Riviera Beach- "Best Waterfront City In Which To Live, Work and Play"



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, as amended in November 2011. Under the Policy each elected official shall be entitled to designate up to \$15,000 per year (\$7,500 on October 1st and \$7,500 on April 1st) 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 statutes, 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: TONYA DAVIS JOHNSON					
Legal Name of Organization: YOUTH RECREATION ASSOC/MAMA					
Program/ Activity Name: MEMORIAL DAY BASH Requested Amount: \$					
Briefly describe the Program/Activity below <u>and</u> attach (1) a letter of request or a more detailed description of the Program/Activity; (2) non-profit status paperwork and (3) w-9 IRS form: BRINGING THE COMMUNITY TOGETHER FOR MEMORIAL DAY FESTIVITIES. WE WILL PROVIDE INFORMATION TO KEEP OUR COMMUNITIES SAFE, FOOD AND FUN.					
Mailing Address: 3005 BERNARDO LANE					
City: RIVIERA BEACH State: FL Zip: 33417					
Contact Person(s): DAN CALLOWAY					
Phone: 561-201-9358 Fax:					
Email Address: ARTIEJMAMA@AOL.COM					
Name of Authorized Official: DAN CALLOWAY Signature of Authorized Official: Dan Callowy Date: 5/8/18					
""Return the form to the Elected Official or the Legislative Office for processing.					

Waste Management Community Benefits Request for Donations Approval by Elected Official

I, ONYA SALAS MASO, hereby certify that the donation to YRA AMA. complies with 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:					
Amount Approved by Elected Official: \$					
City Council Action					
☐ Approved ☐ Disapproved					
Chairperson's Signature: Date:					

Page 2 of 2

Revised November 2011

YOUTH RECREATION ASSOCIATION OF PALM BEACH COUNTY





ATHLETIC DIRECTOR

Dan Calloway

FOUNDED 1965

PRESIDENT

Derrick McCray

Dear Supporters:

VICE-PRESIDENT Don Wilson

TREASURER Walter Morrow

SECRETARY Deirdre M. Jacobs

ASSISTANT SECRETARY

Kathy Groover

ASST. ATHLETIC DIRECTOR Dennis Hanna

BUSINESS MANAGER

LEGAL ADVISOR William Contole

HISTORIAN Clark Martin

James Irving

FUNDRAISING Teff Koons

Don Donaugher Beverly Morrison

EVENT COORDINATORS

Tucker Fredrickson

Mothers Against Murderers Association

Artie Williams Angela Williams

COLLEGE RECRUITMENT

Abe Elam

AAU BASKETBALL Brandon Arnette

GOLF TOURNAMENT

Chris Clark Larry Evans Katherine Waldron

BOARD OF DIRECTORS

Pastor Scott Arnold Rev. Philip Braziel Mary Degraffenreidt Tucker Fredrickson Dorthenia Lewis Bucky McGann Rev. Leroy Parish Leodis Sanders Lovie Scott Leon Smith Edward Walker

Allan Winn

March 28, 2018

The Youth Recreation Association (Y.R.A.) and Mothers Against Murderers Association (M.A.M.A.) are requesting your support in the a Memorial Day Bash being held at Goodmark Park, Riviera Beach on Saturday, May 26th from 2:00pm until 8:00pm.

We are continuing our tradition of bringing the community together for a great day of fun and food while doing our part to eradicate crime. Now more than ever we need to unify and make our streets safer.

The following items are required to make this a fun, informative and productive day in the park to feed 3000 residents with a budget of \$7500.00.

> 15 cases Chicken 2 cases Conch

6 cases Fish Mac & Cheese

10 cases Hot Dogs Baked Beans 30 cases Soda

50 Watermelons Condiments

Plates

15 cases Water Cups Cutlery

Napkins

Miscellaneous Items

As always, your participation is warranted and appreciated. Any contribution financial or otherwise, that you can donate, will make a positive difference. Tax deductible contributions should be presented to the attention of: Dan Calloway, Youth Recreation Association, or Artie Williams, Mothers Against Murderers Association (M.A.M.A).

Should you have any questions or require additional information, feel free to contact me at 561-531-9184 or you may reach Artie Williams at 561-201-9358.

With best regards, I am,

Dan Calloway

Athletic Director

Both The Youth Recreation Association & [MAMA] Mothers Against Murderers Association, Inc. are registered 501(c) (3) non-profit organizations.



Consumer's Certificate of Exemption

DR-14 R. 04/11

issued Pursuant to Chapter 212, Florida Statutes

•	85-8013264211C-5	03/31/2015	03/31/2020	501(C)(3) OFGANIZATION
	Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

MOTHERS AGAINST MURDERERS ASSOCIATION INC 5840 CORPORATE WAY STE 112 WEST PALM BCH FL 33407-2040

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14 R. 04/11

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
 See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
- If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account
 Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration
 Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480,
 Tallahassee, FL 32314-6480.

DATE OF THIS NOTICE: 07-18-2003 NUMBER OF THIS NOTICE: CP 575 F EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

13-4257073 0000003082

FOR ASSISTANCE CALL US AT: 1-800-829-0115

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

MOTHERS AGAINST MURDERERS % ANGELA WILLIAMS 1221 W 23RD ST RIVIERA BEACH FL 33404

and the second s

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 13-4257073. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

MOTHERS AGAINST MURDERERS ASSOCIATION X ANGELA WILLIAMS 1221 W 23RD ST RIVIERA BEACH FL 33404

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tex exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply

Form (Rev. January 2003)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

page 2.	Whithers Against Mudorers Associad	-PAN INC.						
5	Business name, if different from above							
Print or type Instructions	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►		Exempt from backup withholding					
Print o	Address (number, street, and apt. or suite no.) 6843 Corporate Way #112	Requester's name and a	ddress (optional)					
P Specific	West Palm Beach # 33407	***						
See :	List account number(s) here (optional)							
Part I Taxpayer Identification Number (TIN)								
Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident 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 TIN on page 3.								
Note : If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.			lentification number					
Part	Certification							

- Under penalties of perjury, I certify that:
- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

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 failed 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 4.)

Sign Signature of AU-U WUU

Date > 10/24/2010

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- 2. The treaty article addressing the income.
- **3.** The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- **4.** The type and amount of income that qualifies for the exemption from tax.
- **5.** Sufficient facts to justify the exemption from tax under the terms of the treaty article.