



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: Kashamba Miller-Anderson

Legal Name of Organization: I Am Who I Am, Inc.

Program/ Activity Name: I Am Royal Community Baby Shower Requested Amount: \$ 500.00

Briefly describe the Program/Activity below and 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:
SEE ATTACHED

Mailing Address: P.O. Box 1377

City: West Palm Beach State: FL Zip: 33402

Contact Person(s): Terra Kennedy

Phone: 567-267-8222 Fax: 561-203-4158

Email Address: info@iamwhoiaminc.org

Name of Authorized Official: Terra Kennedy

Signature of Authorized Official: _____ Date: 10/05/18

***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 I Am Who I Am, 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 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: Kashamba Miller Anderson Date: 11/26/18

Amount Approved by Elected Official: \$ 500.00

City Council Action

Approved Disapproved

Chairperson's Signature: _____

Date: _____

ATTACHMENT

I Am Who I Am, Inc. Community Baby Shower is to be held on January 18, 2019. The theme of the Community Baby Shower is "I Am Royal".

Our goal for the Community Baby Shower is to provide expecting mom, dads and new moms, dads and the community an opportunity to receive the education on the ABC's of Safe Sleep, to understand the importance of having health insurance in a timely manner, the value of receiving prenatal care early in the pregnancies and an opportunity to connect with the resources available.

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

DEPARTMENT OF THE TREASURY

Date: DEC 02 2015

I AM WHO I AM INC
423 PARK AVENUE
LAKE PARK, FL 33403-2645

Employer Identification Number:
47-4018034
DLN:
26053731003225
Contact Person: ID# 31954
CUSTOMER SERVICE
Contact Telephone Number:
(877) 629-5500
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:
May 9, 2013
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.

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.

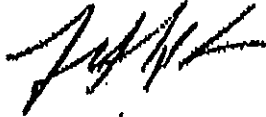
If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

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.

Letter 5436

I AM WHO I AM INC

Sincerely,



Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

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 return). Name is required on this line; do not leave this line blank.
I Am Who I Am, Inc.

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

3 Check appropriate box for federal tax classification; check only one of the following boxes:
 Individual/sole proprietor or single-member LLC
 Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note: For a single-member LLO that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **nonprofit organization exempt under IRC 501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 8):
 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.)
P.O. Box 1377

6 City, state, and ZIP code
West Palm Beach, FL 33402

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 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.

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 4 | 7 | - | 4 | 0 | 1 | 8 | 0 | 3 | 4 |

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 on page 3.

Sign Here Signature of U.S. person ▶ Jordan Kennedy Date ▶ 10/05/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

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 1098-C (canceled debt)
- Form 1098-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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

JOIN

I AM WHO I AM INC. & YOU MOM

I Am Royal Community Baby Shower

Refreshments
Pack & Play Raffle
Prizes
Community Resources

January 19, 2019

Saturday • 11 AM

2708 N. Australian Ave. #13

West Palm Beach, FL 33047

Register www.eventbrite.com/i-am-royal-community-baby-shower-tickets-51074247449

RSVP to: info@iamwhoiaminc.org



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation

I AM WHO I AM, INC.

Filing Information

| | |
|-----------------------------|--------------|
| Document Number | N15000004899 |
| FEI/EIN Number | 47-4018034 |
| Date Filed | 05/14/2015 |
| Effective Date | 05/09/2015 |
| State | FL |
| Status | ACTIVE |
| Last Event | AMENDMENT |
| Event Date Filed | 11/23/2015 |
| Event Effective Date | NONE |

Principal Address

1245 Rosegate Blvd
Riviera Beach, FL 33404

Changed: 04/23/2018

Mailing Address

P.O. BOX 1377
WEST PALM BEACH, FL 33402

Registered Agent Name & Address

KENNEDY, TERRA
1245 Rosegate Blvd
Riviera Beach, FL 33404

Address Changed: 04/23/2018

Officer/Director Detail

Name & Address

Title P

KENNEDY, TERRA
P.O. BOX 7297
TALLAHASSEE, FL 32314

Title VP

MARSHALL, ALDRIC
P.O. BOX 1377
WEST PALM BEACH, FL 33402

Title D

Adams-Smith, Angella
P.O. BOX 1377
WEST PALM BEACH, FL 33402

Title S

ADAMS-SMITH, ANGELLA
P.O. BOX 1377
WEST PALM BEACH, FL 33402

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2016 | 04/26/2016 |
| 2017 | 04/07/2017 |
| 2018 | 04/23/2018 |

Document Images

| | |
|---|--------------------------|
| 04/23/2018 -- ANNUAL REPORT | View image in PDF format |
| 04/07/2017 -- ANNUAL REPORT | View image in PDF format |
| 04/26/2016 -- ANNUAL REPORT | View image in PDF format |
| 11/23/2015 -- Amendment | View image in PDF format |
| 05/14/2015 -- Domestic Non-Profit | View image in PDF format |