**LG220 Application for Exempt Permit** 

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- · awards less than \$50,000 in prizes during a calendar year.

### **Application Fee (non-refundable)**

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is \$100; otherwise the fee is \$150.

Due to the high volume of exempt applications, payment of

\$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.  See the fight volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.						
ORGANIZATION INFORMATION						
Organization Previous Gambling Name: Trifecta Archery Joan Minnesota Tax ID Number, if any: Previous Gambling Permit Number: X Federal Employer ID Number (FEIN), if any: 93 - 4129538						
Mailing Address: 21225 Nightingale St NW  City: Oak Grove State: MN Zip: 65011 County: Anoka						
Name of Chief Executive Officer (CEO): Michele Muonio						
CEO Daytime Phone: 612 - 250 -6819 CEO Email: Average joes joad@amail. Com (permit will be emailed to this email address unless otherwise indicated below)						
Email permit to (if other than the CEO):						
NONPROFIT STATUS						
Type of Nonprofit Organization (check one):  Fraternal Religious Veterans Other Nonprofit Organization						
Attach a copy of one of the following showing proof of nonprofit status:						
(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)						
A current calendar year Certificate of Good Standing  Don't have a copy? Obtain this certificate from:  MN Secretary of State, Business Services Division 60 Empire Drive, Suite 100 St. Paul, MN 55103  IRS income tax exemption (501(c)) letter in your organization's name  Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.  IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)  If your organization falls under a parent organization, attach copies of both of the following:  1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and 2. the charter or letter from your parent organization recognizing your organization as a subordinate.						
GAMBLING PREMISES INFORMATION						
Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): The Ponds Golf Course  Physical Address (do not use P.O. box): 2881 229 <sup>th</sup> Ave NW						
Check one:  Zip: 55070 County: Anoka						
Township: Zip: County:						
Date(s) of activity (for raffles, indicate the date of the drawing): September 21, 2024						
Check each type of gambling activity that your organization will conduct:						
Bingo Paddlewheels Pull-Tabs Tipboards Raffle						
Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on Distributors under the List of Licensees tab, or call 651-539-1900.						

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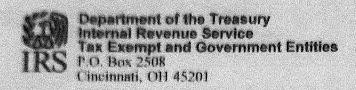
LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)							
CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township						
The application is acknowledged with no waiting period.	The application is acknowledged with no waiting period.						
The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).	The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.						
The application is denied.	The application is denied.						
Print City Name:	Print County Name:						
Signature of City Personnel:	Signature of County Personnel:						
Title: Date:	Title:Date:						
The city or county must sign before submitting application to the Gambling Control Board.	TOWNSHIP (if required by the county)  On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)  Print Township Name:  Signature of Township Officer:  Date:						
CHIEF EXECUTIVE OFFICER'S SIGNATURE (requ	ired)						
The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.							
Chief Executive Officer's Signature: Date: Date:							
Print Name:							
REQUIREMENTS	MAIL APPLICATION AND ATTACHMENTS						
Complete a separate application for:  all gambling conducted on two or more consecutive days; or  all gambling conducted on one day.  Only one application is required if one or more raffle drawings are	Mail application with: a copy of your proof of nonprofit status; and application fee (non-refundable). If the application is postmarked or received 30 days or more before the event,						
conducted on the same day.  Financial report to be completed within 30 days after the gambling activity is done:  A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.	the application fee is \$100; otherwise the fee is \$150. Make check payable to <b>State of Minnesota</b> .  To: Minnesota Gambling Control Board 1711 West County Road B, Suite 300 South Roseville, MN 55113						
Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).	Questions? Call the Licensing Section of the Gambling Control Board at 651-539-1900.						
Data privacy notice: The information requested on this form (and any attachments) will be used on the control of the contro							

by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-

by the Board. All other information provided will Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.



TRIFECTA ARCHERY JOAD 21225 NIGHTINGALE STREET NW OAK GROVE, MN 55011-9237

Date: 11/13/2023 Employer ID number: 93-4129538 Person to contact: Name: Customer Service ID number: 31954 Telephone: 877-829-5500 Accounting period ending: December 31 Form 990-PF required: Yes Effective date of exemption: October 19, 2023 Addendum applies: No DLN: 26053707004483

#### 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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations

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Rulings and Agreements

# Form W-9 (Rev. October 2018) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

► Go to www.lrs.gov/FormW9 for instructions and the latest information.

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

	Revenue Service	► Go to www.lrs.gov/FormW9 for ins		t information.		
	1 Name (as shown	on your income tax return). Name is required on this line; of	lo not leave this line blank.			
	Trifect	a Archery JOAD	s i de la companya d La companya de la companya della companya del	and the first series of the		
	2 Business name/o	fisregarded entity name, if different from above				
	Avera	ne Joes JOAN				
Print or type. ecific Instructions on page	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.			Exemptions (codes apply only to certain entitles, not individuals, see instructions on page 3):		
	Individual/sole proprietor or Corporation S Corporation Partnership Trust/estate			Exempt payee code (if any) 501 C3		
	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.			Exemption from FATCA reporting code (if any)		
	Other (see ins	tructions) >			Applies to account maintained outpide (for U.S.)	
		r, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)	
See	21225					
" [	6 City, state, and ZIP code					
	Oak Gr	1002 MN 5501				
ľ		ber(s) here (optional)				
Pan	Taxpa	yer Identification Number (TIN)				
Enter v	our TIN in the ap	propriate box. The TIN provided must match the nar	me given on line 1 to avo		curity number	
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, lai			Alexande Mana Alama	Or Employer	Identification number	
Note:	If the account is it	n more than one name, see the instructions for line quester for guidelines on whose number to enter.	i. Also see vynat ivame ai			
JADITIOE	er to dive the nec	design of guidantes of misses to crise.		93	-1411   21915 3 8	
-						
Part						
	penalties of perju				연구하다 삼청연명 회사인 경기와	
2. I am Serv	not subject to ba	n this form is my correct taxpayer identification num tokup withholding because: (a) I am exempt from ba n subject to backup withholding as a result of a failu backup withholding; and	ickup withholding, or (b) l	have not been n	otified by the Internal Revenue	
		other U.S. person (defined below); and				
		ntered on this form (if any) indicating that I am exem	ont from FATCA reporting	is correct.		
Cartific	ration instruction	s. You must cross out item 2 above if you have been r	notified by the IRS that you	are currently sub	ject to backup withholding because	
you hav	ve failed to report a	all interest and dividends on your tax return. For real each of secured property, cancellation of debt, contribution of debt, contribution of debt, contributions, you are not required to sign the certification,	state transactions, item 2 c lons to an individual retire	ioes not apply. Fo ment arrangemen	or mortgage interest paid, I (IRA), and generally, payments	
Sign Here	Signature of U.S. person ▶	MILLE	De	ate > 2-2	3-2024	
Gen	neral Instr	uctions	• Form 1099-DIV (divi	dends, including	those from stocks or mutual	
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>				
after they were published, go to www.irs.gov/FormW9.			Form 1099-S (proceeds from real estate transactions)			
Purpose of Form		Form 1099-K (merchant card and third party network transactions)				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer			<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>			
identification number (TIN) which may be your social security number			Form 1099-C (canceled debt)			
(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			Form 1099-A (acquisition or abandonment of secured property)  Use Form W-9 only if you are a U.S. person (including a resident			
amoun	t reportable on ar	information return. Examples of information	alien), to provide your	correct IIN.		

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.

returns include, but are not limited to, the following.
• Form 1099-INT (interest earned or paid)