIENT WHEN THE RECIPIENT LACKS
	HARDSHIPS. RELIEF IS PROVIDED TO A RECIPIENT WHEN THE RECIPIENT LACKS THE RESOURCES TO OBTAIN OR FUND IMPORTANT ITEMS AND SERVICES, SUCH AS
	SHELTER, FOOD, CLOTHING, EDUCATION, HEALTH CARE, AND OTHER NECESSITIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
42	(Code:) (Expenses \$1,951,263 • including grants of \$1,943,699 •) (Revenue \$)
та	PROVIDED GRANTS TO 104 INDIVIDUALS FOR ASSISTANCE DUE TO MEDICALLY
	RELATED EMERGENCY HARDSHIPS AND VARIOUS OTHER EMERGENCY HARDSHIPS.
	THE PROPERTY OF THE PROPERTY O
4b	(Code:) (Expenses \$ 509, 420 • including grants of \$ 519, 420 •) (Revenue \$)
	DONATED TO PUBLIC CHARITABLE ORGANIZATIONS WHOSE MISSIONS ALIGN WITH
	THE KELLER WILLIAMS REALTY CARES' MISSION.
4-	(Code:) (Expenses \$1, 857, 104 •including grants of \$976, 872 •)
40	PROVIDED ASSISTANCE TO 280 VICTIMS AND COMMUNITIES AFFECTED BY NATURAL
	DISASTERS, INCLUDING HURRICANES, AND FLOODING. ASSISTANCE INCLUDED
	FOOD, WATER, SHELTER, MEDICAL CARE, TRANSPORTATION, AND POWER
	GENERATION.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,317,787.

Form 990 (2020) KELLER WILLIAMS REALTY CARES 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.	Х	
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	L

Form 990 (2020)

Part IV Checklist of Required Schedules (co	ontinued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		<u> </u>
	71 7 1 71 1	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		37	
	"Yes," complete Schedule L, Part IV	28c	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	۵		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1
Par	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
. ui				
	Check if Schedule O contains a response or note to any line in this Part V		V	L L
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Fernie W Za moldada in line fat Enter of infocuspination			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5	Х	
	(gambling) winnings to prize winners?	1c	47	

020) KELLER WILLIAMS REALTY CARES

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
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)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
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		х
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			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a 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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6 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.

						LX.			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	-					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?			7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	The governing body?	-	-	8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
Ū	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>			9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
	This Section B requests information about policies not required by the internal he	venue	Code.j		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X			
				100					
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.0					
·	in Schedule O how this was done	,		12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14				14	X				
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			17					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by ii ii	иерепиетт.						
_				15a		х			
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b		X			
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
104				16a		Х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104					
b		•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?			16h					
Sec	tion C. Disclosure			16b					
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, ar	nd 000	T (Section 501(a)(2)	s Only)	availa	hle			
10	for public inspection. Indicate how you made these available. Check all that apply.	ia 330	1 (Occion 301(C)(3)	only)	avalld	DIG.			
			-hl · l - O)						
10				l finar	oiol				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	HIHCT C	or interest policy, and	ıınano	ılal				
00	statements available to the public during the tax year.		d						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	irecords -						
	TONI YOUNG - 512-306-6727	3746							
	1221 S. MOPAC EXPRESSWAY, SUITE 400, AUSTIN, TX 78	,,40	,						

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee ee	Suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldı	t con	L			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KATHY NEU	40.00	=	=	-		Τ 60	1			
EXECUTIVE DIRECTOR		Х		х				125,882.	0.	22,942.
(2) RACHEL TANG	40.00									-
SECRETARY				X				85,034.	0.	13,656.
(3) SHARON GIBBONS	27.00									
DIRECTOR, TREASURER		X		Х				46,900.	0.	11,732.
(4) MO ANDERSON	1.50									
DIRECTOR, CHAIRMAN		Х		X				0.	0.	0.
(5) DORIS CARLIN	1.50									
DIRECTOR		X						0.	0.	0.
(6) STEVE CHADER	1.50									
DIRECTOR		Х						0.	0.	0.
(7) JULIE COSTA	1.50									
DIRECTOR		Х						0.	0.	0.
(8) JEAN GRUBB	1.50									
DIRECTOR		Х						0.	0.	0.
(9) BEN KINNEY	1.50									
DIRECTOR		Х						0.	0.	0.
(10) BEVERLY STEINER	1.50									
DIRECTOR		Х						0.	0.	0.
					_					
		ł								
					\vdash					
		1								
		1	l	1	l	1				

032007 12-23-20 Form **990** (2020)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> oloy</u>	<u>ees,</u>	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck i			one	Reportable	Reportable	,	Es	timate	d
		hours per	box	, unle	ss per	son i	is both	n an	compensation	compensation	วท	am	ount o	of
		week	_	cer ar	nd a di	recto	or/trus	tee)	from	from relate		l .	other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	e e			ated		organization	(W-2/1099-MI	SC)	l .	om the	
		organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)			_	anizati d relate	
		below	ual tr	tional		ploye	t con	_				l .	ınizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ıı ıızatı) I I S
			=	=	0	×	Τ 60	Ш.			-			
			1											
			⊢				-							
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								7						
			ــــــ											
			-											
1b	Subtotal	l							257,816.		0.	4:	3,33	30.
С	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	257,816.		0.	4:	3,33	30.
2	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportabl	——. е			
	compensation from the organization						•		,	•				1
													Yes	No
3	Did the organization list any former officer	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	." со	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a			•										
	rendered to the organization? If "Yes." con	plete Schedul	e J f	or su	ıch r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensat	tion fro	m	
	(A)	trie Caleridar y	sai e	iluli	ig w	itire	JI WI		(B)	car.		(C	4	
	Name and business	address	N(ONE	₹.				Description of s	ervices	С	Comper		ı
					_				·					
											<u> </u>			
2	Total number of independent contractors (i		ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation >				(J						200	

68-0505969

Form 990 (2020) KELLER
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e 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
રા છ	1 8	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
		c Fundraising events 1c	53,830.				
		d Related organizations 1d	•				
		e Government grants (contributions) 1e					
		f All other contributions, gifts, grants, and					
ber			,301,832.				
텵		g Noncash contributions included in lines 1a-1f					
Cor		h Total. Add lines 1a-1f	>	5,355,662.			
			Business Code				
Program Service Revenue	2 8	a					
	k	b			4		
Sel	(c					
an	(d					
ogr B	•	e					
Ā	f	f All other program service revenue					
	ç	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)	>	78,366.	N Y		78,366.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents					
		b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
	(d Net rental income or (loss)	<u></u>				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a		4			
	k	b Less: cost or other basis					
ne		and sales expenses		4			
ve		c Gain or (loss)7c					
٣		d Net gain or (loss)	.				
Other Revenue	8 8	a Gross income from fundraising events (not including \$ 53,830. of					
		contributions reported on line 1c). See					
		, <u></u>	a 0.				
			ы 12,869.	1000			
		c Net income or (loss) from fundraising events	_	-12,869.			-12,869.
	9 a	a Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	а	-			
			b				
		c Net income or (loss) from gaming activities	<u></u>				
	10 a	a Gross sales of inventory, less returns					
	_	······	Oa .	4			
)b				
-	(c Net income or (loss) from sales of inventory					
S	4.4	_	Business Code				
le or	11 a		-	+			<u> </u>
Miscellaneous Revenue	k	b					
sce Be		d All other revenue					
Ξ		d All other revenue e Total. Add lines 11a-11d		 			
	12	Total revenue. See instructions		5,421,159.	0.	0.	65,497.
				, , ,			

Form 990 (2020) KELLER WILLIAMS REALTY CARES
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).											
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	362,946.	362,946.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	2,880,572.	2,880,572.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	196,473.	196,473.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	296,113.	116,926.	179,187.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)			, ·							
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
а	Management	0 001		0 001							
b	Legal	9,881. 48,309.		9,881. 48,309.							
C	Accounting	48,309.		48,309.							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
· ·	Investment management fees										
g	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	28,500.		28,500.							
13	Office expenses	24,371.		24,371.							
14	Information technology			,	_						
15	Royalties										
16	Occupancy	23,662.		23,662.							
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	40.044	40.044								
22	Depreciation, depletion, and amortization	10,911.	10,911.	F 24.4							
23	Insurance	5,314.		5,314.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule O.)	FF0 202	FF0 202								
а	DISASTER RELIEF EXPENSE	552,383.	552,383.		20 054						
b	EMPLOYEE LEASE	219,987.	190,013.		29,974.						
C	CATASTROPHIC ASSISTANCE	7,563.	7,563.								
d	All other expanses										
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	4,666,985.	4,317,787.	319,224.	29,974.						
26	Joint costs. Complete this line only if the organization	_, 500, 500	_,, , , , , , , ,	Q = 0 U U = 0	27/7/40						
20	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	· · · · · · · · · · · · · · · · · · ·			L	E 000 (2222)						

Form 990 (2020)

Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			19,054,475.	2	19,714,267.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	or former o	fficer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)	693,444.	6	501,789.
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	216,749.			
	b	Less: accumulated depreciation	10b	61,905.	25,280.	10c	154,844.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		<u> </u>	12		
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			19,773,199.	16	20,370,900.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable			547,744.	18	391,271.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ja b		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		Г		24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	,				
		of Schedule D			E 17 711	25	201 271
	26			► ▼	547,744.	26	391,271.
ý		Organizations that follow FASB ASC 958, o	heck here				
၁င		and complete lines 27, 28, 32, and 33.			16,974,568.	0=	18,901,366.
a <u>la</u>	27	Net assets without donor restrictions			2,250,887.	27	1,078,263.
Ö	28	Net assets with donor restrictions			2,230,007.	28	1,070,203.
ڃ		Organizations that do not follow FASB ASC	958, cneci	k nere ▶ 🔲			
P		and complete lines 29 through 33.	-1-			00	
şţ	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			19,225,455.	31	19,979,629.
ž	32	Total net assets or fund balances			19,773,199.	32	20,370,900.
	33	Total liabilities and net assets/fund balances			19,113,139.	33	40,370,300.

Form **990** (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	,42	1,1	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	1,66	6,9	85.
3	Revenue less expenses. Subtract line 2 from line 1	3		75	4,1	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	,22	5,4	55.
5	Net unrealized gains (losses) on investments	5				
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	19	97	9,6	29.
Pa	rt 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 in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	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	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
he	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1	$\overline{\Box}$	A church, convention of chu	•		•	-)(A)(i).		
2	Ħ	•	•				7. 7.7.		
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
J ⊿	H	•					•	the hespital's name	
4		A medical research organiza	ation operated in cor	ijuriction with a nospital	uescribeu	III Sectio	II 170(D)(1)(A)(III). □II.⊡	the nospital s name,	
_		city, and state:							
5		An organization operated for		lege or university owner	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support f	om a gove	ernmental	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	nction with a land-grant	college	
_		or university or a non-land-g						-	
		university:	irant conege or agnor	artare (500 motraotions).	Littor tilo i	idino, orty	, and state or the conege	, 01	
10		An organization that normal	lly receives (1) more:	than 33 1/30% of its supr	ort from o	ontribution	ne momborship foos and	d gross receipts from	
10									
		activities related to its exem	•	•			• •	-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.	
		See section 509(a)(2). (Cor							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting	
		organization. You must c			, ,			0	
h		Type II. A supporting orga			ion with its	s sunnorte	d organization(s), by hav	vina	
		control or management of						-	
					arrie persor	iis iiiai coi	ittoi or manage the supp	onted	
		organization(s). You mus							
С		Type III functionally inte					• •	ed with,	
	_	its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information		d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	. 1							I	

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	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6314727.	14085913.	6160221.	5748545.	5355662.	37665068.
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	Total. Add lines 1 through 3	6314727.	14085913.	6160221.	5748545.	5355662.	37665068.
5	The portion of total contributions						
	by each person (other than a				A		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						37665068.
	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	6314727.	14085913.	6160221.	5748545.	5355662.	37665068.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	621	646	00 000	162 565	E0 266	206 505
	and income from similar sources	631.	646.	83,379.	163,565.	78,366.	326,587.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						27001655
	Total support. Add lines 7 through 10		,				37991655.
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th	-		•			. □
	organization, check this box and stop tion C. Computation of Public						P
	Public support percentage for 2020 (li			volumn (f)\		14	99.14 %
	Public support percentage from 2019					15	99.14 %
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali						. \Box
	10% -facts-and-circumstances test				 13 16a or 16b a		
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-		viriow the organiz	. .
	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets th	-				•	. 5,0 0.
	organization meets the facts-and-circu		·		•		
	Private foundation. If the organization						······································

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	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				4		
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 in 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did n	not check a box or	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization						>

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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3c		
4 -		
<u>4a</u>		
4b		
4c		
_		
5a		
5b		
5c		
- 55		
6		
_		
7		
8		
9a		
9b		
9с		
10a		
401		
10b	O E71	

Par	rt 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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		
Sect	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		Г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	-		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	•
Sect	on 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	on 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	V Type III Non-Functionally Integrated 509((a)(3) Supporting Orgai	nizations _{(continue}	ed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015		Y		
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
<u>a</u>	Applied to underdistributions of prior years	· ·			
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
~	Excess from 2010				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

68-050<u>5969 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 KELLER WILLIAMS REALTY CARES 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. Part VI (See instructions.)

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 Open to Public Inspection

Name of the organization

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	?	Yes
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that g	grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	any other purpose	
Б.	impermissible private benefit?			
Pa		•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	_		
	Preservation of land for public use (for example, recreat	tion or education)		of a historically important land area
	Protection of natural habitat	L	Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contri	ibution in the form	
	day of the tax year.			Held at the End of the Tax \
b	•			
C	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	easea, extinguisnea, oi	r terminated by the	e organization during the tax
	year	ana ant is to eate d		
4	Number of states where property subject to conservation easi		ation bandling of	•
5	Does the organization have a written policy regarding the peri	• • •	,	
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h			
U	Starr and volunteer riours devoted to morntoning, inspecting, i	nariding of violations, a	and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and e	enforcing conserv	ation easements during the year
•	\$	iii ig or violations, and e	ernorchig conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170	(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footne		•	
	organization's accounting for conservation easements.	ore to the organization	. oao.a. o.a	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tr	easures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958		venue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that de	escribes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reven	ue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	se items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 900 Part V			

Par	t III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	easures, o	r Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other records	s, check a	any of the	following that	t make sig	nificant u	se of its	,	,
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	change progra	am				
b	Scholarly research	е	□ o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	y further tl	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	of art, hist	orical trea	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organiz	zation's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the o	organizatio	on answered	"Yes" on I	orm 990	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for co	ontribution	s or other as	sets not ir	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an	swered "\	Yes" on Fo	orm 990, Part	IV, line 10	O			
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance				, in the second					
b	Contributions								1,	649,068.
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								1,	649,068.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g,	column (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	nd administer	red for the	organiza	tion	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment fur	nds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV,	line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or of basis (investm			t or other (other)	1 ' '	cumulate reciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			21	6,749.		61,90)5.	154	1,844.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. column	(B), line 1	Oc.)			▶	154	.844.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(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)			
(F)			
(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	s" on Form 900 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(-)	(0)	,
(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		11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I. Part X Other Liabilities.	ine 15.)		
Complete if the organization answered "Yes	s" on Form 900 Part IV line	110 or 11f Soo Form 900 Part V line 25	
1. (a) Description of liability	3 OITT OITT 330, T AIT IV, IIIIe	71e 01 711. Gee 1 01111 930, 1 att X, iiile 23.	(b) Book value
(1) Federal income taxes			(5) 20011 14.60
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) I	ine 25)	•	

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 ... X

Pai	t XI	Reconciliation of Revenue per Audited Financial Statement	s With	n Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	5,434,028.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С	Recov	reries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	12,869.		
е	Add lir	nes 2a through 2d			2e	12,869.
3	Subtra	act line 2e from line 1			3	5,421,159.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,421,159.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	its Wit	th Expenses per R	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4		
1	Total e	expenses and losses per audited financial statements			1	4,679,854.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	rear adjustments	2b			
С	Other	losses	2c			
d		(Describe in Part XIII.)	-			_
е		nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	4,679,854.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	-12,869.		
С		nes 4a and 4b			4c	-12,869.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,666,985.
		Supplemental Information.				
D	da tha	descriptions required for Bort II, lines 2, 5, and 0: Bort III, lines 1e and 4: Bort IV	lingo 1	h and Oh, Dort I/ line 1.	Dort V	Line O. Dort VI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THERE IS NO PROVISION OR LIABILITY FOR FEDERAL INCOME TAXES IN THE ORGANIZATION'S FINANCIAL STATEMENTS. UNRELATED BUSINESS INCOME, OF WHICH THE ORGANIZATION HAD NONE FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, WOULD BE SUBJECT TO FEDERAL INCOME TAXES. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO THE YEAR ENDED DECEMBER 31, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

ΚEΙ	LLER WILLIAMS				68-050596	
Pa				side the United States. Comple		
	Form 990, Part I\	/, line 14b.				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
_	F	ille e le Dest Vale				
2		ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outside	de the
_	United States.	ha falla ina . Daut	l line O table se		\	
3_	(a) Region	(b) Number of		n be duplicated if additional space is not (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Hegion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	expenditures for and investments in the region
		C				
3 a	Subtotal	0	0			0.
	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a	0	0			0.

Part II

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 n	eeded.	

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 MEXICO, BUT NOT THE UNITED STATES	FUNDS TO BUILD CLEAN WATER WELLS FOR POOR COUNTRIES	156,473.	CHECK	0.		
					0			
				U				
				•				
		G						
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			_		

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 cash grant cash disbursement noncash assistance noncash assistance PROVIDED GRANTS TO 2 INDIVIDUALS FOR ASSISTANCE DUE TO A MEDICALLY RELATED HARDSHIP. CANADA 2 40,000. WIRE TRANSFER OF FUNDS 0.

Schedule F (Form 990) 2020 Part IV Foreign Forms

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		V
	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) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KELLER WILLIAMS REALTY CARES

Employer identification number
68-0505969

Fundraising Activities. required to complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the properties of th	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser usstody ritrol of utions? (iv) Gross receipts from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		>				
otal						
List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration
					_	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events DISASTER FAMILY (add col. (a) through RELIEF FUNDRREUNION FUND col. (c)) (event type) (event type) (total number) 5,000. 9,830. 39,000. 53,830. 1 Gross receipts 5,000. 9,830. 39,000. 53,830. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2020 KELLER WILLIAMS REALTY CARES 68-0	1505969	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		100	0/
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
45.	Does the examination have a contract with a third party from whom the examination receives coming revenue?	Yes	□ No
ıba	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	163	
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Name =		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Garning manager compensation		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		┌
	retain the state gaming license?	Yes	∟ No
b	p Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990 or 990-EZ)	KELLER	WILLIAMS	REALTY	CARES		68-0505969	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation _{(cont}	inued)					
						_		

SCHEDULE I (Form 990)

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.

2020 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

KELLER WILLIAMS REALTY CARES

Employer identification number

68-0505969

Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro					4		
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA							
161 NORTH CLARK STREET							FUNDS TO ASSIST WITH
CHICAGO, IL 60601	36-3673599	501(C)(3)	50,000.	0.			COVID 19 RELIEF
HOMES FOR OUR TROOPS 6 MAIN ST TAUNTON, MA 02780	54-2143612	501(C)(3)	156,473.	0.			FUNDS TO BUILD HOMES FOR SEVERELY INJURED VETERANS AND THEIR FAMILIES.
M.D. ANDERSON CANCER CENTER P.O. BOX 446 HOUSTON, TX 77210	74-6001118	501(C)(3)	156,473.	0.			FUNDS FOR CANCER RESEARCH.
2 Enter total number of section 501(c)(3) ar	l nd government or	nanizations listed in the	l e line 1 table		l		▶ 3.
3 Enter total number of other organizations	-	-	e iii e i tabi e				

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

Schedule I (Form 990) 2020

(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 MEDICALLY RELATED EMERGENCY					
HARDSHIPS AND OTHER HARDSHIPS.	102	1,903,699.	0.		
ASSISTANCE FOR FOOD, WATER, SHELTER, MEDICAL CARE,		_,,			
TRANSPORTATION, AND POWER GENERATION FOR VICTIMS					
OF NATURAL DISASTERS, INCLUDING 2020 COLORADO					
WILDFIRES, 2020 HURRICANES DELTA, LAURA AND ZETA,	280	976,872.	0.		
Part IV Supplemental Information. Provide the information re-	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
PART I, LINE 2:					
A FILE IS DEVELOPED ON EACH GRANT	RECIPIENT	TO DOCUME	ENT GRANT E	LIGIBILITY	
AND DETERMINE NEED. THE FILE INCL	ODES A CO	MAPELED VE	PLICATION	AND	
SUPPORTING DOCUMENTATION.					
PART III, COLUMN (A):					
(A) TYPE OF GRANT OR ASSISTANCE: A	CCTCMANCE	EOD EOOD	MVWED GR	EI MED	
(A) TIPE OF GRANT OR ADDIDINANCE: A	TAINCE	FOR FOOD,	WAIEK, SI	ELIER,	
MEDICAL CARE, TRANSPORTATION, AND	POWER GEN	ERATION FO	R VICTIMS	OF NATURAL	
DISASTERS, INCLUDING 2020 COLORADO		S 2020 HT	IRRICANES D	ΕΙ.ΤΆ	
DISTIBILITY INCLUDING 2020 COHORADO	*****************	D, 2020 IIC	TILL CLIMIN D		

SCHEDULE L

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► 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

Name of the organization

Employer identification number

		ILLIAMS K							0596	69		
Part I Excess Bene	fit Transac	tions (section 50)1(c)(3	3), secti	ion 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns onl	y).			
Complete if the o	rganization an	swered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, li	ne 40l	b.			
1,,,,	(b)	Relationship betv	veen o	disqual	lified ,					(d) (Corre	cted?
(a) Name of disqualified p	erson	person and or	ganiza	ation	(0	c) Description of tran	sactio	n		Ye	s	No
2 Enter the amount of tax is	ncurred by the	organization mana	agers	or disc	qualified persons duri	ng the year under						
section 4958								▶ \$				
3 Enter the amount of tax,	if any, on line 2	, above, reimburse	ed by	the or	ganization			▶ \$				
	-											
Part II Loans to and	l/or From Ir	iterested Pers	ons.	•								
Complete if the o	organization an	swered "Yes" on F	orm 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lin	e 26; c	or if the	e orgar	nizatio	n	
reported an amou	unt on Form 99	0, Part X, line 5, 6							(*) A			
(a) Name of	(b) Relationshi			(e) Original	(f) Balance due	(g)		(h) App by boa	ard or I	(i) W	ritten	
interested person	with organization	of loan		ization?	principal amount		defa	ult?	comm	ittee?	agree	ment?
			To From				Yes	No	Yes	No	Yes	No
KELLER WILLIAMS	SUBSTAN	<u> TCONTRIBU</u>		X	501,789.	501,789.		X	X			X
												<u> </u>
					Y							<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
												<u> </u>
						F01 700						
Total Cropts or As	oiotonoo Ba	enefiting Intere		d Dos	> \$	501,789.						
		_										
•		swered "Yes" on F	orm 9	990, Pa	1							
(a) Name of interested p	erson	(b) Relationship			(c) Amount of assistance	(d) Type assistan			٠,) Purpo assista		f
		interested pers the organiza		a	assistance	assistari	Ce		•	азызса	iice	
		5. 94. 1120						_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

(a)	Name of interest	ed person	<u>rereu</u>	(b) Re	elationship erson and t	betwe	en interes		(c) Amount of transaction (d) Description of transaction			(e) Sharing of organization's revenues?	
מת ד דת א	WITTTTAMO	DEXIMV	TAT	CDD	СШМШ	7 M	שמגם	7.7	0	MO	A NIDED CON	Yes	No X
	WILLIAMS WILLIAMS				STMT.						ANDERSON ANDERSON		X
	GHATHHW	REAUTI,	111	SEE	SIMI.	AI	FANT		0.	MO	ANDERSON		A
Part V	Supplementa	al Information	<u> </u>										
Turt	Provide additiona			nses to	questions	on Sc	hedule L (see i	instructions).				
SCH L,	PART IV,	BUSINESS	5 T	RANS	ACTIO	NS I	NVOLV	/IN	G INTERESTE	D I	PERSONS:		
(A) NAI	ME OF PER	SON: KELI	ER	WIL	LIAMS	REA	ALTY,	IN	IC.				
(D) DE	SCRIPTION	OF TRANS	SAC'	rion	: MO 2	ANDE	ERSON	IS	S A DIRECTOR	A1	1D		
SHAREH	OLDER OF	KELLER WI	LL	IAMS	REAL!	ΓY,	INC.	1	HE ORGANIZA	TIC	ON LEASES		
EMPLOY	EES FROM	KELLER WI	LL	IAMS	REAL'	ΓY,	INC.	ON	I AN AS-NEED	ED	BASIS.		
						\angle							
(A) NAI	ME OF PER	SON: KELI	ER	WIL	LIAMS	REA	ALTY,	IN	IC.				
(D) DE	SCRIPTION	OF TRANS	SAC'	TION	: MO 2	ANDE	ERSON	IS	S A DIRECTOR	A1	1D		
SHAREH	OLDER OF	KELLER WI	LL	IAMS	REAL!	ΓY,	INC.	TH	IE ORGANIZAT	OI	HAS ENT	ERED	
INTO A	MANAGEME	NT AGREEN	IEN'	r WI	TH KE	LLEF	R WILI	ΊA	MS REALTY,	INC	c. in whi	СН	
MONTHL	Y EXPENSE	S FOR REN	ΙТ,	COP	IES, 1	POSI	TAGE,	IN	SURANCE, TE	LEI	PHONE, ET	С.	
ARE AL	LOCATED B	ASED ON T	THE	AMO	UNT O	F SE	PACE U	JSE	D. THESE AL	LOC	CATED COS	TS	
AND OT	HER ACTUA	L COSTS 1	INC	JRRE	D ARE	REI	MBURS	SED	BY THE ORG	AN]	ZATION T	0	
KELLER	WILLIAMS	REALTY,	IN	С.									
SCHEDU	LE L, PAR	T II, LOA	NS	то	AND FI	ROM	INTER	RES	STED PERSONS	5:			
(A) NAI	ME OF PER	SON: KELI	ER	WIL	LIAMS	REA	ALTY,	IN	IC.				
(B) RE	LATIONSHI	P WITH OF	RGAI	NIZA	TION:	SUE	BSTANT	ΓΙΑ	L CONTRIBUT	OR			
(C) PUI	RPOSE OF	LOAN: THE	E N	ET R	ECEIV	ABLE	E FROI	1 K	ELLER WILLI	AMS	S REALTY,		
TNC. TO	O THE ORG	ΔΝΤΖΑ ͲΤΟΝ	J W	AS S	501 78	89.	DURTN	JG	2020, KELLE	R V	JTT.T.TAMS		

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
REALTY, INC. COLLECTED \$5,355,661 IN GENERAL DONATIONS OF WHICH
\$549,001 WERE RECORDED AS RELATED PARTY RECEIVABLES FOR THE
ORGANIZATION AS OF DECEMBER 31, 2020. THIS WAS PAID OVER TO THE
ORGANIZATION IN JANUARY 2021. ADDITIONALLY, AS OF DECEMBER 31, 2020,
THE ORGANIZATION HAD AN OUTSTANDING PAYABLE TO KELLER WILLIAMS REALTY,
INC. OF \$47,212 FOR MONTHLY EXPENSES FOR RENT, COPIES, POSTAGE,
INSURANCE, TELEPHONE, ETC. THE ORGANIZATION REIMBURSED KELLER WILLIAMS
REALTY, INC. FOR THESE MONTHLY EXPENSES IN JANUARY 2021.
(D) LOAN TO OR FROM ORGANIZATION = FROM
(E) ORIGINAL PRINCIPAL AMOUNT \$501,789. (F) BALANCE DUE \$501,789.
(G) LOAN IN DEFAULT = NO
(H) APPROVED BY BOARD OR COMMITTEE = YES
(I) WRITTEN AGREEMENT = NO

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KELLER WILLIAMS REALTY CARES

Employer identification number 68-0505969

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND PROVIDE ASSISTANCE TO KELLER WILLIAMS ASSOCIATES AND FAMILY MEMBERS WHEN THE RECIPIENT LACKS THE RESOURCES TO OBTAIN OR FUND ESSENTIAL ITEMS AND SERVICES, SUCH AS SHELTER, FOOD, CLOTHING, EDUCATION, HEALTH AND OTHER NECESSITIES DUE TO UNEXPECTED EMERGENCIES. CARE, FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR THEMSELVES AND THEIR DEPENDENTS. FORM 990, PART VI, SECTION A, LINE 2: DIRECTORS MO ANDERSON, SHARON GIBBONS, AND KATHY NEU ARE DIRECTORS OR EMPLOYEES OF KELLER WILLIAMS REALTY, INC. KELLER WILLIAMS REALTY, INC. PROVIDES FACILITIES AND OFFICE ADMINISTRATIVE SUPPORT FOR WHICH IT IS REIMBURSED BY THE ORGANIZATION AT COST. KELLER WILLIAMS REALTY, INC. HAS A BUSINESS RELATIONSHIP WITH JULIE COSTA, BEVERLY STEINER, STEVE CHADER, JEAN GRUBB, BEN KINNEY, AND DORIS CARLIN. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO SUBMISSION OF FORM 990, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, AND STAFF ARE REQUIRED TO SIGN AN ANNUAL STATEMENT

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

OF INTEREST POLICY. THE POLICY ITSELF PROHIBITS PARTICIPATION IN ANY

ACTIVITIES THAT WOULD BE A CONFLICT OF INTEREST EXCEPT WITH WRITTEN

Name of the organization KELLER WILLIAMS REALTY CARES	Employer identification number 68-0505969	
APPROVAL OF THE CHAIRMAN AFTER FULL DISCLOSURE OF ALL RELEVANT INFORMATION.		
FORM 990, PART VI, SECTION C, LINE 19:		
THESE FORMS ARE CURRENTLY MADE AVAILABLE UPON REQUEST. FOR	M 990 FOR THE	
CURRENT YEAR AND THREE PRIOR YEARS IS POSTED ON THE ORGANI	ZATION'S WEBSITE.	
FORM 990, PART V, LINE 2A:		
KELLER WILLIAMS REALTY CARES LEASES SOME EMPLOYEES FROM KELLER WILLIAMS		
REALTY, INC. AS A RESULT, SOME PAYROLL REPORTING FOR KELLER WILLIAMS		
REALTY CARES EMPLOYEES IS DONE UNDER KELLER WILLIAMS REALT	Y, INC.'S	
TAXPAYER IDENTIFICATION NUMBER.		