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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED JUL

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning 2009, and ending D Employer identification number Check if applicable Piease use IRS label or REAL ESTATE ONE CHARITABLE FOUNDATION Address change 38-3486582 25800 NORTHWESTERN HIGHWAY STE 250 Name change print or type. See Specific Instruc-E Telephone number Initial return SOUTHFIELD, MI 48075 248-208-2900 Termination Amended return Group Exemption uons. Number Application pending X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method Accrual Other (specify) ► X if the organization is not Check ► Website: REOCHARITABLEFOUNDATION.COM required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Tax-exempt status (check only one) — |X| 501(c) (3) ◀ (insert no) 4947(а)(1) ог Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 76,549. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 57,047. 1 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory . . 5a **b** Less: cost or other basis and sales expenses 5b . . . c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a). 5с 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 14,674. of contributions a Gross revenue (not including \$ reported on line 1) 19.502 6a **b** Less: direct expenses other than fundraising expenses 19,167. 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 335. 6c 7a Gross sales of inventory, less returns and allowances . 7a **b** Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe > 8 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 57,382. 9 SEE STATEMENT 10 Grants and similar amounts paid (attach schedule) 55,748 1 10 Benefits paid to or for members . . . 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors RECEIVED 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 SSO Other expenses (describe SEE STATEMENT 16 16 93. 17 Total expenses. Add lines 10 through 16 S 17 55,841. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 1,541. 18 19 Net assets or fund balances at beginning of year (from line 27, columnf-vearم figure reported on prior year's return). 19 6,065. 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 7,606. 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 6,065. 22 7,606. Land and buildings 23 24 Other assets (describe > 24 25 Total assets. 6,065. 25 7,606. 26 Total liabilities (describe ► 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 6,065. 27 7,606.

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

Form 990-EZ (2009)

Form 990-EZ (2009) REAL ESTATE ONE				<u>-348</u>	36582 Page 2
Part III Statement of Program Se	rvice Accomplishment	s (See the instructi	ons.)		Expenses
What is the organization's primary exempt purpose? SEI	E STATEMENT 3	· <u> </u>		(Regi	uired for section c)(3) and (4) nizations and section
Describe what was achieved in carrying out the describe the services provided, the number of p	organization's exempt purpor	ses In a clear and conc	ise manner,	orgar	nizations and section (a)(1) trusts, optional
program title.	persons benefited, or other ref	evant information for ea		for of	thers)
28 EACH YEAR THE FOUNDATION	SELECTS SEVERAL QU	ALIFIED PUBLIC	CHARITIES		
AND DISTRIBUTES FUNDS FOR	THE CHARITIES USE]	--		
		 -	-]		
(Grants \$ 55,748.) If th	is amount includes foreign gra	ants, check here .		28 a	55,748.
20					
					
(Grants \$) If th	s amount includes foreign gra	onts check here		29 a	
30	is amount includes loreign gra	ants, theth here .		230	
					
	- 				
(Grants \$) If th	is amount includes foreign gra	ents check here		30 a	
31 Other program services (attach schedule)		ind, check here .		30 a	
	is amount includes foreign gra	ants check here	▶ □	31 a	
32 Total program service expenses (add line			▶	32	55,748.
Part IV List of Officers, Directors		iplovees. List each or	ne even if not com	pensa	
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	<u>' </u>	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	is and	and other allowances
CHIADH W ELCEN	to position		deferred compensat		
STUART M ELSEA	PRESIDENT			0.	0.
25800 NORTHWESTERN HWY STE 1	0.50				
SOUTHFIELD, MI 48075			· · · · · · · · · · · · · · · · · · ·		
ELLEN_M TICKNER	SECRETARY	0.		0.	0.
25800 NORTHWESTERN HWY STE 1	0.50				
SOUTHFIELD, MI 48075					
C RENEA BUTLER	TRUSTEE	0.		0.	0.
25800 NORTHWESTERN HWY STE 1	0.50				
SOUTHFIELD, MI 48075					
DENISE A DERDERIAN	ASST SECRETARY	0.		0.	0.
25800 NORTHWESTERN HWY STE 1	0.50				
SOUTHFIELD, MI 48075				Ī	
DANIEL S C ELSEA	TRUSTEE	0.		0.	0.
25800 NORTHWESTERN HWY STE 1	0.50	:			
SOUTHFIELD, MI 48075				ŀ	
RICHARD S ELSEA	TRUSTEE	0.		0.	0.
25800 NORTHWESTERN HWY STE 1				٠.۱	.
SOUTHFIELD, MI 48075	5.50			l	
KEVIN DUNIVIN	TREASURER	0.	· · · · · · · · · · · · · · · · · · ·	0.	0.
25800 NORTHWESTERN HWY STE 1		٠. ا		٠٠	υ.
SOUTHFIELD, MI 48075	0.50				
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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			7.7
	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		<u> X</u>
	•	330		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36_		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	3=1		v
	Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
	Section 4911 = 0.; section 4912 = 0.; section 4935 = 0.			
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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			v
	'Yes,' complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	40Ь		<u> </u>
,	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed MI	100		
42 a	ı The organization's books are in care of ► KEVIN DUNIVIN Telephone no ► 248-2	08-29	900	
	Located at ► 25800 NORTHWESTERN HIGHWAY STE 250 SOUTHFIELD MI ZIP + 4 ► 48075			
			V 1	
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	NO X
	If 'Yes,' enter the name of the foreign country:	72.0		
			ł	
	Continue of the section of the secti		ŀ	
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S?	42.	ł	Х
•	If 'Voc ' optor the game of the foreign country.	42c	1	
	The rest, enter the harne of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		[Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990.F7	,		v
40	of Form 990-EZ	44	-+	<u>X</u>
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X
BAA	TEEA0812L 07/17/09 Fol	m 990	-EZ (2	2009)

Form 990	-EZ (2009) REAL ESTATE ONE CHA	ARITABLE FOUNDA	TION		38-348		P	age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	onexempt ch	cempt chari aritable trus	sts must answ	only. All s ver quest STATEMEI	ons	'n
46 Did	the organization engage in direct or indirect	nolitical campaign activ	uties on behalf o	of or in opposit		-	Yes	No
	the organization engage in direct or indirect oublic office? If 'Yes,' complete Schedule C							X
	the organization engage in lobbying activitie	· · · · · · · · · · · · · · · · · · ·			•	47	ļ	X
	ne organization a school as described in sec the organization make any transfers to an o				• • •	. 48		X
	'es,' was the related organization a section					49b		
50 Con	nplete this table for the organization's five holoyees) who each received more than \$100	ighest compensated em ,000 of compensation fr	ployees (other thom the organiza	nan officers, di tion If there is	rectors, trustees a	and key e '		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	li be	ributions to employee enefit plans and rred compensation	accou	pense int and lowances	s
NONE								
	·							
com	nplete this table for the organization's five hipensation from the organization. If there is (a) Name and address of each independent contri	none, enter 'None '	ependent contra		of service	nan \$100,00 (c) Com		
NONE_								
	·			_				
						<u></u>		
d Tota	I number of other independent contractors	each receiving over \$10	0,000 .	-				
Sian	Under penalties of perjury, I declare that I have examitrue, correct, and complete Declaration of preparer (c	ned this return, including according the than officer) is based on a	npanying schedules a Il information of whic	nd statements, and h preparer has any	to the best of my kno knowledge		lef, it is	
Sign Here	Signature of officer STUART M ELSEA Type or print name and bites.			Date PRES				
Paid Pre-	Preparer's Much	surle C	PA DOTE	110	elf. (S	eparer's Identifee instructions	ying Nur	nber

► N/A

►X Yes No

Form **990-EZ** (2009)

Phone no. ► 248-208-2900

Firm's name (or yours if self-employed), address, and ZIP + 4

REAL ESTATE ONE, INC.

May the IRS discuss this return with the preparer shown above? See instructions

25800 NORTHWESTERN HWY

SOUTHFIELD, MI 48075-8403

Paid

Pre-

Only

BAA

parer's Use

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

OMB No 1545-0047 2009

Open to Public Inspection Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number Name of the organization REAL ESTATE ONE CHARITABLE FOUNDATION 38-3486582 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 | Type II b c Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?. 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 a (iii) Provide the following information about the supported organizations h (iv) Is the organization in col (i) listed in your governing document? (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (vi) is the organization in col (vii) Amount of Support (i) organized in the Yes Yes Yes No No No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

REAL ESTATE ONE CHARITABLE FOUNDATION 38-3486582 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.'). 89,870 76.550. 86,878. 61,317. 53,595 368,210. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0 the public without charge 368,210. 89,870 76,550 Total. Add lines 1-through 3 86,878 61,317. 53,595 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 368,210. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 76,550 86,878 61,317 53,595 89,870 368,210. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 141. 141 similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. **Total support.** Add lines 7 through 10 368,351. Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) ... 100.0% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.9% 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I)				
Sec	tion A. Public Support		·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			_			
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support					<u>-</u> .	
Cala							
Calei	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and 12.)	s for the organizat	lion's first, second,				(f) Total ►
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add lins 9, 10c, 11, and 12.)	s for the organizat	lion's first, second,				(f) Total
9 10a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and 12.)	s for the organizat	tion's first, second,	third, fourth, or			(f) Total
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 in organization, check this box and stion C. Computation of Putions in the sale of C. Computation of Putions 10 the sale of C. Computation of C. Co	s for the organization here blic Support ID9 (line 8, column	tion's first, second, Percentage (f) divided by line	third, fourth, or		section 501(c)(3)	▶ □
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and stion C. Computation of Purpublic support percentage for 200	s for the organization here 1blic Support ID 109 (line 8, column 1008 Schedule A, F	lion's first, second, Percentage (f) divided by line Part III, line 15	third, fourth, or . 13, column (f))		section 501(c)(3)	<u>►</u>
9 10a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and stion C. Computation of Purublic support percentage from 200 Public support percentage from 200 Public support percentage from 2	s for the organizate stop here blic Support ID9 (line 8, column 1008 Schedule A, Forestment Inco	tion's first, second, Percentage (f) divided by line Part III, line 15 me Percentag	third, fourth, or	fifth tax year as a	section 501(c)(3)	<u>►</u>
9 10a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. 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 inline 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) inganization, check this box and signal control of Public support percentage for 200 Public support percentage from 2 tion D. Computation of Invitor in security.	s for the organizate stop here Iblic Support 99 (line 8, column 1008 Schedule A, Frestment Incorr 7009 (line 10c, or	Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided	third, fourth, or 13, column (f)) e by line 13, colum	fifth tax year as a	section 501(c)(3) 15 16	► [] % %
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9 10a b 11 12 13 14 Sect 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, 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 IV.) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and some composition of Public support percentage from 20 public support tests – 2009. If the support tests – 2009, If the similar payment income percentage from 33-1/3 support tests – 2009. If the similar payment income percentage from 33-1/3 support tests – 2009. If the similar payment income percentage from 33-1/3 support tests – 2009. If the similar payment income percentage from 33-1/3 support tests – 2009.	s for the organization did and stop here.	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 not check the box The organization of	third, fourth, or 13, column (f)) e by line 13, colum 7	fifth tax year as a in (f)) line 15 is more that order to supported org	section 501(c)(3) 15 16 17 18 18 an 33-1/3%, and line anization.	% % %

Schedule A	(Form 990 or 990-	EZ) 2009	REAL	ESTATE	ONE	CHARI'	TABLE	FOUN	DATION	38-3486582	Page 4
Part IV	Supplemental	Informat	tion. Co	mplete t	his p	art to pr	ovide 1	the exp	olanation	38-3486582 required by Part iformation. See in	II, line 10;
	Part II, line 17	a or 17b;	or Par	t III, line	12. F	Providė a	any oth	er add	litional ır	iformation. See in	structions.
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545-0047

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form990 or Form 990-EZ.

Open to Public Inspection

Employer identification number Name of the organization 38-3486582 REAL ESTATE ONE CHARITABLE FOUNDATION Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (iii) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control fundraiser listed in or entity (fundraiser) from activity col (i) of contributions? organization Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other Events (d) Total Events (a) Event #1 (b) Event #2 (Add col. (a) through col (c)) GOLF OUTING/RA (total number) REVENUE (event type) (event type) 32,082. 32,082. 1 Gross receipts. 14,674 14,674. 2 Less. Charitable contributions. . 17,408 3 Gross revenue (line 1 minus line 2) 17,408. 4 Cash prizes. Non-cash prizes DIRECT 16,617 16,617. 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4- through 9 in column (d) 16,617 Net income summary Combine lines 3 and 10 in column (d) Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (b) Pull tabs/Instant (a) Bingo (c) Other gaming bingo/progressive bingo 1 Gross revenue DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 용 Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) YES NO 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If 'Yes,' Explain Does the organization operate gaming activities with nonmembers? 11 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? 12

Sched	lule G (Form 990 or 990-EZ) 2009 REAL ESTATE UNE CHARITABLE FOUNDATION 38	3-3486582	<u> </u>	Page 3
			YES	S NO
13	Indicate the percentage of gaming activity operated in:			
a `	The organization's facility	- %		į
	An outside facility	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and	records.		
1	Name: •			
	Address <u> </u>	·		
	Does the organization have a contact with a third party from whom the organization receives gaming revenue? If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a		15a	-
	of gaming revenue retained by the third party \$	iniount		
С	If 'Yes,' enter name and address:			
	Name: ►	· – – –		
	Address			
16	Gaming manager information			
i	Name			
ı	Gaming manager compensation \$			
I	Description of services provided:			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?		17a	
ы	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year: > \$			Ш.
BAA	TEEA3703L 07/17/09 Schedule	G (Form 990	or 990-E	Z) 2009

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT 100	REAL ESTATE ONE CHARITABLE FOUNDATION		38-348658
5/10/10			12·05PI
STATEMENT 1 FORM 990-EZ, PART I, LIN GRANTS AND SIMILAR AN	E 10 MOUNTS PAID		
DONEE'S NAME: RELATIONSHIP OF DONEE CASH AMOUNT GIVEN:	AMERICAN CANCER SOCIETY : NONE	\$	18,173.
DONEE'S NAME: RELATIONSHIP OF DONEE CASH AMOUNT GIVEN:	SPECIAL OLYMPICS OF MICHIGAN NONE	\$	36,360.
DONEE'S NAME: RELATIONSHIP OF DONEE CASH AMOUNT GIVEN:	STORAGE DISEASE PROGRAM: NONE	\$	1,215.
BANK CHARGES		TOTAL \$	93. 93.
STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMAR SUPPORT OF QUALIFIED	RY EXEMPT PURPOSE CHARITABLE ORGANIZATIONS		
(A) DID THE ORGANIZA	ASSOCIATED WITH PERSONAL BENEFIT CONTRACTION, DURING THE YEAR, RECEIVE ANY FUNDS, DEMIUMS ON A PERSONAL BENEFIT CONTRACT?		NO
	TION, DURING THE YEAR, PAY PREMIUMS, DIRECT		