

TO APPROVE THE DONATION OF SURPLUS CAPITAL ASSETS

IN THE TRIBAL COUNCIL OF THE CHOCTAW NATION

RONALD PERRY INTRODUCED THE FOLLOWING COUNCIL BILL

A COUNCIL BILL

TO APPROVE the donation of furniture with a fair-market value of \$10,976.90, including all listed inventory as attached in Exhibit A.

WHEREAS, the Choctaw Nation of Oklahoma (the "Nation") has surplus furniture that was removed from the Grand Tower at the Choctaw Nation Casino Durant during the remodeling of that facility;

WHEREAS, the furniture is no longer useful to the Nation;

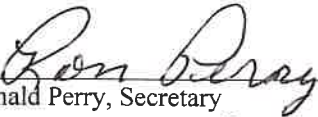
WHEREAS, the Nation wishes to donate the furniture to Reba's Place in Atoka, Oklahoma, of which the Nation is a part owner; and

WHEREAS, the Tribal Council has determined it is in the best interest of the Nation to approve the donation of surplus furniture listed in Exhibit A.

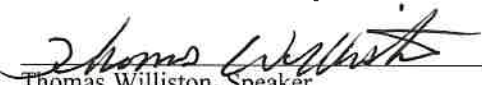
THEREFORE BE IT ENACTED by the Tribal Council of the Choctaw Nation of Oklahoma that this Bill be cited as approval for the Office of the Chief to donate all furniture listed in Exhibit A to Reba's Place in Atoka, Oklahoma.

CERTIFICATION

I, the undersigned, as speaker of the Tribal Council of the Choctaw Nation of Oklahoma, do hereby certify that the Tribal Council is composed of twelve (12) seats. Eight (8) members must be present to constitute a quorum. I further certify that twelve (12) members answered roll call and that a quorum was present at the Regular Session of the Tribal Council at Tuskahoma, Oklahoma on November 12, 2022. I further certify that the foregoing Council Bill CB- 25 -23 was adopted at such meeting by the affirmative vote of twelve (12) members, zero (0) negative votes, and zero (0) abstaining.



Ronald Perry, Secretary
Choctaw Nation Tribal Council



Thomas Williston, Speaker
Choctaw Nation Tribal Council



Gary Barton, Chief
Choctaw Nation of Oklahoma

Date 11-15-22

TO APPROVE THE DONATION OF SURPLUS CAPITAL ASSETS

Purpose/Need of Council Bill: The Choctaw Nation removed furniture from the Grand Tower at the Choctaw Nation Casino Durant during the remodeling of that facility. The Nation no longer has a need for this furniture and wishes to donate it to Reba's Place in Atoka, Oklahoma. The Nation is also a partner in the development of Reba's Place.

Title of Council Bill: **TO APPROVE THE DONATION OF SURPLUS CAPITAL ASSETS**

Agency: Donations Committee

Budget: N/A

Match Required: N/A

Request by/Project Director: Doug Snead, Project Director, Donations Committee



Choctaw Nation of Oklahoma Donation Log

Name: _____

Organization: Reba's Place (Saber River LLC)

Phone Number: 580-380-0242

Outside Org./Individual

Choctaw Small Business Development

CNO Outreach Program

Other: _____

Description:	FMV:
PEDESTAL DINING TABLE	1501.74
OTTOMANS	258.43
LEATHER CHAIRS	3444.00
ENTRY TABLE	173.32
12 DRAWER DRESSER/TV STAND	1226.87
DINING CHAIRS	800.44
BAR STOOLS	472.91
ARMLESS LOVESEAT	570.87
ACCENT TABLE	360.00
WRITTING DESK	179.34
LOG CHAIRS	1988.98
Total:	10976.9

By signing this, I accept full responsibility of the above equipment immediately. I accept said equipment as is, I assume no guarantee, nor will I expect the Choctaw Nation of Oklahoma to fix, deliver, setup, or dispose of the equipment.

Sign & Print: _____ Date: _____

Organization: _____ Date: _____

Warehouse Associate: _____ Date: _____

Warehouse Supervisor/Manager: _____ Date: _____



Choctaw Nation of Oklahoma

Application for Donation or Assistance

Please submit all applications to:
 Choctaw Nation of Oklahoma
 Attention: Donations Committee
 PO Box 1210, Durant, OK 74702-1210
 Fax: (580) 920-3120
 Email: donations@choctawnation.com

SECTION 1: APPLICANT / ORGANIZATION INFORMATION

Please attach copies of **TRIBAL MEMBERSHIP CARD*** and **COMPLETED W-9**

NAME (Individual / Organization) Reba's Place (Saber River LLC) Church Request? No

ADDRESS 301 E Court St

CITY Atoka STATE OK ZIP 74525 TELE. # 580-380-0242

ARE YOU A CHOCTAW NATION OF OKLAHOMA MEMBER? YES NO **IF YES, YOU MUST ATTACH A COPY OF YOUR TRIBAL MEMBERSHIP CARD (this is *not* the same as a CDIB card)***

HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED ASSISTANCE OR FUNDS FROM THE CHOCTAW NATION? YES NO

IF YES, DATE OF MOST RECENT ASSISTANCE n/a AMOUNT \$ _____

SECTION 2: DESCRIPTION OF REQUEST

Please respond to the following questions briefly to help us determine the nature of your request

DESCRIBE THE NATURE OF YOUR REQUEST Furniture removed from use of the grand tower prior to remodel to be used in Reba's Place in lieu of liquidation.

HOW MANY MEMBERS OF THE CHOCTAW NATION WILL BENEFIT FROM THIS REQUEST? All

SPECIFICALLY, WHAT ARE THE BENEFITS TO PARTICIPATING CHOCTAW MEMBERS? The business is half owned by the Choctaw Nation, so its success is to the benefit of the membership of the Nation.

DOES THIS REQUEST ORIGINATE WITHIN THE CHOCTAW NATION'S 10 1/2 COUNTY AREA? YES NO
 Atoka Bryan Choctaw Coal Latimer LeFlore Haskell Hughes McCurtain Pittsburg Pushmataha

WILL THIS REQUEST PROMOTE OR HAVE A POSITIVE PUBLIC RELATIONS IMPACT FOR THE TRIBE? YES NO *If yes, how?* Reba's Place will be a positive brand impact for the tribe through association.

IS THIS A ONE-TIME REQUEST FOR SUPPORT? YES NO *If no, how often will you request more funds?* _____

WILL THERE BE OTHER PARTNERS WHO ARE PROVIDING SUPPORT? YES NO *If yes, list who will provide funding and how much you anticipate their share(s) to be* _____

HOW WILL THIS ACTIVITY BE SUSTAINED IN THE FUTURE? Ongoing business operation.

AMOUNT REQUESTED \$ \$0 *If funded, Choctaw Nation should make check payable to* _____
 *Applicant will be notified if approved or denied

✦ FOR OFFICE USE ONLY ✦

Date Received	Requestor	Approve	Amount	Fund	Date Processed	Notification Sent
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			

COMMENTS

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Saber River LLC</p> <p>2 Business name/disregarded entity name, if different from above Reba's Place</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>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.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>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) _____ <small>Applies to accounts maintained outside the U.S.</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions. 301 E Court St</p> <p>6 City, state, and ZIP code Atoka, OK, 74525</p> <p>7 List account number(s) here (optional)</p>
	<p>Requester's name and address (optional) CHOCTAW NATION OF OKLAHOMA ATTN: FINANCE PO BOX 1210 DURANT OK 74702-1210</p>

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	
[] [] [] - [] [] [] - [] [] [] []	
or	
Employer identification number	
8 7 - 2 8 5 5 2 9 2	

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); 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 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 ▶ Kurtess Mortensen	Date ▶ 9/21/2022
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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.