

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please Minnesota Zoo Foundation use IRS label or Address change 51-0147653 Doina Business As E Telephone number print or type. See Name change (952) 431-9237 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 3,724,861 13000 Zoo Blvd Terminated tions. Amended return City or town, state or country, and ZIP + 4 Apple Valley, MN 55124 Application pending Name and address of principal officer Is this a group return for Melissa Lindsay affiliates? 13000 Zoo Blvd Apple Valley, MN 55124 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► www mnzoo org K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1974 M State of legal domicile MN Briefly describe the organization's mission or most significant activities THE MINNESOTA ZOO FOUNDATION'S PRIMARY PURPOSE IS TO RAISE FUNDS FOR THE MINNESOTA ZOO Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 31 30 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of employees (Part V, line 2a) . 22 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 4,702,212 2,882,484 Program service revenue (Part VIII, line 2g) . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,177 83,283 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 351,500 11 3,933 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 4,730,322 3,317,267 3,390,659 13 4,361,211 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 731,127 709,731 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) ► 286,091 b 611,978 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 489,731 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,582,069 4,712,368 Revenue less expenses Subtract line 18 from line 12 . -851,747 -1,395,101 t Assets or nd Balances **Beginning of Current End of Year** Year 20 5,653,548 5,571,528 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 57,394 112,814 Net assets or fund balances Subtract line 21 from line 20 22 5,596,154 5,458,714 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2011-02-02 Signature of officer Here Melissa Lindsay Executive Director Type or print name and title Date Check if Preparer's identifying number Preparer's Lawrence H Mohr CPA (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Baker Tilly Virchow Krause LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 225 S 6th St Ste 2300

Mınneapolis, MN 55402

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Phone no (612) 876-4500

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Minnesota Zoo Foundation's primary purpose is to raise funds for the Minnesota Zoological Garden

	Total program service expenses = \$	3,/93,/9	, ,		
	Total program service expenses►\$	3,793,79	<u> </u>	, (/
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants of	f \$) (Revenue \$)
4.1	O. L	on Calcadola O)			
		_			
-+-		,	melading grants of \$, (Nevenue a	,
4c	(Code) (Expenses \$	<u> </u>	including grants of \$) (Revenue \$	
	Provided grants to support Zoo related conse	ervation and education ac	ctivities around the world		
4b	(Code) (Expenses \$	56,578	ıncludıng grants of \$	56,578) (Revenue \$)
	Provided grants to the Minnesota Zoological	Garden to support the Zo	oo's conservation and educa	ation mission	
4a	(Code) (Expenses \$		including grants of \$	3,147,554) (Revenue \$)
	allocations to others, the total expen	ses, and revenue, if a	any, for each program :	service reported	
4	Describe the exempt purpose achieve Section $501(c)(3)$ and $501(c)(4)$ org	anızatıons and sectio	on 4947(a)(1) trusts a	ire required to report the amo	•
	If "Yes," describe these changes on S	Schedule O			
3	Did the organization cease conductin services?	g, or make significar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services				
2	Did the organization undertake any sthe prior Form 990 or 990-EZ? $$.	ıgnıfıcant program se • • • • •	ervices during the year	which were not listed on	┌ Yes ┌ No

art TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			l
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
В	The number of Forms w-2G included in line 1a Enter -0- II not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
_	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
_	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		l No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b		1	

Apple Valley, MN 55124

(952) 431-9237

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 31					
b	Enter the number of voting members that are independent 1b 30					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		Νo		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο		
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
			Yes	No		
	Does the organization have local chapters, branches, or affiliates?	10a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b		Νo		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ► MN					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨		
	Melissa Lindsay 13000 Zoo Blvd					

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	ffice	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)			Page 8		
1b	Total	0		17,864		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1					
			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person					
s	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization					
	(A) Name and business address (B) Description of services		(C Compe			
8500	le Horner Inc D Normandale Blvd Suite 720 Public Affairs Peapolis, MN 55437			113,416		
_		_				
	Total number of independent contractors (including but not limited to those listed above) who received more than					

\$100,000 in compensation from the organization 🗗

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts Dts	1a	Federated cam						
gra	ь	Membership du						
ts, ⊞	c	Fundraising eve		10,370				
<u> </u>	d	Related organiz Government grants	rations 1d					
Sir Siri	e	_	ons, gifts, grants, and 1f	2,872,114				
黃	"	sımılar amounts no	t included above					
Contributions, gifts, grants and other similar amounts	g		butions included in 15,461					
Ç≅	h		s 1a-1f	▶	2,882,484			
				Business Code				
Program Service Revenue	2a							
æ	ь							
ACe	C							
S.	d							
an	e	A.U						
₽ Ç	f	All other progra	am service revenue					
	g		s 2a-2f	<u> </u>				
	3		ome (including dividendariants)	· · · · · · · · · · · · · · · · · · ·	47,179			47,179
	4		ar amounts) Itment of tax-exempt bond	F	17,173			17,273
	5			▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other	(i) Securities 266,308	(II) O ther				
	ь	than inventory Less cost or	230,204					
		other basis and sales expenses						
	r C	Gain or (loss)	36,104	<u></u>	36,104			36,104
	d 8a	Gross income f	s)		30,104			30,104
Other Revenue		events (not inc \$10	luding ,370 reported on line 1c)	496,490				
Ē	ь	Less direct ex	penses b	177,390				
δ	С		loss) from fundraising	events 🟲	319,100			319,100
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a	32,400				
	ь		penses b		32,400	32,400		
	с 10а	Gross sales of returns and allo		victes	32,400	32,400		
	ь	less cost of a	a oods sold b					
	c		(loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven						
	e	Total. Add lines	sita-110	· · · · •				
	12	Total revenue.	See Instructions .	▶	3,317,267	32,400	0	402,383

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,373,934		3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	16,725	16,725		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	174,066	42,940	121,311	9,815
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	429,413	52,784	301,435	75,194
8	Pension plan contributions (include section 401(k) and section	·			<u> </u>
	403(b) employer contributions)	11,469	1,157	8,095	2,217
9	Other employee benefits	51,363	5,731	37,575	8,057
10	Payroll taxes	43,420	6,687	30,524	6,209
11	Fees for services (non-employees)				
а	Management				
b	Legal	4,463		4,463	
c	Accounting	31,038		31,038	
d	Lobbying	60,000	60,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	12,492		12,492	
g	Other	169,720	152,310	4,875	12,535
12	Advertising and promotion				
13	Office expenses	107,341	18,264	19,622	69,455
14	Information technology	,	,	,	·
15	Royalties				
16	Occupancy	11,624	1,790	8,172	1,662
17	Travel	4,359	590	2,692	1,077
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,555	330	2,032	
19	Conferences, conventions, and meetings	16,412	11,137	4,245	1,030
20	Interest				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization				_
23	Insurance	8,726	1,344	6,134	1,248
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		,	,	·
а	Special Events	109,385	34,102		75,283
b		38,020	5,855	26,728	5,437
c	Bank and Merchant Fees	16,576	2,553	11,653	2,370
d	Donor Recognition	10,640	,	·	10,640
е	Dues & Subscriptions	7,000	5,706	579	715
f	All other expenses	4,182	186	849	3,147
25	Total functional expenses. Add lines 1 through 24f	4,712,368	3,793,795		286,091
26	Joint costs. Check here F If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	7,712,500	3,733,733	VJ2,702	200,071
	campaign and randrations concitation	I	I	<u> </u>	

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		785,818	1	659,666
	2	Savings and temporary cash investments	500,019	2	502,715	
	3	Pledges and grants receivable, net		3,934,836	3	2,797,908
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key highest compensated employees Complete Part II of	employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B). Complete Part II of	n 4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		14,881	9	12,746
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	.0a			
	ь	Less accumulated depreciation	.0Ь		10c	
	11	Investments—publicly traded securities		417,994	11	465,857
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		0	15	1,132,636
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,653,548	16	5,571,528
	17	Accounts payable and accrued expenses .		57,394	17	112,814
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
jes	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lì		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties $oldsymbol{\cdot}$	•		23	
	24	Unsecured notes and loans payable to unrelated third parties $\ \ . \ \ \ .$			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		57,394	26	112,814
Fund Balances		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and complete through 29, and lines 33 and 34.	lines 27			
lan	27	Unrestricted net assets		3,682,363	27	942,705
Ba	28	Temporarily restricted net assets		1,517,769	28	2,946,571
E	29	Permanently restricted net assets		396,022	29	1,569,438
Fu		Organizations that do not follow SFAS 117, check here ► □ and con	mplet e			
or		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		_	32	
Net	33	Total net assets or fund balances		5,596,154	33	5,458,714
I	34	Total liabilities and net assets/fund balances		5,653,548	34	5,571,528

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

AT THE PTIME DO NOT I ROCESS

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

nnesota	Zoo Foundation			
D 1	51-0147653	-1		
Part		ctions		
_	inization is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3 <u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A hospital's name, city, and state)(iii). Ente	r the	
5 Г	An organization operated for the benefit of a college or university owned or operated by a governmental un	nt describe	_ d in	
	section 170(b)(1)(A)(iv). (Complete Part II)			
6 	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from t described in section 170(b)(1)(A)(vi) (Complete Part II)	he general	public	
8 Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9 Г	An organization that normally receives (1) more than 331/3% of its support from contributions, members	hıp fees, aı	nd gros	SS
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more th	an 331/3%	of	
	its support from gross investment income and unrelated business taxable income (less section 511 tax) (from busine	esses	
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
о Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
1 F	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See see the box that describes the type of supporting organization and complete lines 11e through 11h	•	a)(3).	Check
е Г	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	-	-	
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	upporting o	rganız	ation,
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
	(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
	and (III) below, the governing body of the the supported organization?	11g(i)		Νo
	(ii) a family member of a person described in (i) above?	11g(ii)		Νo
	(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo
h	Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in col (i) of your col (i) of your		(vi) Is th organizat col (i) org in the U	(vii) A mount of support?			
		instructions))	Yes	No	Yes	No	Yes	No	
Mınnesota Zoo	416007162	6	Yes		Yes		Yes		3,239,420
Total									3,239,420

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 51-0147653

Name: Minnesota Zoo Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Independ	dent C	onti	ract	ors	5				
(B) Average hours		tion (ched)	_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
2 00	X		Х				0	0	0
2 00	X		X				0	0	0
2 00	Х		Х				0	0	0
2 00	Х		Х				0	0	0
1 00	Х						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
1 00	x						0	0	0
1 00	X						0	0	0
1 00	Х						0	0	0
1 00	X						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
1 00	Х						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
1 00	X						0	0	0
	(B) Average hours per week 2 00 2 00 2 00 1 00 1 00 1 00 1 00 1 0	(B) A verage hours per week 2 00	(B) A verage hours per week	(B) Average hours per week	(B) Average hours per week Position (check a that apply) 2 00	A verage hours per week 2 00	CC Position (check all that apply) Position (check all that apply)	CD Reportable compensation (theck all that apply) Reportable compensation from the organization (W-2/1099-MISC)	C

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)		(C)						(5)	(5)	(5)
(A) Name and Title	(B) Average hours		tion (that a	che)		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Peter Marıtz board Member	1 00	Х	'					0	0	0
Jım Mayer Board Member	1 00	X						0	0	0
Greg Miller board Member	1 00	X						0	0	0
Lenı Moore board Member	1 00	Х						0	0	0
Cassandra Ordway board Member	1 00	X						0	0	0
Susan Grant Palombo Board Member	1 00	X						0	0	0
Jeffrey Pflaum Board Member	1 00	X						0	0	0
John Rowe Board Member	1 00	Х						0	0	0
Diane Schmidt board Member	1 00	Х						0	0	0
Mıchele Sıt Board Member	1 00	X						0	0	0
Lee Ehmke President	1 00	X						0	0	0
Melissa Lindsay Executive Director	40 00			Х				106,861	0	15,826
Melinda Conness Dir of Finance & Admini	30 00			Х				49,341	0	2,038

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Special Events	109,385	34,102		75,283
Bad Debt Expense	38,020	5,855	26,728	5,437
Bank and Merchant Fees	16,576	2,553	11,653	2,370
Donor Recognition	10,640			10,640
Dues & Subscriptions	7,000	5,706	579	715

DLN: 93493033003251

OMB No 1545-0047

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

	out of organizations complete rate in tolly					
f th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47	(Lobby	ying A	ctivi	ities), the	n
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II			•		
	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete				•	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	: 35a (r	egard	ling	proxy tax)	, then
	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization nesota Zoo Foundation	mploye	rıdent	tıfıca	tion numbe	er
		1-0147	7653			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ction	527	org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures	Þ	-	\$		
3	Volunteer hours					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		F	\$ <u></u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		F	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	∏ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection	า 501	.(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	vities	>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5.	27				
	exempt funtion activities		-	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	>	\$		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Alsoe	nter th	he an	nount of po	litical

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Pa	rt II-B Complete if the organizat		ection 501(c)(3) and has I	NOT fi	led F	orm		age 3 3
	(election under section 5	U1(n)).		(a	1)		(b)	
				Yes	No	/	A mour	nt .
1	During the year, did the filing organization a legislation, including any attempt to influen		*					
	through the use of							
а	V olunteers?				Νo	╛		
b	Paid staff or management (include compens	sation in expenses reported	on lines 1c through 1i)?		Νo	_		
С	Media advertisements?				Νo			
d	Mailings to members, legislators, or the pu	blic?			Νo			
е	Publications, or published or broadcast sta	tements?			Νo			
f	Grants to other organizations for lobbying p	ourposes?			Νo			
g	Direct contact with legislators, their staffs,	government officials, or a le	gıslatıve body?	Yes			6	50,000
h	Rallies, demonstrations, seminars, conven	tions, speeches, lectures, oi	any sımılar means?		Νo			
i	Other activities? If "Yes," describe in Part	IV			Νo			
j	Total lines 1c through 1i						6	50,000
2a	Did the activities in line 1 cause the organi	ızatıon to be not descrıbed ıı	section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incur	red under section 4912						
c	If "Yes," enter the amount of any tax incur	red by organization manager	s under section 4912					
d	If the filing organization incurred a section	4912 tax, did it file Form 47	20 for this year?					
Par	t III-A Complete if the organizat 501(c)(6).	ion is exempt under s	ection 501(c)(4), section !	501(c)(5),	or s		n
	W				_		Yes	No
1	Were substantially all (90% or more) dues	·			-	1		
2	Did the organization make only in-house lo					2		
3	Did the organization agree to carryover lob			-01/-		3		
zar			ection 501(c)(4), section ! answered "No" OR if Part I				ectio	n
1	Dues, assessments and similar amounts fr	om members		1				
2	Section 162(e) non-deductible lobbying an expenses for which the section 527(f) tax		not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
c	Total			2c				
3	Aggregate amount reported in section 603	3(e)(1)(A) notices of nonde	luctible section 162(e) dues	3				
4	If notices were sent and the amount on line does the organization agree to carryover to political expenditure next year?			4				
5	Taxable amount of lobbying and political ex	penditures (see instruction	;)	5				
Pā	art IV Supplemental Information	n						
Со	mplete this part to provide the descriptions i	required for Part I-A, line 1,	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lın	e 1ı		
Als	so, complete this part for any additional infor							
	Ident if ier	Return Reference	Explana	tion				

DLN: 93493033003251

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Minnesota Zoo Foundation 51-0147653 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.		·
		(a) Donor advised funds	•	(b) Funds and other accounts
•	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or adv	rsed Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			
a١	t III Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a o	ertifie	rically importantly land area d historic structure onservation
	easement on the last day of the tax year	ı		T
	Total number of concernation accompate	•		Held at the End of the Year
	Total number of conservation easements	·	2a	
	Total acreage restricted by conservation easements Number of conservation easements on a certified his	toric structure included in (a)	2b	
	Number of conservation easements included in (c) ac	}	2c	
		'	2d	
	Number of conservation easements modified, transfe the taxable year 🛌	rred, released, extinguished, or terminate	d by tr	ne organization during
	Number of states where property subject to conserva	tion easement is located ►		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	fviolations, and Yes No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year ►
	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	durin	g the year ► \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion	Г Yes
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial		
ır	Complete if the organization answered "		or Ot	her Similar Assets.
1	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fu	
•	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii		•
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·	r finan	cial gain, provide the
	Revenues included in Form 990, Part VIII, line 1			▶ \$
,	Assets included in Form 990, Part X			► \$

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	<u>easur</u>	es, or C)the	r Simil	ar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	lowing th	at are	a sıgnıfıc	ant us	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further	the or	ganızatıoı	ı's ex	empt pui	rpose in		
5	During the year, did the organization solicit								ılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organız	ation			es" to F) NO
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing ta	able		Г			A mo	unt	
с	Beginning balance						ŀ	1c				
d	Additions during the year						ŀ	1d				
e	Distributions during the year						}	1e				
f	· .						}	1f				
	Ending balance	orm 000 D==+ V I					L	11			. V	
2a	Did the organization include an amount on Fo		e 217							I	Yes	│ No
	If "Yes," explain the arrangement in Part XIV			o = -	ad "Vac	" to F	2rm 000	D ~ · ·	+ T\/	0.10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior			Years Bac				e) Four Y	ears Back
1a	Beginning of year balance	1,549,027			1,573,518	(-)		1 (-,			-,,	
ь	Contributions	40,780			37,300							
c	Investment earnings or losses	107,606			-61,791							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
q	End of year balance	1,697,413		1	1,549,027							
2	Provide the estimated percentage of the yea	r end balance held a								I		
- а	Board designated or quasi-endowment	%										
ь	Permanent endowment • 100 000 % %											
	, omanone on a one of the original of the orig											
c 3a	Term endowment • %		-t t	-b-+-	ara bald	d - d		d for	+ b.a			
5 a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation i	liial a	are neid	anu au	mmstere	u ioi	trie		Yes	No
	(i) unrelated organizations									. 3a(i)	Yes	
	(ii) related organizations									3a(ii)		Νο
Ь	If "Yes" to $3a(II)$, are the related organization	•								. 3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	<u>ee F</u>	orm 99	0, Par	t X, line	10.	ı			
	Description of investment				a) Cost or isis (invest		(b)Cost of basis (of			cumulated eciation	(d) E	Book value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other											
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line	10(c).)							0
		orm 990, Part X, colur	• nn (B)	, line	10(c).)			•		edule D (Form 9	90) 20

Part VII Investments—Other Securities. S (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	P-	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	>	
Part IX Other Assets. See Form 990, Part X	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des		(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value 1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15. cription	
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) In	ne 15.)	1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) Interest X Other Liabilities. See Form 990, Part X	ne 15.)	1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.)	1,132,636
Part IX Other Assets. See Form 990, Part X (a) Des Beneficial Interest in Perpetual Trust Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa 1 (a) Description of Liability Federal Income Taxes	ne 15.) rt X, line 25. (b) A mount	1,132,636

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,317,26
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,712,36
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,395,10
4	Net unrealized gains (losses) on investments	4	13,81
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	1,072,44
8	Other (Describe in Part XIV)	8	171,40
9	Total adjustments (net) Add lines 4 - 8	9	1,257,66
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-137,44
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	3,489,99
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 60,193		
e	Add lines 2a through 2d	2e	74,00
3	Subtract line 2e from line 1	3	3,415,98
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 12,492		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-98,71
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,317,26
<u>Par</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per ket	t urn 4,699,87
•	statements	1	4,099,67
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,699,87
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,492		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	12,49
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,712,36
	rt XIV Supplemental Information		- 45 401
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

additional information		
Ident if ier	Return Reference	Explanat ion
Part V , Line 4	Description of Intended Use of Endowment Funds	The Foundation's endowment consists of permanently restricted and temporarily restricted funds established for the following purposes. Permanently restricted funds are donor restricted to be held in perpetuity, with the income and related investment gains to be used for donor restricted zoo programs or operations. Temporarily restricted funds are the accumulation of earnings from the permanently restricted endowment that have not been appropriated for expenditure, with the income and related investment gains to be used for any mission related program.
Part X	Description of Uncertain Tax Positions Under FIN 48	The Foundation is a tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code and Minnesota Statute 290 05 It has been classified as an organization that is not a private foundation under the Internal Revenue Code and charitable contributions by donors are tax deductible. However, any unrelated business income may be subject to taxation. In accordance with the accounting standard on Accounting for Uncertainty in Income Taxes, the Foundation addressed the determination of whether tax benefits claimed on a tax return should be recorded in the financial statements. Under this guidance, the Foundation may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merit of the position Examples of tax positions include the tax-exempt status of the Foundation and various positions related to the potential sources of unrelated business taxable income. There were no significant unrecognized tax benefits or recorded liabilities during fiscal year 2010. Open tax years subject to examination by U.S. and state taxing authorities are for the years 2007 to 2009, which statutes expire in 2010 to 2012, respectively.
Part XI, Line 8 - Other Adjustments		Change in Beneficial Interest in Trust 60193 Direct Expenses From Special Events 177390 Direct Benefit -66180
Part XII, Line 2d - Other Adjustments		Change in Beneficial Interest in Trust 60193
Part XII, Line 4b - Other Adjustments		Direct Expenses from Special Events -177390 Direct Benefit 66180

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493033003251

OMB No 1545-0047

SCHEDULE F (Form 990)

Totals.

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	ne of the organization nesota Zoo Foundation				1	:mployer ide	ntification number
1411111	nesota 200 i odiluation				į	51-0147653	3
Pa	General Info "Yes" to Form 9			de the United States	s. Complete ı	f the organ	nization answered
1	For grantmakers. Do assistance, the grante	es the organiza	ation maintain r or the grants or	ecords to substantiate assistance, and the se	lection criteria	used to a	ward
2	For grant makers. Descr United States	ıbe ın Part IV the	e organization's pr	ocedures for monitoring th	ne use of grant	funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity is a program describe spec service(s)	n service, cific type of	for region
	tral A merica and the ibbean			Grants to recipients			5,725
	ope (Including Iceland & enland)			Grants to recipients			6,000
	th Asia			Grants to recipients			2,500
	sıa & the Newly ependent States			Grants to recipients			2,500

16,725

Part IV,	line 15, for an	ssistance to Organ y recipient who recom m 990) if additional	eived more than \$5,6	es Outside the Un 000. Check this box	ited States. Comp of no one recipient	plete if the organiza received more thai	tion answered "Yes n \$5,000	' to Form 990, ▶ 🔽
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland & Greenland)	Anımal Conservation	6,000	Wire transfer			book
2 Enter total nu tax-exempt b	mber of recipi y the IRS, or	ent organizations lis for which the grante	ted above that are r e or counsel has pro	ecognized as charit ovided a section 50:	ties by the foreign of L(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total nu	mber of other	organizations or en	tities					: (Eorm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Info	rmation provide the information require	ed in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S	Ketariikelerenee	Schedule F, Part I, Line 2 Once the grant has been approved, the funds are used at the discretion of the grantee

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493033003251

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	ne of the organization nesota Zoo Foundation						Employer ider	itification number			
							51-0147653				
Pā		ctivities. Completers are not required			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.			
1	Indicate whether the orga	anızatıon raısed funds	through a	any of the	following activities Ch	neck all tha	ıt apply				
а	Mail solicitations			e	☐ Solicitation of no	n-governm	ent grants				
Ь	Internet and e-mail s	olicitations		f	☐ Solicitation of go	vernment	nt grants				
c	Phone solicitations			g	Special fundraisi	ng events					
d	In-person solicitation	ıs									
2a b	Did the organization have or key employees listed i If "Yes," list the ten highe to be compensated at lea	n Form 990, Part VII est paid individuals or) or entity entities	/ in conne (fundraise	ection with professional ers) pursuant to agreem	fundraisin nents unde	g activities? r which the fur				
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contribu contribu	er have dy or rol of	(iv) Gross receipts from activity	(or ret	ount paid to tained by) serlisted in ol (i)	(vi) A mount paid to (or retained by) organization			
			165	140							
Tota	al										

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
		, ,	(a) Event #1 Beastly Ball	(b) Event #2 Ride n Roar (event type)	(c) O ther Events	(Add col	tal Eve (a) th	
Φ			(event type)		(total number)			
Revenue	1	Gross receipts Less Charitable	402,302	15,743	88,815		50	6,860
Rev	2	contributions	9,392	768	210		1	0,370
	3	Gross income (line 1 minus line 2)	392,910	14,975	88,605		49	6,490
	4	Cash prizes						
မှာ	5	Non-cash prizes						
agus B	6	Rent/facility costs						
Expenses	7	Food and beverages	48,218	2,121	. 27,619		7	7,958
Direct	8	Entertainment	3,39!	5				3,395
ā	9	Other direct expenses .	81,741	8,086	6,210		9	6,037
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)	🛌		17	7,390
	11	Net income summary Combine li	nes 3, column d, and line	10			31	9,100
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gan (a) th ol (c))	
ž	1	Gross revenue			32,400			2,400
					32,400			2,400
Jses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Drea	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes	┌────────────────────────────────────			
			1 NO	i no	I' NO			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				2,400
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7	<u> ▶</u>			
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities MN			Yes	No
а		the organization licensed to operate	gaming activities in eac	h of these states?	· · · · · · · · · · · · · · · ·	. 9a	Yes	<u> </u>
b	If"	No," Explain						
10a		re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		No
Ь	1† "`	Yes," Explain						
11		es the organization operate gaming	activities with nonmarks	are?			Yes	
11 12	Ist	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11	1162	
			-		Schedule G (Form 9	12 190 or 990		N o 009

			Yes	No
L3	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
.4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name Megan Hard			
	Address 13000 Zoo Blvd			
	Apple Valley, MN 55124			
E-	Does the organization have a contract with a third party from whom the organization receives gaming			
эа	revenue?			
h	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	15a		Νo
,	amount of gaming revenue retained by the third party \(\bigs\) \(\bigs\) = \(\bigs\)			
_	If "Yes," enter name and address			
Ī	If fes, effer fiame and address			
	Name ►			
	Address 🟲			
6	Gaming manager information			
	Name Megan Hard			
	Gaming manager compensation 🟲 \$			
	Description of services provided F Special Event Coordinator			
	□ Director/officer □ Employee □ Independent contractor			
7	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	_		N.
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	17a		Νo
,	in the organization's own exempt activities during the tax year > \$			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493033003251

Department of the Treasury Internal Revenue Service		Open to Public Inspection					
Name of the organization						Employer identif	ication number
Minnesota Zoo Foundation						51-0147653	
Part I General Infor	mation on Grants	and Assistance					
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grants	or assistance?	· · · · · · · · ·				✓ Yes ┌ I
Form 990, Part	IV, line 21 for any	O Governments and recipient that received 0) if additional space	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Minnesota Zoo13000 Zoo Boulevard Apple Valley, MN 55124	416007162		3,147,554	92,867	Fair Market Value	Supplies and Equipment	Operations and Capital Projects
EDUWEB1776 Iglehart Avenue St Paul, MN 55104	205480367		33,116				Wolfquest Web Design

Enter total	l number of se	ction 501(c)(3) and governmen	torganizations

Enter total number of other organizations . . .

Ident if ier

Return Reference

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information.	Complete this part to	provide the information rec	uurad in Dart I lina 2	and any	other additional information
Lair TA	Supplemental Information.	Complete this part to	provide the information rec	uneu in Fait 1, iiie 2	, allu ally	otilei additional illiorillation.

Explanation

Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Minnesota Zoo Foundation does not require any follow-up from grant recipients
	<u> </u>	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493033003251

OMB No 1545-0047

2009

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

	the organization Zoo Foundation				Employer identificati	on number
Part I	Excess Benefit Transac	ctions (section 501(c)(3	3) and section 501 (c)(4) orga	51-0147653 nizations only).	
	Complete if the organization a					e 40b
1	(a) Name of disqualifi	ed person	(b) Descrip	tion of trai	nsaction	(c) Corrected Yes No
sect	er the amount of tax imposed or tion 4958 er the amount of tax, if any, on l			during the	eyear under · • ► \$ ——— · • ► \$	
Part II	_					
	Complete if the organization	n answered "Yes" on Form	990, Part IV, line 26, or	Form 990		
(a) Name	e of interested person and or) Loan to from the (c) O riginal anization? principal amou	(d)Balance due d	(e) In efault?	(f) Approved by board or committee?	(g) Written agreement?
	To	o From	Ye	es No	Yes No	Yes No
Total .			\$		l	<u> </u>
Part III	Grants or Assistance Complete if the organiza			ne 27.		
(2	a) Name of interested person		etween interested persor	¹ (c)∤	Amount of grant or typ	e of assistance
Part IV	Business Transaction Complete if the organiza			ne 28a - 1	28h or 28c	
	John Proce it die organiza	(b) Relationship		20u, 1		(e) Sharing o
(a)	Name of interested person	between interested person and the organization	(c) A mount of transaction	(d) Des	scription of transactio	organization' n revenues? Yes No
Ross Kran	mer	Board Member	60,000	firm Mes Messerli advocac Minneso Minneso	imer is a partner in the serli and Kramer and Kramer provides y services to the ta Zoo Foundation Th ta Zoo Foundation pai to Messerli and	e No

Kramer for these services The transaction was conducted in the normal course of business

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493033003251

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization Minnesota Zoo Foundation

Employer identification number

					51-0147653			
Par	tI Types of Property	T	T	T	T			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d reven	etermı	nıng	
1 /	Art—Works of art	<u>прричини</u>		_ <u>-</u> •				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6 (Cars and other vehicles							
7 E	Boats and planes							
8 I	ntellectual property							
9 9	Securities—Publicly traded .	Х	2	13,735	Fair Market Value			
L o 9	Securities—Closely held stock .							
11 9	Securities—Partnership, LLC,							
	or trust interests							
L 2 9	Securities—Miscellaneous							
	alualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
. 5 F	Real estate—Residential .							
. 6 F	Real estate—Commercial							
. 7 F	Real estate—Other							
.8	Collectibles							
. 9 F	Food inventory							
: 0 [orugs and medical supplies .							
1 T	axıdermy							
2 ⊦	Historical artifacts							
2 3 9	Scientific specimens							
4 A	Archeological artifacts							
	Zoo							
25 () ther ▶ (<u>O perations</u>)	X	17	91,867	Fair Market Values			
	Event			11.075	f= M = + \/ = l =			
	Other ► (Supplies)	X	11	11,9/5	faır Market Values			
	Other ► ()							
) ther ▶ ()	L						
	Number of Forms 8283 received for which the organization compl		=		29			
	ior which the organization compl	ctcu i oiiii i	ozos, raitiv, bonce nekr	iowicagement	l l		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it			110
	must hold for at least three year							l
	for exempt purposes for the enti			on, and winer is not require	a to be asea	20-		No
	····					30a		NO
	If "Yes," describe the arrangem] ,,	V	
	Does the organization have a gif					31	Yes	
	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	revenues	ın column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II		•	·	•			1

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493033003251

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization Minnesota Zoo Foundation Employer identification number

51-0147653

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The committee is comprised of the past chair, chair, vice chair, treasurer and secretary of the board of trustees, co-chair of the governance committee, and the chair of the corporate relations committee. The president is the only non-voting member. Primary purpose is to exercise powers which arise between regularly scheduled board meetings or when it is not practical or feasible for the Board to meet. All actions taken by the executive committee are reported and ratified at a regular meeting of the board.
Form 990, Part VI, Section A, line 2		Board member Charlene Jundt and Board member Peter Maritz family relationship
Form 990, Part VI, Section B, line 11		The finance committee, the executive committee and the rest of the board each review and approve the draft of the 990 before it is filed
Form 990, Part VI, Section B, line 12c		The foundation requires each trustee to review this policy annually, disclose any possible personal, familial, or business relationships that reasonably could give rise to a conflict and acknowledge, by his or her signature, compliance with the letter and spirit of this policy. Trustees or senior staff who have declared or been found to have a conflict of interest shall refrain from participating in the consideration of proposed transactions that give rise to the conflict, unless for special reasons information or interpretation from the person with the conflict is specifically requested by the board or administration. Persons with conflicts shall not vote or be present at the time of the vote on the matter giving rise to the conflict.
Form 990, Part VI, Section B, line 15a		Review of comparable salary data from Minnesota Council of Nonprofits. The board chair and executive committee approves the executive director's compensation. For all other employees, the Executive Director reviews and approves compensation based off of comparable data.
Form 990, Part VI, Section C, line 19		Documents are available upon request
Form 990, Part XI, Line 2C		The oversight and selection process has not changed from prior year

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493033003251

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization	Employer identification number
Minnesota Zoo Foundation	
	51-0147653

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)

Name, address, and EIN of disregarded entity

(b)

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) (b) (c) (d) (e) (f)

Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status or foreign country) (if section 501(c)(3)) entity

Minnesota ZOO

13000 Zoo Boulevard Zoo MN Line 6

Apple Valley, MN 55124 41-6007162

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

No

No No

1q

Yes

Yes

Part V	Transactions With Related Organizations	(Complete if the organization answered "Yes'	on Form 990, Part IV, line 34, 35, or 36.)

Рa	ITAM Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36	.)
	Note. Complete line 1 if any entity is listed in Parts II, III or IV	
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a
b	Gıft, grant, or capital contribution to other organization(s)	1b
c	Gift, grant, or capital contribution from other organization(s)	1 c
d	Loans or loan guarantees to or for other organization(s)	1d
e	Loans or loan guarantees by other organization(s)	1e
f	Sale of assets to other organization(s)	1f
g	Purchase of assets from other organization(s)	1 g
h	Exchange of assets	1h
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i
i	Lease of facilities, equipment, or other assets from other organization(s)	1j
-	Performance of services or membership or fundraising solicitations for other organization(s)	1k
	Performance of services or membership or fundraising solicitations by other organization(s)	11
	Sharing of facilities, equipment, mailing lists, or other assets	1m
	Sharing of paid employees	1n
o	Reimbursement paid to other organization for expenses	10
р	Reimbursement paid by other organization for expenses	1 p

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Minnesota Zoo	В	3,239,420

(1) See Additional Data Table

q O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

(2)

(4)

(3)

(5)

(6)

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No