



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 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: Councilwoman KaShamba Miller-Anderson

Legal Name of Organization: Operation Hope, Inc.

Program/ Activity Name: 2018 Summer Camp

Requested Amount: \$ 500.00

Briefly describe the Program/Activity below **and** attach (1) letter of request or a more detailed description of the Program/Activity; (2) non-profit paperwork and (3) w-9 IRS form:

See attach sheet-letter

Mailing Address: 1253 10th Street

City: Lake Park State: FL Zip: 33403

Contact Person(s): Kenneth Bowers

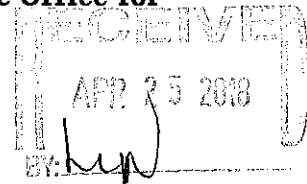
Phone: (861) 396-7969 Fax: (861) 282-3498

Email Address: operationhopeinc@yahoo.com

Name of Authorized Official: Kenneth Bowers

Signature of Authorized Official: Kenneth Bowers Date: 4-23-18

****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, Councilwoman Kashamba Miller-Anderson, hereby certify that the donation to Operation Hope, Inc. 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 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: Kashamba Miller-Anderson Date: 5/15/14

Amount Approved by Elected Official: \$ 500.00

City Council Action

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Chairperson's Signature: _____ Date: _____

Riviera Beach- "Best Waterfront City In Which To Live, Work and Play"
Page 2 of 2

Revised March 2017

OPERATION HOPE, INC.

"KEEPING DREAMS ALIVE"

April 23, 2018

Councilwoman KaShamba Miller-Anderson
City of Riviera Beach City Hall
600 West Blue Heron Boulevard
Riviera Beach, FL 33404

Re: 2018 Operation Hope Summer Camp

Dear Councilwoman Miller-Anderson:

Operation Hope, Inc., is starting to put together our Summer Camp for children. This program is offered to the youth of the homeless or disadvantaged in our community. Last summer Operation Hope, was host to 67 wonderful children ranging in ages from 5 to 17. The Camp will open starting, June 4, and continues for 10 weeks ending August 10, 2018. Because of your generous donations these children have a chance to be in a safe and fun environment during the long and hot days of summer.

Operation Hope, camp starts, at 7:30 a.m. and runs to 5:30 p.m. Monday through Friday. Because of your generosity, we are able to provide activities such as swimming, bowling, movies, also and most important, a healthy breakfast, lunch and snack are provided to each child. In the afternoon, we have fun with all types of arts and crafts projects. We also try to get the campers to Lion Country Safari for a great day of seeing the lions and tigers and they especially enjoy the petting zoo and the turtles. The campers then celebrate their last day of camp by attending our annual picnic held at Okeehetee Park in West Palm Beach. Other camps and preschools throughout Palm Beach County are invited to join in the festivities. Almost 450 children attended, ate hamburgers and hot dogs, cold drinks. It is such a joy to see all the smiling faces.

It is truly an honor and pleasure to serve the youth in our community, and we would like to continue to offer this service. Of course, we could not do this without your support. We would like to take this opportunity to thank you and relay how much we appreciated your past support. These funds are desperately needed. We are asking our supporters to consider a tax deductible one-time donation to our organization of \$500. If you are unable to pledge \$500, we would like to extend our sincere gratitude for a donation in any amount. Your donation goes a long way (in helping these children in need). Please return your donation in the self-addressed envelope provided for your convenience by May 25, 2018. Again, thank you for thinking of us again this year. Your donation(s) and/or contribution(s) will be greatly appreciated. If you need any further information, please feel free to contact us at (561) 396-7969. Thanking you in advance for your support in this endeavor.

Sincerely,
Kenneth Bowers
KENNETH BOWERS
Executive Director

xc: File

1253 10TH Street, Lake Park, FL 33403

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

DEPARTMENT OF THE TREASURY

Date:

SEP 01 2016

OPERATION HOPE INC
PO BOX 10443
RIVIERA BEACH, FL 33419-0000

Employer Identification Number:
65-0171969
DLN:
26053637002266
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 22, 2016
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. Please 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.

Based on the information you submitted on your application, we approved your request for reinstatement under Section 7 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

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

Letter 5436

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Operation Hope, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1253 10th Street

6 City, state, and ZIP code
Lake Park, FL 33403

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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 resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-		
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or

Employer identification number

6	5	-	0	1	7	1	9	6	9
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 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 for Part II, later.

Sign Here Signature of U.S. person ▶ *Kenneth Bane* Date ▶ *4-23-18*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - 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 provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Detail by Entity Name

Florida Not For Profit Corporation
OPERATION HOPE, INC.

Filing Information

Document Number N97000005537
FEI/EIN Number 65-0171969
Date Filed 09/29/1997
Effective Date 09/25/1997
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 11/19/1998

Principal Address

1253 10TH STREET
LAKE PARK, FL 33403

Changed: 04/29/2011

Mailing Address

2109 PINEHURST DRIVE
WEST PALM BEACH, FL 33407

Changed: 05/17/2012

Registered Agent Name & Address

BOWERS, KENNETH L
2109 PINEHURST DRIVE
WEST PALM BEACH, FL 33407

Address Changed: 04/29/2011

Officer/Director Detail

Name & Address

Title PD, ED

BOWERS, KENNETH
2109 PINEHURST DRIVE
WEST PALM BEACH, FL 33407

Title TD

DARRISAW, MARGARET
1580 WEST 31ST STREET
RIVIERA BEACH, FL 33404

Title D

McBAY, MARY
4 RIVER CHASE TERRACE
PALM BEACH GARDENS, FL 33418