



## 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 1<sup>st</sup> and \$7,500 on April 1<sup>st</sup>) 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: Youth Recreation Association

Program/ Activity Name: Thanksgiving Dinner Requested Amount: \$ 500<sup>00</sup>

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:

We are going to be feeding over 500 Senior Citizens

Mailing Address: 3005 Bernardo Ln

City: Riviera Beach State: FL Zip: 33407

Contact Person(s): Dan Calloway

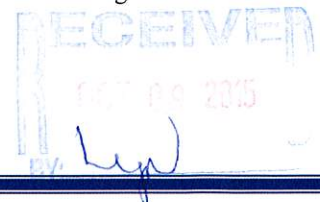
Phone: 561-848-4991 Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Authorized Official: Dan Calloway

Signature of Authorized Official: Dan Calloway Date: 10/9/15

\*\*\*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, Kashamba Miller-Anderson, hereby certify that the donation to Youth Recreation Association 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: 10-14-15

Amount Approved by Elected Official: \$ 500<sup>00</sup>

City Council Action

☐ Approved

☐ Disapproved

Chairperson's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Consumer's Certificate of Exemption

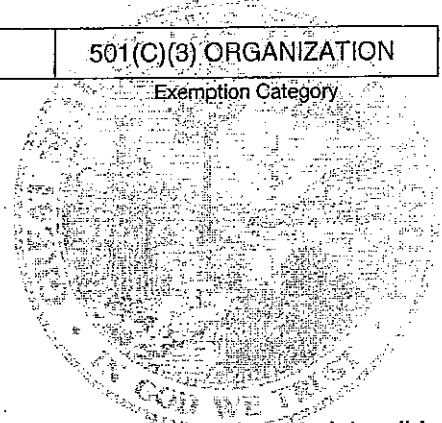
DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012598324C-5	11/30/2011	11/30/2016	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

YOUTH RECREATION ASSOCIATION OF RIVIERA  
BEACH  
3005 BERNARDO LN  
WEST PALM BCH FL 33407-1107



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

1. 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.).
2. 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.
6. 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.

U. S. BOX 1511  
CINCINNATI OH 45201

Date:

YOUTH RECREATION ASSOCIATION OF  
RIVIERA  
1465 W 34TH ST  
RIVIERA BEACH, FL 33404

Employer Identification Number:  
65-0250058

DLN:

17053209706021

Contact Person:

KIMBERLY L KITCHENS

ID# 31457

Contact Telephone Number:

(877) 829-5500

Our Letter Dated:

September, 1995

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

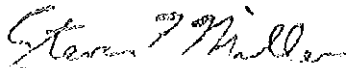
YOUTH RECREATION ASSOCIATION OF

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Steven T. Miller".

Steven T. Miller  
Director, Exempt Organizations

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Youth Recreation Association of Riviera Beach

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☒ Other (see instructions) ▶ Association

☒ Exempt  
payee

Address (number, street, and apt. or suite no.)

1465 West 34th Street

City, state, and ZIP code

Riviera Beach, FL 33404

Requester's name and address (optional)

List account number(s) here (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 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.

Social security number

or

Employer identification number  
65-0250058

### Part II 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. citizen or other U.S. person (defined below).

**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  
Here

Signature of  
U.S. person ▶

Dan W. Callaway

Date ▶

5/21/09

### General Instructions

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

#### 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.

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:

1. 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
3. 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.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



# YOUTH RECREATION ASSOCIATION OF PALM BEACH COUNTY



FOUNDED 1965

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Derrick McCray

**VICE-PRESIDENT**  
Don Wilson

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Walter Morrow

**SECRETARY**  
Deirdre M. Jacobs

**ASSISTANT SECRETARY**  
Kathy Groover

**ATHLETIC DIRECTOR**  
Dan Calloway

**ASST. ATHLETIC DIRECTOR**  
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**BUSINESS MANAGER**  
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**GOLF TOURNAMENT**  
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Lovie Scott  
Leon Smith  
Edward Walker  
Allan Winn

September 21, 2015

To whom it may concern:

First and foremost, on behalf of the Youth Recreation Association of Palm Beach County, thank you for taking the time to review this letter. Considering the busy schedules that we are all consumed with, it is really hard to take a moment to go outside of our normal boundaries of mundane activities. So again, we are really grateful for your attention.

Every Thanksgiving Holiday, the Youth Recreation Association does something exciting. More specifically, we graciously roll up our sleeves, hit the pavement and search for individuals and families who are likely in need of a holiday environment filled with friendship, fellowship and food! This year, the chosen beneficiaries will be residents of Villa Franciscan and Joseph Village, which are both assisted living facilities for those who may have challenges of some form such as economics or physical. Villa Franciscan is located in the City of Riviera Beach and Joseph Village is located in the City of West Palm Beach.

To this end, for the Thanksgiving Holiday, we intend to provide a healthy, nutritious and delicious full course meal to over five hundred (500) individuals who reside within these two (2) developments. The overwhelming majority of these residents are absent a family to enjoy such an occasion with.

In an effort to assist with defraying the costs to provide this service, the Youth Recreation Association is soliciting your support in the form of a financial donation. The items to be purchased with all of the contributions received will consist of honey-baked hams, seasoned rice, smoked turkeys, collard greens, candied yams, potato salad, dressing, cakes, pies and beverages. In addition, these monies will also be used to cover the costs of the labor to cook and prepare the foods. It is anticipated that at least \$6,500 will be needed to pay for the entire event.

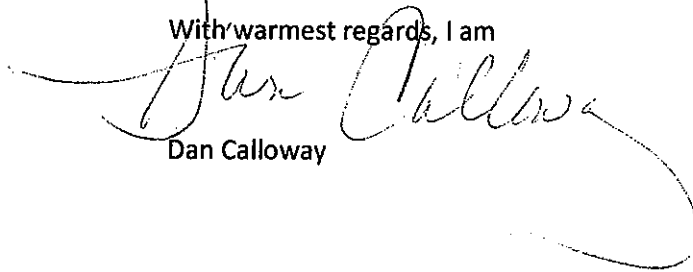
If at all possible, your support would be most beneficial to making the lives of these persons more complete during this Thanksgiving Holiday Season. Please also be informed that your contributions are tax deductible and you should mail your donations directly to me. My mailing address is delineated on the bottom of the letterhead.

RECEIVED  
SEP 22 2015  
BY: Lyp

Thanksgiving Holiday  
September 20, 2015  
Page 2

Thank you in advance and should you have any questions or require additional information, please feel free to call me at either of the numbers which are also listed.

With warmest regards, I am

A handwritten signature in cursive script, reading "Dan Calloway". The signature is written in black ink and is positioned above the printed name "Dan Calloway".

Dan Calloway