RESOLUTION 22-XX
COUNTY OF ANOKA
STATE OF MINNESOTA

RESOLUTION AUTHORIZING THE COLUMBUS PARENT TEACHER (CPTO) ORGANIZATION TO CONDUCT EXCLUDED BINGO AND RAFFLES AT THE PREMISE LOCATED AT 17345 NOTRE DAME STREET

WHEREAS the Columbus Parent Teacher Organization has submitted a request to the City of Columbus in the form of an LG220 application to conduct excluded bingo; and

WHEREAS, the Columbus Parent Teacher Organization is a nonprofit organization and has previously submitted a Minnesota Lawful Gambling application (LG220) to the Gambling Control Board; and

WHEREAS, the Columbus Parent Teacher Organization is applying for Bingo activity on November 18, 2022 at 17345 Notre Dame Street, Columbus, Minnesota; and

WHEREAS, the City of Columbus did not find any outstanding issues or has any knowledge of adverse consequences based the issuance of previous gambling permits; and

WHEREAS, Minnesota Statute 349.213 requires that a city approve by resolution and a two-thirds vote the approval of a gambling premise within its local jurisdiction.

NOW, THEREFORE, be it resolved that the City of Columbus does hereby approve the premise for the Columbus Parent Teacher Organization to conduct excluded bingo at 17345 Notre Dame Street, Columbus, Minnesota in accordance with the terms and requirements of the Minnesota Gambling Board.

Passed and adopted by the City Council of the City of Columbus, Minnesota, this 26th day of October, 2022.

By: _____
Jesse H. Preiner
Its: Mayor

ATTEST:

_____
Elizabeth Mursko, City Administrator

A2

MINNESOTA LAWFUL GAMBLING

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.

ORGANIZATION INFORMATION

Organization Name: Columbus Elementary PTO

Previous Gambling Permit Number: X-36540

Minnesota Tax ID Number, if any: 41-1835888

Federal Employer ID Number (FEIN), if any:

Mailing Address: 17345 Notre Dame St NE

City: Forest Lake State: MN Zip: 55025 County: Anoka

Name of Chief Executive Officer (CEO): Joanne Lindeman

CEO Daytime Phone: CEO Email: Joeylindeman@gmail.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

Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767

☑ **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): Columbus Elementary

Physical Address (do not use P.O. box): 17345 Notre Dame Street NE

Check one:

☑ City: Forest Lake Zip: 55025 County: Anoka

☐ Township: Zip: County:

Date(s) of activity (for raffles, indicate the date of the drawing): November 18, 2022

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.

LG220 Application for Exempt Permit

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

- ☐ 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 denied

Print City Name: _____

Signature of City Personnel

Title _____ Date: _____

The city or county must sign before submitting application to the Gambling Control Board.

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 period, and allows the Board to issue a permit after 30 days.
- ☐ The application is denied.

Print County Name: _____

Signature of County Personnel:

Title: _____ Date: _____

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 (required)

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: 10/21/22
(Signature must be CEO's signature; designee may not sign)

Print Name: Joanne Lindeman

REQUIREMENTS

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:
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3 1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

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
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

[illegible] 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 consequently may refuse to issue a permit. If your organization supplies the information requested, the Board will [illegible] 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 Department 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.

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

MINNESOTA GAMBLING CONTROL BOARD

Checklist for Exempt Raffle

Organization Name	Previous Gambling Permit #:	Date of Raffle Drawing
Columbus Parent Teacher Organization	X-36540	11/18/2022

INSTRUCTIONS:

- The purpose of this form is to help your organization conduct exempt raffles in compliance with the requirements listed below. Detailed information regarding each requirement is available by clicking on the following links [in blue italics]: 1) applicable statutes and rules; 2) the chapter on raffles; 3) the online class, " "; and 4) the of your county's Compliance Specialist.
- After reading each checklist item, mark "Yes" to indicate that you understand the requirement and agree to comply. After answering "Yes" to each applicable item, your organization's CEO must sign the acknowledgment below. Include the completed checklist as part of your application to conduct an exempt raffle.

Yes	N/A	• **If tickets will be sold prior to the event, mark "Yes" to item #1 and mark "N/A" to items #2 and #3.** • **If tickets are sold only at the event using theater tickets, mark "N/A" to item #1 and answer "Yes" to items #2 and #3.**
X	☐	1. Tickets are printed in accordance with MN Rule 7861.0310
X	☐	2. Tickets contain the sequential number of the raffle ticket. (349.173)
X	☐	3. A list of prizes and a statement of other relevant information is made available to ticket purchasers. (349.173

Yes	Prizes
X	4. The organization is the sole owner of all the real or personal property to be awarded. (7861.0260
X	5. A merchandise certificate is used when a prize requiring registration or licensure **(guns, cars, ATVs, etc.)** is offered. (7861.0260
X	6. Prizes must not consist of lawful gambling equipment including raffle tickets for another raffle. (7861.0260
X	7. The total value of lawful gambling prizes awarded (use fair market value for donated prizes) does not exceed $50,000 in a calendar year. (349.166
X	8. Alcohol is only awarded as a prize to persons who demonstrate that they are 21 years of age or older. ( )

Yes	Conduct
X	9. Only cash, personal checks, cashier's checks, money orders, travelers' check, and debit cards may be accepted **(NO CREDIT CARDS).** (349.2127 (7861.0060
X	10. The method of selection cannot be manipulated or based on the outcome of an event not under the organization's control. (349.173
X	11. Persons are not required to be present at a raffle drawing to be eligible to win. (349.173 (7861.0310
X	12. Raffle tickets are not sold to or won by persons under age 18. (349.181) (7861.0310)
X	13. Purchasers are not required to buy anything other than the ticket. (349.173) (7861.0310

Yes	House Rules
X	14. Clear and legible house rules in accordance with MN Rule [illegible] are prominently posted at the point of winner selection.

Yes	Post Raffle Conduct
X	15. An exempt permit financial report (LG220A) must be submitted to the Gambling Control Board within 30 days of the gambling occasion. (349.166
X	16. Gambling funds may only be spent for allowable expenses and lawful purposes. (349.12 Subd. 25
X	17. Gambling records must be kept for 3½ years. (7861.0320

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

Noncompliant Activity: I acknowledge by signing below that my organization must follow all raffle rules and that any gambling activity conducted by the organization at the event that is not in compliance with Minnesota Statute and Rule may subject the organization to citation or the inability to receive future permits to conduct gambling. I understand that my permit will not be issued until this form has been completed and submitted to the Minnesota Gambling Control Board.

Signature	Date	Print Name
[signature]	10/21/22	Joanne Lindeman

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 Department 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.

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

An equal opportunity employer

How You May Spend Gambling Funds

Allowable expenses - Gambling funds may be spent for allowable expenses, such as:

- gambling equipment (pull-tabs, bingo paper, bingo blower, paddlewheel tickets, tipboard games);
- advertising;
- printing raffle tickets; or
- any services or goods that are directly related to the conduct of your gambling.

Charitable contributions - Gambling funds may be spent for the following charitable contributions (lawful purpose):

- to or by 501(c)(3) organization and 501(c)(4) festival organizations;
- relieving the effects of poverty, homelessness, or disability;
- problem gambling programs approved by the Minnesota Department of Human Services;
- public or private nonprofit school;
- scholarships (if a contribution is made to a scholarship fund, it must be made to a nonprofit organization whose primary mission is to award scholarships);
- church;
- recognition of military service (open to public) or active military personnel in need;
- activities and facilities benefiting youth under age 21;
- citizen monitoring of surface water quality, with data submitted to Minnesota PCA;
- unit of government (NOTE: A direct contribution to a law enforcement or prosecutorial agency is not allowed);
- wildlife management projects or activities that benefit the public-at-large, with DNR approval;
- grooming and maintaining snowmobile or all-terrain trails that are grant-in-aid trails, or other trails open to public use, with DNR approval;
- supplies and materials for DNR training and educational programs;
- nutritional programs, food shelves, and congregate dining programs primarily for persons who are 62 or older or disabled;
- community arts organizations or programs;
- humanitarian service recognizing volunteerism or philanthropy; and
- acquisition and repair of real property and capital assets (contact the Gambling Control Board for requirements).

How You May Not Spend Gambling Funds

1. **Controlled contribution -** An organization may not retain any control over any contribution made from gambling funds. The only exception is for expenditures by a 501(c)(3) organization or a 501(c)(4) festival organization to its general fund.
2. **Financial gain -** A contribution or expenditure may not be made if it results in any monetary, economic, financial, or material benefit to the organization making the contribution or expenditure.
3. **Government -** An expenditure may not be made for:
   - influencing the nomination or election of a candidate for public office;
   - promoting or defeating a ballot question; or
   - any activity intended to influence an election or a governmental decision-making process.
4. **Law enforcement -** A direct contribution may not be made to a law enforcement or prosecutorial agency.
5. **Pension -** A contribution may not be made to a government pension or retirement fund, such as a fire relief association.
6. **Conflict of interest -** A contribution or expenditure may not be made if it is not allowed under the conflict of interest provisions of the Minnesota Nonprofit Corpo-ration Act, Minnesota Statutes, Section 317A.255.
7. **Alcohol -** An expenditure may not be made for the purchase of any intoxicating liquor, wine, or malt beverages.
8. **Fundraising -** An expenditure may not be made for fundraising costs, except as allowed for a 501(c)(3) organization or 501(c)(4) festival organization from its general fund.
9. **Other organizations** - With few exceptions, gambling funds may not be contributed to other organizations or clubs such as veterans, fraternal, Lions, etc. unless it is a 501(c)(3) organization.
10. **Other contributions** - A contribution may not be made to a 501(c)(3) organization or another entity with the intent or effect of not complying with lawful purpose restrictions or requirements.

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0038

In reply refer to: 0441645756
Apr. 07, 2009 LTR 4168C E0
41-1835888 000000 00 000
00036962
BODC: TE

COLUMBUS PARENT TEACHER
ORGANIZATION
% COLUMBUS ELEMENTARY SCHOOL
17345 NOTRE DAME ST NE
FOREST LAKE MN 55025-8324

Employer Identification Number: 41-1835888
Person to Contact: Kellie Hess
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 27, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 2001, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate 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.

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

Sincerely yours,

Rita A. Leete

Rita A. Leete
Accounts Management II

Copy

Minnesota Public Employees Insurance Program (PEIP)

GROUP APPLICATION

EMPLOYER INFORMATION

Employer	Federal Tax ID Number	Desired Effective Date
City of Columbus	41-6008885	01 / 01 / 2023

Name and title of person responsible for benefits decisions	Phone
Elizabeth Mursko, City Administrator	(651) 419-9011
Email Address	**Fax**
cityadministrator@ci.columbus.mn.us	( )

Address	City	County	State	Zip Code
16319 Kettle River Blvd. NE	Columbus	Anoka	MN	55025

Name and title of person responsible for billing and accounting	Phone
Cheryl Jenkins, Deputy Treasurer	(651) 419-9009
Email address	**Fax**
deputytreasurer@ci.columbus.mn.us	( )
Union Representative, if appropriate	Union Rep Email Address

OF EMPLOYEES TO BE INCLUDED IN COVERAGE

The Public Employees Insurance Program requires that 75% of all eligible employees participate in the Program. Those individuals who waive coverage due to coverage elsewhere are not included in the 75% calculation.

Total # of eligible employees: 12

# of employees who waived & have no other coverage: _____

# of employees who waived due to coverage elsewhere: _____

Total number to be included in PEIP: _____

Please attach a separate list of the following covered individuals (if any) with full names, social security numbers and effective date of coverage continuation:

- Cobra individuals
- Retirees
- Disabled individuals
- Other (explain)

ELIGIBILITY CRITERIA

The Public Employees Insurance Program allows employers the opportunity to determine eligibility criteria.

Please attach a copy of your group's eligibility policy and include hours worked, new hire effective date of coverage, and any waiting period. OR indicate eligibility below.

- Standard Eligibility Criteria

Eligible:

Full-time employees working 30 hours per week or more.
Newly eligible employees have a 30-day waiting period before coverages becomes effective. Coverage is effective the first of the month following the waiting period.
Retirees are allowed to continue on Entity's medical plan and (see below)*

- **Not Eligible:**

Part-time employees working fewer than 30 hours per week.

RATE CONFIRMATION

PEIP Proposal Financial Section III signature pages attached ☐
(must be included)_____

SELECTION OF COVERAGE

Health Coverage:

- ☒ Advantage High Plan
- ☒ Advantage Value Plan
- ☒ Advantage HSA Plan

COBRA/MN Continuation/Retiree Billing

- ☐ Group will manage own COBRA/Retiree Administration (notice only)
- ☒ PEIP will manage COBRA/Retiree Administration (notice only)

- ☐ Group will bill for early retirees and COBRA
- ☒ PEIP will bill early retirees and COBRA directly

Optional Dental Coverage: (choose one)

☒ Comprehensive Plan

Employer Contributes: (choose one)

- ☐ 90-100% of employee premium.
- ☐ 50-89% of employee premium.

Optional Employee Life/Accidental Death & Dismemberment Insurance

Minimum $10,000, maximum $300,000 available in $5,000 increments. Amounts in excess of the group's guaranteed issue amount are subject to evidence of insurability. Employees who waive medical coverage because they are covered under another plan may still participate in life/AD&D insurance coverage, providing 100% of those employees participate in life/AD&D coverage.

Choose one: ☐ $10,000 flat amount per active employee ☐ Amount equal to salary ☐ Other (please specify below)

Eligibility: ☒ All employees ☐ Medical lock _____

Employer agrees to pay monthly, in advance (by the 25th of the prior month), the entire charges due for all participating individuals. In addition, the employer bears the responsibility to collect and pay to the Minnesota Public Employees Insurance Program any and all amounts to be contributed toward such charges by employees or early retirees of the employer

*Note: and offered the group/blended premium until Medicare eligibility (retiree pays all of the premium)

TERMS AND CONDITIONS

1. By completing and signing this application for group coverage, you are agreeing to participate in the Minnesota Public Employees Insurance Program under all the terms and conditions contained in the proposal/renewal letter provided to you by the Minnesota Public Employees Insurance Program.

2. You agree that the eligibility guidelines in effect today may not be changed until the annual renewal.

You agree to participate for a two-year term. M. S. 43A.316, Subd. 5. (d) Participation in the program is for a two-year term**. Participation is automatically renewed for an additional two-year term unless the exclusive representative, or the employer for unrepresented employees, gives the commissioner notice of withdrawal at least 30 days before expiration of the participation period.** A group that withdraws must wait two years before rejoining. An exclusive representative, or employer for unrepresented employees, may also withdraw if premiums increase 50 percent or more from one insurance year to the next. The employer is liable for the full premium due within the two year commitment in the case of an invalid termination.

Following receipt of this application, coverage selections and final rates will be confirmed in writing by the Program. Premiums are guaranteed for one year. Withdrawal from the Minnesota Public Employees Insurance Program at any time prior to the end of the two-year term may result in the state pursuing legal action against the employer. Withdrawal for any reason will result in the group's ineligibility to participate for two years.

This application constitutes an offer to purchase Minnesota Public Employees Insurance Program coverage. No contract is created until the applicant receives written confirmation of acceptance from the Minnesota Public Employees Insurance Program. No agent has the authority to waive any of the Minnesota Public Employees Insurance Program's rights or requirements or to make or alter any contract or policy. All three network carriers offered by PEIP must be offered by the group. In accepting group coverage under the Minnesota Public Employees Insurance Program, it is acknowledged that:

1. The applicant is the employer for purposes of ERISA (to the extent applicable), COBRA and state law regarding continuation and conversion of group health coverage. The employer will therefore be responsible for notifying the PEIP of any and all information necessary to fulfill its obligations under these laws. The employer is also responsible for receiving from employees and forwarding to the PEIP notices of events such as an employee's divorce or legal separation or cessation of a child's eligibility under this Program.

2. The employer bears full responsibility for ensuring that its Plan satisfies any and all requirements of state or federal law that relate to employee benefit plans, including ERISA and HIPAA. Employer's legal counsel should be consulted to ensure compliance with these laws.

3. The employer assumes responsibility for collecting from employees and forwarding to the Minnesota Public Employees Insurance Program in a timely and accurate manner, notices of events such as addition of new employees, changes in coverage for employees or retirees, and changes in marital or dependent status of employees and retirees.

4. The employer understands that the monthly premium must be received in the billing and enrollment administrator's office by the 25th of the month in which you receive your invoice. The employer understands that the PEIP may terminate the employer's insurance coverage after two premium delinquencies and that there will be a $20 service fee for all Non-Sufficient-Fund (NSF) checks.

EMPLOYER SIGNATURE

I hereby apply for coverage stated within. I have reviewed the proposal, the terms of coverage, and the terms and conditions of participation in the Minnesota Public Employees Insurance Program.

_____

Authorized Signature Title Date

_____

Authorized Signature Title Date

_____

Authorized Signature Title Date

_____

Agent of Record (if applicable) Date

EXCLUSIVE REPRESENTATIVE (if applicable)

I have reviewed the selections of coverages and acknowledge that the selections are in accordance with the current collective bargaining agreement. I further acknowledge that charges for selected coverages will be collected and remitted to the billing and enrollment administrator by their employer according to the procedures established by PEIP.

_____

Exclusive representative signature

_____

Title Date

Innovo Benefits Signature **Date**