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.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

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 additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

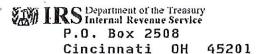
your county by calling 651-539-1900.	service, nor are telephone requests for expedited service accepted.
ORGANIZATION INFORMATION	
Organization Name: Lake Superior Zoological Society	Previous Gambling Permit Number: X-92455-17-005
Minnesota Tax ID Number, if any: _41-0944885	Federal Employer ID Number (FEIN), if any:
Mailing Address: 7210 Fremont St.	
City: Duluth State	: MN Zip: 55807 County: St. Louis
Name of Chief Executive Officer (CEO): Dave Benson	
Daytime Phone: 218-730-4500 ext. 217	Email: mmeyer@lsoo.org
NONPROFIT STATUS	
Type of Nonprofit Organization (check one):	
Fraternal Religious	Veterans
Attach a copy of <u>one</u> of the following showing proof (DO NOT attach a sales tax exempt status or federal empl	
IRS toll free at 1-877-829-5500. IRS - Affiliate of national, statewide, or intern If your organization falls under a parent organi 1. IRS letter showing your parent organization 2. the charter or letter from your parent organization	Division Secretary of State website, phone numbers: www.sos.state.mn.us 651-296-2803, or toll free 1-877-551-6767 cour organization's name ederal income tax exempt letter, have an organization officer contact the electronal parent nonprofit organization (charter)
Name of premises where the gambling event will be conducted.	ucted
(for raffles, list the site where the drawing will take place)	
Physical Address (do not use P.O. box): 7210 Fremont	St.
Check one: ✓ City: Duluth Township:	Zip: County: St. Louis
Date(s) of activity (for raffles, indicate the date of the drawing): September 21	
Check each type of gambling activity that your organization Bingo Paddlewheels Pull-Ta	P
from a distributor licensed by the Minnesota Gambling Co	ffle boards, paddlewheels, pull-tabs, and tipboards must be obtained introl Board. EXCEPTION: Bingo hard cards and bingo ball selection orized to conduct bingo. To find a licensed distributor, go to to to find a licensees, or call 651-539-1900.

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 a 30-day waiting	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).	period, and allows the Board to issue a permit after 30 days.	
The application is denied. Print City Name:	The application is denied. Print County Name:	
Signature of City Personnel:	Signature of County Personnel:	
Title: Ost Cil Club Date: 8-11-17	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:	
	Title: 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: (Signature must be CEO's signature; designee may not sign) Print Name: OAVIO R. BEUSON		
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 conducted on the same day. Financial report to be completed within 30 days after the gambling activity is done:	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, the application fee is \$100; otherwise the fee is \$150. Make check payable to State of Minnesota. To: Minnesota Gambling Control Board	
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.	1711 West County Road B, Suite 300 South Roseville, MN 55113 Questions? Call the Licensing Section of the Gambling Control Board at	
Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).	651-539-1900.	
Data privacy notice: The information requested application. Your organization's name and ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota		

Data privacy notice: The information requested on this form (and any attachments) will be used 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

application. Your organization's name and address will be public information when received by the Board. All other information provided will 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-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota 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.



In reply refer to: 0248164838 Oct. 27, 2010 LTR 4168C E0 41-0944885 000000 00

> 00015537 BODC: TE

LAKE SUPERIOR ZOOLOGICAL SOCIETY % PARKS AND RECREATION DEPT 7210 FREMONT ST DULUTH MN 55807~1854



011331

Employer Identification Number: 41-0944885
Person to Contact: Mr. Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 18, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1969.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivar

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I 5 517 E. Wisconsin Ave.
Milwaukee, Wis. 53202
6 15th and Dodge Sts., Omaha, Nebr. 68102
7 1114 Market St., St. Louis, Mo. 63101

B Federal Bu , and U, S, Courthouse 316 Robert Jr., St. Paul, Minn. 55101 9 325 W. Adams St., Springfield, III. 62704

Address any reply to DISTRICT DIRECTOR at office No. 8

US Treasury Department

District Director

Internal Revenue Service

Date:

in reply refer to:

July 22, 1969

StP-E0-69-183 FJR:dh

Arrowhead Zoological Society, Inc. c/o Parks & Recreation Department City Hall
Duluth, Minnesota 55802

Purpose:

Address Inquiries and File Returns with District

Director of Internal Revenues

Charitable

St. Paul, Minnesota

Form 990-A Required: Accounting Period Ending: December 31

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours

George O. Lethert

District Director

FORM L-178 (REV. 8-66)