

## Waste Management Community Benefits Request for Donations

The City of Riviera Beach, in conjunction with Waste Management Inc. of Florida, has established a Community Benefits Policy. Under the Policy each elected official shall be entitled to designate funds to support approved public projects for public purposes. Public purposes include, but are not limited to, charitable events, not-for-profit organizational events or programs and City functions or projects (which may include contributions to the City's Scholarship Fund or the City's Housing Trust Fund). All requests for donations must be presented to the City Council and approved by a majority of the City Council. The City will attempt to process all requests within fourteen (14) days of City Council approval.

**Ineligible uses** include the purchase of tables at events, campaign contributions, or payment for salaries or operational expenses. Funds cannot be used to cover an elected official's travel, meals, or for his or her personal benefit or gain or for the personal gain of relatives as defined by City Code, the Palm Beach County Code of Ethics, or state statues, as applicable. Funds cannot be given to an entity/agency/organization for which the elected official is a director or officer.

Name of Elected Official Sponsoring Donation: Councilwoman Tonya Davis-Johnson
Legal Name of Organization: The Pink Queen Foundation, Inc
Program/ Activity Name: Wellness Basket Distribution(s) co-pay assistant
Requested Amount: \$ 500.00
Briefly describe the Program/Activity below <u>and</u> attach (1) letter of request or a more detailed description of the Program/Activity; (2) non-profit paperwork and (3) w-9 IRS form:
The Pink Queen Foundation provides comfort/wellness baskets, assist with medical copays, and provide emotional support for cancer survivors that are currently under treatments. This award will be used specifically for the residents
of Riviera Beach.
Mailing Address: 1060 Cameo Circle City: WPB State: FL Zip: 33417
Contact Person(s):
Phone:(561)308-0249
Email Address: Thepinkqueenfoundation@gmail.com
Name of Authorized Official: Tenecia L. Sproull Date: 4/17/2017

<sup>&</sup>quot;"Return the form to the Elected Official or the Legislative Office for processing.

# Waste Management Community Benefits Request for Donations Approval by Elected Official

hereby certify that the donation to hereby certify that the donation to hereby certify that the City's Community Benefits Policy. I further certify that: (1) I am not an officer, director, partner, proprietor, employee, subcontractor or agent of the organization, its parent organization or subsidiary and I do not have any contractual relationship with or other obligation with to the organization its parent organization or subsidiary; (2) I have no relatives or business associates (as those terms are defined in section 112.312, Florida Statutes) who are officers, directors, partners, proprietors, employees, subcontractors or agents of the organization, its parent organization or subsidiary; (3) The disbursement of the foregoing amount will not inure to my special gain or loss or to the special gain or loss of my relatives or my business associates; and (4) I am not aware of any conflict of interest the disbursement of the foregoing amount to the organization will create for the City of Riviera Beach or myself.  Signature of Elected Official:  Date:  Date:						
City Council Action						
Approved ∕ Disapproved						
Chairperson's Signature: Date:						
Date.						

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Revised November 2011

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

Date: MAY 12 2017

THE PINK QUEEN FOUNDATION 1060 CAMEO CIRCLE WEST PALM BEACH, FL 33417-0000

Employer Identification Number: 81-2632425 DLN: 26053528004417 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: January 1, 2017 Contribution Deductibility: Yes Addendum Applies: No

#### Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Flease keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

### Form W-9 (Rev. December 2014)

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax ref	urn). Name is required on this line	; do not leave this line blank.	·			
2 Business name/disregarded entity name, if different from above						
U 10	n Foundation.	Inc				
Check appropriate box for federal tax cl     Individual/sole proprietor or	Corporation S Corpor	ation Partnership	rust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)		
Ingle-member LLC   Ingle-member   Ingle-member LLC   Ingle-member   Ingle-me						
	(Applies to accounts meintained outside the U.S.)					
6 Address (number, street, and apt. or suit	te no.)		Requester's name a	and address (optional)		
6 Address (number, street, and apt. or suite no.)  Requester's name and address (optional)						
6 City, state, and ZiP code  Brach Fl 22417						
7 List account number(s) here (optional)	1210 1 1 1 1 3	STIP				
Part I Texpayer Identification						
Enter your TIN In the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a						
esident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a						
entities, it is your employer identification num TIN on page 3.	nber (Eliv), if you do not have	a number, see flow to ge	or			
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for Employer identification number						
guidelines on whose number to enter.						
Port II Contidention			1911			
Part II Certification Under penalties of perjury, I certify that:	<del></del>					
The number shown on this form is my cor	rrect taxpayer identification ni	umber (or I am waiting for	a number to be is	sued to me); and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a fallure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and						
3. Iam a U.S. citizen or other U.S. person (defined below); and						
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.						
Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.						
Sign Signature of U.S. person	20st X	Darll o	ste▶ 4	17/18		
General Instructions  • Form 1098 (home mortgage interest), 1998-E (student loan interest), 1098-T (tuition)						
Section references are to the Internal Revenue Code unless otherwise noted.  • Form 1099-C (canceled debt)				4 · 4 · · · · · · · · · · · · · · · · ·		
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.  • Form 1099-A (acquisition or abandonment of secured property)  Use Form W-9 only if you are a U.S. person (including a resident alien), to						
Purpose of Form		provide your correct Ti	N.			
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN)				ester with a rital kon undur ne anolect		
return with the IRS must obtain your correct taxpa	required to file an information yer identification number (TIN)			withholding? on page 2.		
which may be your social security number (SSN), I	yer identification number (TIN) individual taxpayer identification	to backup withholding. By signing the filled-	See What is backup out form, you:			
which may be your social security number (SSN), is number (ITIN), adoption taxpayer identification number (EIN), to report on an information	yer identification number (TIN) individual taxpayer identification inber (ATIN), or employer ation return the amount paid to	to backup withholding. By signing the filled- 1. Certify that the Tif to be issued),	See What is backup out form, you: I you are giving is co	prect (or you are waiting for a number		
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Form 1099-K (merchant card and third party network transactions)