



CITY COUNCIL ACTION REPORT

April 21, 2010

TO: John Szerlag, City Manager

FROM: Tonni L. Bartholomew, City Clerk

SUBJECT: Ratification to Correct Organizational Name for Recognition as a Nonprofit Organization Status from Michael Lanctot, Trustee of Friends of Jacob

Background:

- The applicant submitted the necessary paperwork to the City Clerk's office on July 27, 2009 requesting recognition as a nonprofit organization. At the time of the submittal, the applicant identified the organizational name as *Friends of Jacob Foundation* and the subsequent resolution was written as such.
- Resolution #2009-08-231-F-12 was approved at City Council's August 3, 2009 Regular Meeting recognizing *Friends of Jacob Foundation* as a nonprofit organization.
- The applicant contacted the City Clerk's office on April 21, 2010 indicating that the application was rejected because the organizational name on the *Local Governing Body Resolution for Charitable Gaming Licenses* does not agree with the organizational name as it appears on Form 1023, *Application for Recognition of Exemption*.
- City Management supports the ratification of Resolution #2009-08-231-F-12 to modify the organizational name from *Friends of Jacob Foundation* to *Friends of Jacob*.



CITY COUNCIL ACTION REPORT

July 27, 2009

TO: John Szerlag, City Manager

FROM: Tonni L. Bartholomew, City Clerk

SUBJECT: Request for Recognition as a Nonprofit Organization Status from Michael Lanctot, Trustee of Friends of Jacob Foundation

Background:

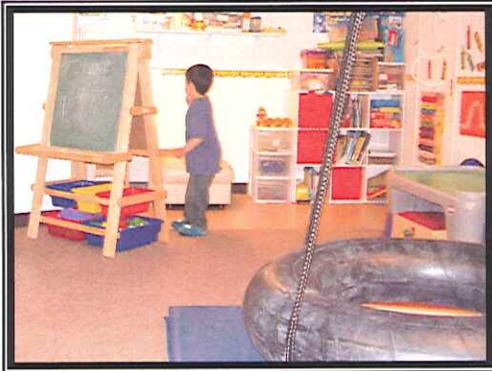
- Attached is a request from Michael Lanctot, Trustee of Friends of Jacob Foundation, seeking recognition as a nonprofit organization status for the purpose of obtaining a charitable gaming license for fundraising purposes. It has been City Management's practice to support the approval of such requests.

Mayor and City Council

I am requesting a temporary gaming license to benefit from the poker room at the Big Beaver Tavern formerly Larcos. The Friends of Jacob Foundation was established by a good friend of mine with an Autistic child. The intent of the Foundation is to help families like his dealing with all the difficulties raising a child with autism & other Pervasive Development Disabilities (PDD's). The Foundation can provide a monetary gift up to \$2,000 to offset costs associated with therapy, education, or equipment. The ultimate goal for the foundation is to raise enough money to charter a plane & fly a group of families to Disney World where all expenses & special dietary needs would be met for them. This would be for Families that otherwise would never be able to take a trip such as this due to financial needs as well as the difficulties associated with traveling commercial with special needs children. Thank you for your consideration & please feel free to call me with any question regarding The Friends of Jacob Foundation (586-405-4300)

Michael Lanctot
Trustee

Helping enhance the lives of families with Autistic and other special needs children.



Our Mission

Our mission is to provide financial assistance and a network of support to families with special needs children, with an initial focus on Autism.

Families will be provided with assistance through:

- The purchase of specialized equipment
- Financial help with therapy, respite care, and other medical costs
- Other quality of life improvements



FOUNDATION

200 Kirts Boulevard, Suite D
Troy, MI 48084

Phone: 586-596-9197

Fax: 248-290-0507

E-mail: keith@friendsofjacob.org
www.friendsofjacob.org



Brochure printing provided by



*Special friends helping
special children*

586-596-9197
www.friendsofjacob.org

Our Story

Jodi and I married in 1994. After trying to conceive for almost 6 years, we adopted Jacob in 2001. He was just 2 weeks old. It became noticeable at a couple months old that Jacob wasn't crawling or making eye contact. We soon discovered that he was not only cognitively impaired, but Autistic as well. Today, Jacob is still non-verbal.

Jacob receives therapy weekly, which insurance does not cover. His significant health and respite costs are in addition to typical care expenses that every family incurs. Although my wife and I have good jobs, we have had to drastically cut back on our basic living expenses just to get by.

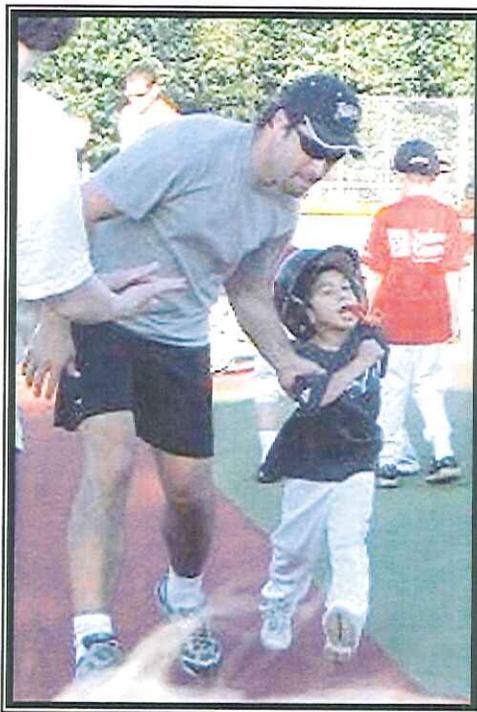
We were fortunate that my business associates were kind enough to organize the first annual fundraiser on behalf of Jacob in 2006. The event raised over \$3,000 for Jacob's needs. These funds greatly enhanced Jacob's progress. We were able to purchase items that would help with his daily therapy, respite care, and medical bills. It was then that we knew we needed to help others as well.

In 2006, Friends of Jacob was merely a dream. Today, we are realizing that dream. Together we can make a difference in so many lives.

We hope our story inspires you, like so many people have inspired us.

Sincerely,

Keith and Jodi Malec



Ways to Help

- Donate products, services, or the use of facilities
- Donate prizes for raffle or silent auction
- Sponsor an event with a monetary donation
- Allow us to advertise events at your facility

The Friends of Jacob Foundation is a 501(C)3 non-profit tax-exempt organization. All contributions are eligible for tax deduction.

To refer a family or make a donation, please contact us at:

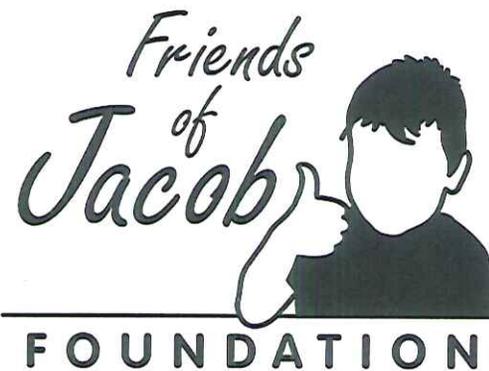
200 Kirts Boulevard
Suite D
Troy, MI 48084

Phone: 586-596-9197

Fax: 248-290-0507

keith@friendsofjacob.org

www.friendsofjacob.org





Charitable Gaming Division
 Box 30023, Lansing, MI 48909
 OVERNIGHT DELIVERY:
 101 E. Hillsdale, Lansing MI 48933
 (517) 335-5780
 www.michigan.gov/cg

LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES
 (Required by MCL.432.103(9))

At a _____ meeting of the _____
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by _____ on _____
DATE

at _____ a.m./p.m. the following resolution was offered:
TIME

Moved by _____ and supported by _____

that the request from _____ of _____,
NAME OF ORGANIZATION CITY

county of _____, asking that they be recognized as a
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for _____
APPROVAL/DISAPPROVAL

APPROVAL

DISAPPROVAL

Yeas: _____

Yeas: _____

Nays: _____

Nays: _____

Absent: _____

Absent: _____

I hereby certify that the foregoing is a true and complete copy of a resolution offered and
 adopted by the _____ at a _____
TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL
 meeting held on _____
DATE

SIGNED: _____
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION: Required.
 PENALTY: Possible denial of application.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 04 2009

FRIENDS OF JACOB
C/O KEITH MALEC
200 KIRTS BLVD STE D
TROY, MI 48084

Employer Identification Number:

DLN:

Contact Person:

MARK I. TOMBACK

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

September 8, 2008

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

FRIENDS OF JACOB

Sincerely,

A handwritten signature in cursive script that reads "Robert Choi". The signature is written in dark ink and is positioned below the word "Sincerely,".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

Form **1023**
 (Rev. June 2006)
 Department of the Treasury
 Internal Revenue Service

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Friends of Jacob		Keith Malec	
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
200 Kirts Blvd.	Suite D		
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01 - 12)	
Troy, MI 48084		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: (586) 596-9197	
a Name: Keith Malec		c Fax: (optional) N/A	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, Power of Attorney and Declaration of Representative, with your application if you would like us to communicate with your representative. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a Organization's website: www.friendsofjacob.org			
b Organization's email: (optional) keith@friendsofjacob.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		09/08/2008	
12 Were you formed under the laws of a foreign country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the country.			

Part II Organizational Structure

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing certification of filing with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): attach., para. 1
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. attach., para. 2
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state:

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Please see attachment.			

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
N/A			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family or business** relationships? If "Yes," identify the individuals and explain the relationship. Yes No

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No

b Do you or will you approve compensation arrangements in advance of paying compensation? Yes No

c Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- d Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? Yes No
- e Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- f Do you or will you record in writing both the information on which you relied to base your decision and its source? Yes No
- g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. Yes No
- b What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No
- b Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. Yes No

- 7a Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. Yes No
- b Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. Yes No

- 8a Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. Yes No
- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at **arm's length**.
- e Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. Yes No



Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. Yes No
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. Yes No
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a successor to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in political campaigns in any way? If "Yes," explain. Yes No
- 2a Do you attempt to influence legislation? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an election to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or gaming activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.



Part VIII Your Specific Activities (Continued)

- 4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) Yes No
- mail solicitations
 - email solicitations
 - personal solicitations
 - vehicle, boat, plane, or similar donations
 - foundation grant solicitations
 - phone solicitations
 - accept donations on your website
 - receive donations from another organization's website
 - government grant solicitations
 - Other
- Attach a description of each fundraising program.
- b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. Yes No
- c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. Yes No
- d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.
- e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. Yes No
-
- 5 Are you **affiliated** with a governmental unit? If "Yes," explain. Yes No
-
- 6a Do you or will you engage in **economic development**? If "Yes," describe your program. Yes No
- b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.
-
- 7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. Yes No
- b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. Yes No
- c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.
-
- 8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. Yes No
-
- 9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. Yes No
- b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No
- c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). Yes No
- d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). Yes No
-
- 10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. Yes No

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. Yes No
-
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
-
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i) Do you require an application form? If "Yes," attach a copy of the form. Yes No
- (ii) Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
-
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No



Part VIII Your Specific Activities (Continued)

- | | | | |
|----|--|------------------------------|--|
| 15 | Do you have a close connection with any organizations? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16 | Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17 | Are you applying for exemption as a cooperative service organization of operating educational organizations under section 501(f)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18 | Are you applying for exemption as a charitable risk pool under section 501(n)? If "Yes," explain. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19 | Do you or will you operate a school ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20 | Is your main function to provide hospital or medical care ? If "Yes," complete Schedule C. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21 | Do you or will you provide low-income housing or housing for the elderly or handicapped? If "Yes," complete Schedule F. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22 | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part X Public Charity Status (Continued)

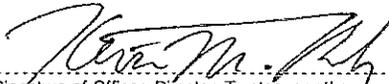
- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization


 (Signature of Officer, Director, Trustee, or other authorized official)

Kevin Roach
 (Type or print name of signer)

3/19/2009
 (Date)

President/ Director
 (Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? Yes No
 If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.



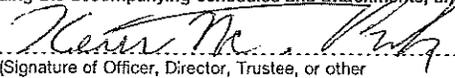
Part XI **User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of gross receipts over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change).
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here


(Signature of Officer, Director, Trustee, or other authorized official)

Kevin Roach
(Type or print name of signer)

3/19/2009
(Date)

President/ Director
(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

ATTACHMENTS TO IRS FORM 1023

Part IV – Narrative Description of Your Activities

Friends of Jacob is a nonprofit corporation organized and operated exclusively for educational and charitable purposes. Specifically, this organization has been formed to provide relief to the poor, distressed and underprivileged. Our organization has designed and developed one (1) program in furtherance of our purposes.

Our program is entitled: **Friends of Jacob**. The purposes of this program are to provide relief to the poor, distressed and underprivileged. We further our purposes under this program by providing financial assistance to families with children with special needs (physical and developmental).

Our organization is dedicated to providing a vacation of a lifetime and a network of support to families with children who have Autism or other Pervasive Development Disabilities (PDDs).

Friends of Jacob was founded with Keith and Jodi Malec's son, Jacob, in mind. The Malecs were married in 1994 and adopted Jacob in 2001 at just 2 weeks old. It became noticeable right away that Jacob wasn't crawling or making eye contact and they soon discovered that Jacob was both Autistic and cognitively impaired. Although he had some words in his vocabulary, today he is non verbal and needs to receive therapy weekly which insurance does not cover. Like most families, they experienced and are continuing to experience overwhelming financial difficulties, and taking a family vacation was out of the question and always seemed to take the back seat to other financial priorities.

We will organize and conduct a family vacation every year. The vacation will be conducted in a group setting. These families have so much in common: the increased financial difficulties, unending medical appointments, various therapies, special diet needs, and all the other additional daily stresses associated with raising a special needs child. These things seem to overshadow what most other families simply take for granted. The ability for these families to take a family vacation isn't something that they would otherwise be able to achieve. Our organization seeks to organize the ultimate vacation for a large group of families with special needs children by providing the transportation and accommodations for them to travel and experience the magic together.

Vacation days and times are dependent largely on the place of destination, monies raised, and family schedules. It is also anticipated that most vacations will be conducted towards the latter months of the summer season. A full itinerary for the organized family vacation has yet to be completed. We anticipate that the activities will focus on the development of social and life skills, strengthening and providing respite for families, and education for families. The first family vacation is tentatively scheduled for the fall of 2009 and will be 5-7 days in duration.

Friends of Jacob; EIN: [REDACTED]

A monetary gift of up to \$2,000 will be given to families of children with special needs to offset costs associated with therapy, therapy/educational-like activities, and equipment. Any funds raised through the Friends of Jacob Foundation are dispersed to qualifying children and their families. Qualifying individuals eligible for disbursement of funds include families who have at least 1 child with a medically diagnosed pervasive developmental disorder (PDD) as outlined by the Diagnostic and Statistical Manual (DSM), Edition IV.

All interested parties for grant funds from the organization must complete and submit our "Request for Funds Application" as well as complete the funding agreement. Accompanying information, including the formal medical diagnosis and reference letters is required. On a monthly basis, the Allocations committee will review applications and make a formal recommendation to the Board of Directors for final approval. Approved parties will be notified and distributed the allocated funds. Non-approved parties will be asked to submit more information or a new application.

The activity is conducted on an as-needed basis to review applications. There are no formal office hours, but applications are accepted any day of the year. We hope to assist approximately 30 children with special needs and their families annually.

Records of transactions will be kept by the Executive Director and submitted to the Board on the monthly basis. Banking transactions will be completed by the Executive Director, the President or Treasurer. Our Treasurer will complete financial statements on a quarterly basis in the fiscal year. Any checks written by the organization will require 2 signatures and any amount in excess of \$1,000 will require prior approval from the Board of Directors.

To further fund our program, we will conduct The First Annual Friends of Jacob Dancing for a Difference. This event will raise money for the organization. The event is taking place on March 26, 2009 at Club 22, located in Macomb, Macomb County, MI from 7:00 pm to 12:00 pm. The event will be open to the public.

There are no fees associated with this program. The officers and directors administer this program through a donation of their services. This program has already commenced and consumes 100% of the organization's time. This program will be advertised through home school organizations, email and personal contacts. It is funded through volunteer services, tuition for classes and donations to cover the nominal expenses associated with it. Planning for our program is conducted at our headquarters located at 200 Kirts Blvd., Ste. D, Troy, MI, 48084. Through the successful execution of our program, we further our purposes of providing relief to the poor, distressed and underprivileged.

Friends of Jacob; EIN: [REDACTED]

Part V - Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

Line 1a

Name	Title	Address	Compensation
Kevin Roach	President/ Director	[REDACTED]	NONE
Keith Malec	Vice President/ Founder	[REDACTED]	NONE
Erik Wandrie	Secretary/ Director	[REDACTED]	NONE
Michael Lanctot	Treasurer/ Director	[REDACTED]	NONE
Craig Trompeter	Director	[REDACTED]	NONE

[The remainder of this page has been intentionally left blank.]

Friends of Jacob; EIN: [REDACTED]

Line 3a

Name	Qualifications	Avg. Hours	Duties
Kevin Roach	Nonprofit management and leadership for 10 years. Master of Social Work degree from University of Pennsylvania and Bachelor of Science in Social Work from Saint Louis University	10	Oversees fiduciary operations of organization, assists in policies and procedures, and facilitates fund development activities. As President, hires and evaluates the Executive Director. Sitting member of all subcommittees within the Board of Directors.
Keith Malec	Sr. Account Manager with over 20 years experience working for a Tier One Automotive Supplier. Dale Carnegie graduate.	10	Oversees fiduciary operations of organization, assists in policies and procedures, and facilitates fund development activities. As Vice President, networks through business and community relationships. Provides the face, voice of Friends of Jacob through personnel experience.
Erik Wandrie	Sales professional with over ten years experience in the automotive supply industry. BSBA degree from Lawrence Technological University with a major in Marketing and minor in Small Business.	10	Oversees fiduciary operations of organization, assists in policies and procedures, and facilitates fund development activities. As Secretary, keeps written record of meetings and activities, recruits new members, and oversees marketing efforts.
Michael Lanctot	Internal Auditor/Coordinator Review and update plant quality procedures. Liason for plant. Bachelors in Business Management, Rochester College. 17 years of experience.	10	Oversees fiduciary operations of organization, assists in policies and procedures, and facilitates fund development activities. As treasurers, oversee bank accounts, investments, and audits.
Craig Trompeter	Business Development Manager (RWD technologies) 20 years Sales & marketing experience. University of Phoenix	10	Oversees fiduciary operations of organization, assists in policies and procedures, and facilitates fund development activities. Coordinates special events.

Line 5a

The CONFLICT OF INTEREST policy attached to this application was adopted by the Board of Directors and signed into effect by the Secretary.

Part VI - Your Members and Other Individuals and Organizations That Receive Benefits From You.

Line 1a

Please see Part IV – Narrative Description of Your Activities for details.

Part VIII - Your Specific Activities

Line 4a

Mail Solicitations

We intend to solicit funds for our program by sending promotional materials via mail. No official plans or representative copies exist at this time.

Email Solicitations

We may solicit funds for our program by sending promotional materials via email. No official plans or representative copies exist at this time.

Personal Solicitation

We intend to solicit funds for our program through personal contact. No official plans exist at this time.

Phone Solicitations

We may solicit funds for our program by phone. No official plans or representative materials exist at this time.

Foundation Grants

We may apply for foundation grants for funds to operate our program in the future. No official plans exist at this time.

Website Solicitations

We have a website at www.friendsofjacob.org. Donations can be made online. In the future, we may also accept web-based donations from other sites. No official plans exist at this time.

Government Grants

We may seek grants at a later date to operate our programs. No official plans exist at this time.

Other

We may use any other legal means available to us as a non-profit corporation operating within our stated purpose to raise money to fund our programs.

Bylaws of
FRIENDS OF JACOB FOUNDATION

ARTICLE ONE - NAME AND PURPOSE

Section 1.01 - Name: The name of the organization shall be Friends of Jacob Foundation

Section 1.02 - Purpose: The Friends of Jacob Foundation is organized to offer a network of support and a variety of quality of life improvements to families with special needs children

ARTICLE TWO - MEMBERSHIP

Section 2.01 - Membership: Membership shall consist of the Board of Trustees and those individuals approved by the Board of Trustees.

ARTICLE THREE - MEETINGS, NOTICE, AND PARTICIPATION

Section 3.01 - Annual Meeting: The date of the regular annual meeting shall be set by the Board of Trustees who shall set the time and place.

Section 3.02 - Special Meetings: Special meetings may be called by the President, Executive Committee, or a majority vote of the Board of Trustees.

Section 3.03 - Notice: Notice of each meeting shall be given to each Trustee in writing not less than 3 days prior to the meeting. Notice of meetings may be given only by the President or Secretary. Unless otherwise required by law, the Articles or these Regulations, any such notice need not specify the purpose or purposes of the meeting.

Section 3.04 - Participation: Participation in a meeting via teleconference is allowed if it is not otherwise possible to attend that meeting in person.

ARTICLE FOUR - BOARD OF TRUSTEES

Section 4.01 - Role: The Board of Trustees is responsible for overall policy and direction of the Foundation. They will control and manage all the affairs, funds, and property. In addition to the powers granted herein, they shall have all powers designated in the Articles and such powers as are conferred upon them by the laws of the State of Michigan.

Section 4.02 - Size and Compensation: The Board shall have no more than eleven (11) and no less than five (5) trustees. Trustees receive no compensation for services rendered as Trustees. Trustees may be reimbursed for expenses incurred as Trustees in such amounts as the Trustees may determine.

Section 4.03 - Elections: Election of new Trustees or election of current Trustees to additional terms will occur as the first item of business at the annual meeting of the Board of Trustees, provided there is a quorum present. Trustees will be elected by a majority vote of the current Trustees.

Section 4.04 - Terms: All Trustees shall serve one (1) year terms, but are eligible for re-election. There is no limit to the number of times a Trustee can be re-elected.

Section 4.05 - Quorum: A quorum of the Trustees must be in attendance for business transactions to take place and motions to pass. A quorum shall be 50% of all Trustees.

Section 4.06 - Vacancies: When a vacancy on the Board of Trustees or Executive Committee exists, the Secretary must receive nominations for new Trustees or Officers from present Board members ten (10) days in advance of a Board meeting. These nominations shall be sent out to Board members with the regular Board meeting announcement, to be voted upon at the next Board meeting. All vacancies will be filled only to the end of the departed Trustee or Officer's term.

Section 4.07 - Resignation, Termination, and Absences: Resignation from the Board must be in writing and received by the Secretary. A Trustee may be terminated by the Board if he/she has three (3) unexcused absences from Board meetings in a year. A Trustee may be removed for other reasons by a three-fourths vote of the remaining Trustees.

ARTICLE FIVE - OFFICERS

Section 5.01 - Officers of the Board: Immediately following the annual election of Trustees, the Trustees so elected shall meet and organize by the election of four (4) officers: a President, Vice-President, Secretary, and Treasurer.

Section 5.02 - Terms: All Officers shall be elected to one (1) year terms. Officers may serve no more than five (5) consecutive terms.

Section 5.03 - Duties of the President: The President shall convene regularly scheduled Board meetings, shall preside or arrange for other members to of the Executive Committee to preside at each meeting in the following order: Vice President, Secretary, and Treasurer.

Section 5.04 - Duties of the Vice President: The Vice President shall chair committees on special subjects as designated by the board. In the absence of the President, the Vice President shall perform the duties of the President.

Section 5.05 - Duties of the Secretary: The Secretary shall be responsible for keeping records of Board actions, including overseeing the taking of minutes at all Board meetings, sending our meeting announcements, distributing copies of minutes and the agenda to each Trustee, and assuring that Foundation records are maintained.

Section 5.06 - Duties of the Treasurer: All monies, stocks, bonds, and other documents of value shall be received and safely kept by the Treasurer. The Treasurer shall make sure that the accounting of all funds is properly maintained. The Treasurer will also submit reports and updates as requested by the Board of Trustees or Executive Committee.

ARTICLE SIX - COMMITTEES

Section 6.01 - Committee Formation: The Board or the President may create committees and appoint members to such committees which, in their discretion, are desirable to further the work of the Foundation. Each committee thus created shall report to the Board, at its regular meetings and at such special meetings as the Board shall give them notice of. All action taken by any committee must be approved by the Board before it may be carried out or considered the act of the Foundation.

Section 6.02 - Executive Committee: The four officers serve as members of the Executive Committee. Except for the power to amend the Articles of Incorporation and Bylaws, the Executive Committee shall have all of the powers and authority of the Board of Directors in the intervals between meetings of Board of Directors. Any matters passed by the Executive Committee while the Board is not in session, shall be fully reported and reviewed at the next Board meeting. Three (3) members of the Executive Committee shall constitute a quorum. The Executive Committee has the authority to

advertise for, interview, review, evaluate, and make recommendations to the Board concerning the employment, performance, and retention of Executive Directors.

Section 6.03 - Allocations Committee: The Allocations Committee will make decisions regarding the distribution of benefits to families with special needs children who have submitted the appropriate information and application. The Allocations Committee will be comprised of three (3) Trustee members and four (4) non-Trustee members as appointed by the Executive Committee.

ARTICLE SEVEN - DIRECTOR AND STAFF

Section 7.01 - Executive Director: The Board may choose to employ an Executive Director. The Executive Director has day-to-day responsibility for the activities and operation of the Foundation, management of personnel, and implementation of policy and procedures adopted by the Board. The Executive Director is not Board member but will attend all Board meetings to report on the progress of the Foundation, answer questions of the Board members, and carry out the duties as described in the job description. The Board can designate other duties as deemed reasonable and necessary. Compensation for the Executive Director shall be set by the Board.

Section 7.02 - Staff: The Board may choose to employ staff as needed. The job description(s) and compensation for all positions will be set by the Board. The Executive Director will manage all personnel.

ARTICLE EIGHT - INDEMNIFICATION AND INSURANCE

Section 8.01 - Indemnification: The Board of Trustees will indemnify Board members in accordance with law whenever a civil, administrative, criminal or quasi-criminal action or other legal proceeding is brought against a Board member for any act or omission arising out of and in the course of the performance of his/her duties as Board member. In the case of a criminal or quasi-criminal action which results in a final disposition in favor of the Board member, the Board will defray all costs of defending the action, including reasonable counsel fees and expenses, together with costs of appeal, and will save harmless and protect the Board member from any financial loss

resulting from the action. Indemnification for exemplary or punitive damages is not required.

The Board shall arrange for and maintain appropriate insurance to cover all such damages, losses and expenses as set forth in Section 8.02

Section 8.02 - Insurance: The Foundation shall obtain insurance commonly known as directors' and officers' liability insurance and company reimbursement insurance with such coverage as the Trustees, in their discretion, shall deem appropriate.

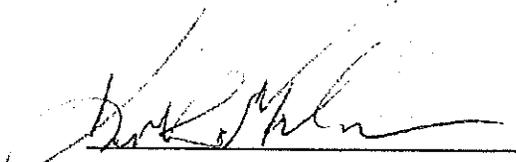
ARTICLE NINE - MISCELLANEOUS

Section 9.01 - Amendments: These bylaws may be amended, or new bylaws may be adopted, when necessary by two-thirds affirmative vote of the Board of Trustees.

Proposed amendments must be submitted to the Secretary to be sent out with regular Board announcements.

Section 9.02 - Action by Trustees Without a Meeting: Anything contained in the Bylaws to the contrary notwithstanding, any action which may be authorized or taken at a meeting of the Board or of a committee, may be authorized or taken without a meeting with the affirmative vote or approval of, and in a writing or writings signed by all of the Trustees or all of the members of such committee of the Trustees as the case may be. Any such writing shall be filed with or entered upon the records of the Foundation by the Secretary.

These bylaws were approved and adopted at a meeting of the Board of Trustees for Friends of Jacob Foundation by a two-thirds majority vote on this 25th day of February 2009.



President



Secretary

09/08/2008 2:21:04 PM

FAXCOM

PAGE 7 OF 19

Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the ARTICLES OF INCORPORATION - NONPROFIT

for

FRIENDS OF JACOB



received by facsimile transmission on September 8, 2008 is hereby endorsed
Filed on September 8, 2008 by the Administrator.

The document is effective on the date filed, unless a
subsequent effective date within 90 days after
received date is stated in the document.



In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 8TH day
of September, 2008.

A handwritten signature in cursive script, appearing to read "Andrew L. Mitchell".

, Director

Bureau of Commercial Services

09/08/2008 2:21:04 PM
To: Page 8 of 23

FAXCOM
2008-09-08 16:24:24 (GMT)

PAGE 8 OF 19
13234467067 From: Imelda Vasquez

MSR-2002 (Rev. 12/02)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name Imelda Vasquez, Legalzoom.com, Inc.	
Address 7083 Hollywood Blvd. Ste. 180	
City Los Angeles	State CA
	Zip Code 90028
EFFECTIVE DATE:	

Document will be returned to the name and address you enter above. If left blank, document will be mailed to the registered office.

ARTICLES OF INCORPORATION
For use by Domestic Nonprofit Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 162, Public Acts of 1982, the undersigned corporation executes the following Articles:

ARTICLE I.

The name of the corporation is: **Friends of Jacob**

ARTICLE II

The purpose or purposes for which the corporation is organized are:
Please see attachment

ARTICLE III.

1. The corporation is organized upon a nonstock basis.
(Stock or Nonstock)

2. If organized on a stock basis, the total number of shares which the corporation has authority to issue is _____.

If the shares are, or are to be, divided into classes, the designation of each class, the number of shares in each class, and the relative rights, preferences and limitations of the shares of each class are as follows:

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ARTICLE III (cont.)

3. a. If organized on a nonstock basis, the description and value of its real property assets are: (if none, insert "none")
None

b. The description and value of its personal property assets are: (if none, insert "none")
None

c. The corporation is to be financed under the following general plan:
Fundraisers and Grants through the State.

d. The corporation is organized on a Directorship basis.
(Membership or Directorship)

ARTICLE IV

1. The address of the registered office is:
712 Abbott Road, East Lansing Michigan 48823
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office, if different than above:
Michigan
(Street Address or P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is:
National Registered Agents, Inc.

ARTICLE V

The name(s) and address(es) of the incorporator(s) is (are) as follows:

Name	Residence or Business Address
Legalzoom.com, Inc.,	7083 Hollywood Blvd. Ste. 180, Los Angeles, CA 90028

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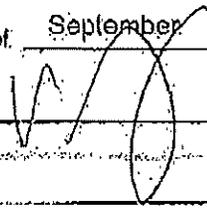
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Use space below for additional Articles or for continuation of previous Articles. Please identify any Article being continued or added. Attach additional pages if needed.

I, (We), the incorporator(s), sign my (our) name(s) this 6th day of September, 2008.

LegalZoom.com, Inc., By: Inelda Vasquez, Assistant Secretary



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Attachment to
Articles of Incorporation of
Friends of Jacob

This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code. This Corporation shall be a nonprofit corporation. The specific purpose for which this corporation is organized is To provide financial assistance to families with children with special needs (physical and mental) through fundraising, grants, and local pairing with other foundations and charities.

Upon the dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Section 501(h) of the Internal Revenue Code); and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

No part of the net earnings of this corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that this corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these articles.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

All references to sections of the Internal Revenue Code shall include such sections as of the date hereof and the corresponding section of any future federal tax code.