PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <u>www.irs.gov/form990.</u>

Inspection

OMB No. 1545-0047

<u>A</u>	ror the	2014 calendar year, or tax year beginning JUL 1, 2014 and	ں enaing	<u>UN 30, ∠UIS</u>				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	MINNESOTA ZOO FOUNDATION						
	Name change	Doing business as		51-0147653				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe				
	Final return/	13000 ZOO BLVD		952-	431-9237			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,342,960.				
	Amend return	APPLE VALLEY, MN 55124		H(a) Is this a group re	eturn			
	Applica tion	F Name and address of principal officer: MEDISSA DINDSAI		for subordinates	? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		mpt status: X 501(c)(3) 5 501(c) () \checkmark (insert no.) 4 4947(a)(1) \checkmark	or 527	If "No," attach a	list. (see instructions)			
_		e: ▶ WWW.MNZOO.ORG		H(c) Group exemptio	n number 🕨			
		organization: X Corporation Trust Association Other	L Year	of formation: 1974 N	M State of legal domicile; MN			
Pa		Summary						
4	1 8	Briefly describe the organization's mission or most significant activities: ${ t SEE \ t S}$	SCHEDU	LE O				
Governance	١.							
r	2 (Check this box $lacktriangle$ $$ $$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.			
o Ve	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	30			
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			30			
8	5	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	14			
Vi t is	6	Total number of volunteers (estimate if necessary)		6	40			
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
Φ	8 (Contributions and grants (Part VIII, line 1h)		4,748,221.	4,785,750.			
ž	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		140,626.	122,184.			
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-65,613.	-80,449.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,823,234.	4,827,485.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,247,198.	3,842,295.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		821,640.	884,307.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
90	. b	Fotal fundraising expenses (Part IX, column (D), line 25)	57.					
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		303,691.	360,709.			
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,372,529.	5,087,311.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		450,705.	-259,826.			
Net Assets or	g		Ве	ginning of Current Year	End of Year			
sets	20	Fotal assets (Part X, line 16)		4,962,672.	4,444,119.			
t As	21	Fotal liabilities (Part X, line 26)		375,501.	220,546.			
	22 1	Net assets or fund balances. Subtract line 21 from line 20		4,587,171.	4,223,573.			
	art II	Signature Block						
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		Observation of all and		Data				
Sig	n	Signature of officer		Date				
He	re	MELISSA LINDSAY, EXECUTIVE DIRECTOR						
		Type or print name and title		5.1. E	DTIN			
		Print/Type preparer's name Preparer's signature	اا	Date Check C	PTIN			
Pai		DIANNE HICKOK, CPA		self-employ				
	-	Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN ▶	39-0859910			
Use	Only	Firm's address 225 S 6TH ST #2300			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		MINNEAPOLIS, MN 55402		Phone no. 61	2.876.4500			
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

ı u	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	THE MINNESOTA ZOO FOUNDATION'S PRIMARY PURPOSE IS TO RAISE FUNDS	FOR
	THE MINNESOTA ZOOLOGICAL GARDEN AND RELATED CONSERVATION ACTIVITIES	
2	Did the organization undertake any significant program services during the year which were not listed on	
		res X No
_	If "Yes," describe these new services on Schedule O.	, v .
3		res X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	s, and
4a	(Code:) (Expenses \$3,798,223. including grants of \$3,570,608.) (Revenue \$)
	PROVIDED GRANTS TO THE MINNESOTA ZOOLOGICAL GARDEN TO SUPPORT THE	Z00'S
	CONSERVATION AND EDUCATION MISSION.	
	-	
4b	(Code:) (Expenses \$ 271,687. including grants of \$ 271,687.) (Revenue \$	1
TIJ.	PROVIDED GRANTS TO SUPPORT ZOO RELATED CONSERVATION AND EDUCATION	,
	ACTIVITIES AROUND THE WORLD.	
	-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	1
40	(Code:) (Expenses \$) (Revenue \$)	,
	Other pregram consists (Deceribe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4,069,910 •	
		m 990 (2014)

Form 990 (2014) MINNESOTA ZOO FOUNDATION Part IV Checklist 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		x
b	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	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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	1.0		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's sipalities of consolidated infancial datements for the tax year molado a roothete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-10		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"		17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 '		
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	
19	,	19	Х	
20-	complete Schedule G, Part III		- 41	x
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2014)

Form 990 (2014) MINNESOTA ZOO FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 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		37	
	Schedule J	23	X	
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 lines 24b through 24d and complete	04-		Х
h	Schedule K. If "No", go to line 25a	24a		
	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	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		v
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
J-7		34		Х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			α	

Form 990 (2014) MINNESOTA ZOO FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a		.	1
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		. ,	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	7b		
C	to file Form 8282?	as requ	illed	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		***************************************	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	1			
	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	10b				
11	Section 501(c)(12) organizations. Enter:	ا	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	<u> </u>	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health insurance issuers	12b	<u> </u>			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the executive vestion and the second for indeed to be a second of the second of th			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
				Form	990	(2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
				_		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		30							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who 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	Х					
3	Did the organization delegate control over management duties customarily performed by or under the			Γ							
	of officers, directors, or trustees, or key employees to a management company or other person?		-		3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4	X					
5											
6	Did the organization have members or stockholders?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			···							
	more members of the governing body?				7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			····							
	persons other than the governing body?				7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			···							
а	The governing body?	,	•		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			····							
•	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>				9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuc	Code)								
	(This occuping requests information about policies not required by the internal ne	verrae	. 0000./			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			····							
		-			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			⊢	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ü								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			····							
	in Schedule O how this was done	,			12c	X					
13	Did the organization have a written whistleblower policy?			···· ⊢	13	Х					
14	Did the organization have a written document retention and destruction policy?				14	Х					
15	Did the process for determining compensation of the following persons include a review and approval										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-									
а	The organization's CEO, Executive Director, or top management official				15a	Х					
	Other officers or key employees of the organization				15b		х				
-	If "Yes" to line 15a or 15b, 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 arrangem	nent v	vith a								
	taxable entity during the year?			Γ	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			···							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			<u></u> [16b						
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s or	ıly) ava	ilable)					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	and fi	nanci	al					
	statements available to the public during the tax year.		-								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:								
	MELISSA LINDSAY - 952-431-9237										
	13000 ZOO BLVD, APPLE VALLEY, MN 55124										

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. 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, and 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.

_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	box	not c	ss per	ition more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ERIC GALLER	2.00									
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(2) SAMANTHA CAPEN MULDOON	2.00								,	0
BOARD VICE CHAIR	2 00	Х		Х				0.	0.	0.
(3) PAUL RUNICE BOARD TREASURER	2.00	Х		х				0.	0.	0.
(4) MATT PIERRE	2.00	Λ		^				0.	0.	<u> </u>
BOARD SECRETARY	2.00	Х		х				0.	0.	0.
(5) BRITT CARLSON	2.00	Λ		^				0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) JANIS CLAY	2.00							•	•	
BOARD MEMBER		х						0.	0.	0.
(7) CHAD DAYTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHET ELLINGSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOHN GEISLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BLAKE GRAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ED HEFFERNAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DANIELLE JOHNSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SUSAN JOHNSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOE KALKMAN	2.00								•	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(15) KATY MARVIN KIRCHNER	2.00	v							_	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(16) GAETAN LAMBIASE BOARD MEMBER	2.00	Х						0.	0.	0.
(17) TOM LINDELL	2.00	^				\vdash		1	0.	
BOARD MEMBER	2.00	Х						0.	0.	0.
	1	-22		<u> </u>	<u> </u>				J •	Form 990 (2014)

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51-0147653

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr org and	pensatom the anization related anization aniza	e ion ed
(18) DANA LINDSAY	2.00												
BOARD MEMBER		Х						0.		0.			0.
(19) ROB MARLOTTE	2.00												_
BOARD MEMBER	2 00	Х	<u> </u>					0.		0.			0.
(20) JIM MAYER	2.00	٦,											^
BOARD MEMBER	2.00	Х	\vdash			-		0.		0.			0.
(21) PAM MEIXELL BOARD MEMBER	2.00	Х						0.		0.			0.
(22) GREG MILLER	2.00	Λ	\vdash			+		0.		0.			<u> </u>
BOARD MEMBER	2.00	Х						0.		0.			0.
(23) MARY MORRISON	2.00	25	\vdash							<u> </u>			
BOARD MEMBER		х						0.		0.			0.
(24) MARK MORTENSON	2.00							-					
BOARD MEMBER		Х						0.		0.			0.
(25) TIMOTHY MULCAHY	2.00												
BOARD MEMBER		Х						0.		0.			0.
(26) PAUL REPPENHAGEN	2.00												
BOARD MEMBER		X						0.		0.			0.
1b Sub-total								0.		0.	2	0 0	0.
c Total from continuation sheets to Part VI								218,983. 218,983.		0.		0,22 0,22	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no							<u> </u>		200 of reservable)	0,44	<u>тт.</u>
compensation from the organization	ot illilited to tri	ose	liste	ual	JOVE	e) wi	10 16	eceived more than \$100,0	Jou of reportable	;			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	. or	highest compensated en	nplovee on				
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch į	oers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	-	-								ensat	tion fro	m	
the organization. Report compensation for t	ne calendar ye	ear e	endir	ng w	ith c	or w	ithin T		ear.				
(A) Name and business	address	NC	ONE	₹.				(B) Description of s	ervices	С	(C ompe		า
-								·			•		
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation >				()							

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 MINNESOT	A ZOO FO	UUC	IDA	TT	ON	ſ			51-014	7653
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours	verage Position						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DAVID ROMANS BOARD MEMBER	2.00	х						0.	0.	0.
(28) DAVID SCHMIDT BOARD MEMBER	2.00	х						0.	0.	0.
29) BETH SIMERMEYER	2.00									
30) ANREW ZARRAS	2.00	Х						0.	0.	0
BOARD MEMBER		х						0.	0.	0
(31) MELISSA LINDSAY EXECUTIVE DIRECTOR	40.00			х				138,337.	0.	19,110
(32) MELINDA CONNESS DIRECTOR FINANCE/ADMIN	40.00			х				80,646.	0.	11,111
ANDOTON TIMMOD/MAIN				21				00,040.	0.	11,111
		_								
		-								
Fotal to Part VII, Section A, line 1c								218,983.		30,221

		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII			
		Check if Schedule O cont	ains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
र १	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
وَ ق	С	Fundraising events		597,444.				
ifts	d	Related organizations		-				
a,° Eig	е	Government grants (contribut						
ig ig	f	All other contributions, gifts, gran	its, and					
but the		similar amounts not included abo	ve 1f 4,	188,306.				
g d	g	Noncash contributions included in lines	1a-1f: \$	203,170.				
<u>8</u> 0	h	Total. Add lines 1a-1f		>	4,785,750.			
				Business Code	<u> </u>			
ė	2 a	ı						
ه چَ	b	·						
Sch	С	·						
eve	d							
Program Service Revenue	е							
ď		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			01 200			01 200
	_	other similar amounts)			91,309.			91,309.
	4	Income from investment of tax						+
	5	Royalties	1					
		Cuara manta	(i) Real	(ii) Personal	_			
		Gross rents Less: rental expenses			_			
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, "	assets other than inventory	305,020.	(ii) Oti ioi	_			
	b	Less: cost or other basis			_			
			274,145.					
	С	and sales expenses	30,875.					
	d	Net gain or (loss)		>	30,875.			30,875.
ø.		Gross income from fundraising	g events (not					
Other Revenu		including \$597,4	.44. of					
eve		contributions reported on line						
¥.		Part IV, line 18		130,301.				
푩		Less: direct expenses		241,330.	111 000			111 000
•		Net income or (loss) from fund	•	_	-111,029.			-111,029.
	9 a	Gross income from gaming ac		20 500				
		Part IV, line 19			_			
		Less: direct expenses			30,580.			30,580.
		Net income or (loss) from gam	-	D	30,380.			30,300.
	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold			_			
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code	2			
	11 a			20011003 0000				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions.			4,827,485.	0.	0	
43200 11-07	9 -14		_ 					Form 990 (2014)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,822,581. 3,822,581. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 19,714. 19,714. Benefits paid to or for members Compensation of current officers, directors, 242,546. 72,486. 22,028. 148,032. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 481,626. 39,181. 364,538. 77,907. Other salaries and wages 7 Pension plan accruals and contributions (include 23,327. 3,597. 16,511. 3,219. section 401(k) and 403(b) employer contributions) 83,269. 12,840. 58,938. 11,491.Other employee benefits 9 53,539. 8,256. 37,895. 7,388. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 35,182. 35,182. Accounting 65,000. 65,000. Lobbying Professional fundraising services. See Part IV, line 17 12,431. 12,431. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,640. 686. 10,494. 13,820. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 134,268. 12,982. 12,571 108,715. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 3,922. 490. 2,247. 1,185. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 9,908. 20,149. 5,852. 4,389. Conferences, conventions, and meetings 19 1.787. 1.787. 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 8,106. 1,250. 5,737. 1,119. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 43,097. 35,800. 7,297. BANK AND MERCHANT FEES DONOR RECOGNITION 14,108. 1,678. 25. 12,405. 8,839. 6,256. 1,220. 1,363. DUES & SUBSCRIPTIONS С d All other expenses 5,087,311. 4,069,910. 748,544. 268,857. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,366,664.	2	925,301.
	3	Pledges and grants receivable, net		1,084,331.	3	1,065,729.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	D ::		17,003.	9	16,299.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	1,136,893.	11	1,169,291.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	1,357,781.	15	1,267,499.	
	16	Total assets. Add lines 1 through 15 (must equal		4,962,672.	16	4,444,119.
	17	Accounts payable and accrued expenses		73,785.	17	170,644.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Ø	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela		250,000.	23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				51,716.	25	49,902. 220,546.
	26			375,501.	26	220,546.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an	d 34.	016 400		0.46 606
anc	27			816,407.	27	946,696.
3ak	28			1,739,361.	28	1,298,078.
둳	29			2,031,403.	29	1,978,799.
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 📖			
٥		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		A EOU 101	32	4 222 572
~	33			4,587,171.	33	4,223,573.
	34	Total liabilities and net assets/fund balances		4,962,672.	34	4,444,119.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

Form **990** (2014)

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization MINNESOTA ZOO FOUNDATION 51-0147653 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

67661 1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4625777.	2304220.	3429448.	4748221.	4785750.	19893416.				
2	Tax revenues levied for the organ-										
	ization'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	4625777.	2304220.	3429448.	4748221.	4785750.	19893416.				
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)						3149950.				
	Public support. Subtract line 5 from line 4.						16743466.				
Sec	ction B. Total Support				·						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
	Amounts from line 4	4625777.	2304220.	3429448.	4748221.	4785750.	19893416.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties			00 446							
	and income from similar sources	62,331.	95,520.	33,116.	98,820.	91,309.	381,096.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	E02 E62	E 4 0 2 1 2	100 000	164 406	160 001	1601000				
	assets (Explain in Part VI.)	703,563.	540,313.	122,770.	164,406.						
	Total support. Add lines 7 through 10					1	21966445.				
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12					
13	First five years. If the Form 990 is for	•			•	. , . ,	. —				
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P				
	Public support percentage for 2014 (li			olumn (fl)		14	76.22 %				
	Public support percentage for 2014 (iii Public support percentage from 2013					15	73.90 %				
	33 1/3% support test - 2014. If the c										
IUa	stop here. The organization qualifies										
h	33 1/3% support test - 2013. If the o										
	and stop here. The organization qual	•		•		•					
172											
., a	7a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
h	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
,	more, and if the organization meets the	-									
	organization meets the "facts-and-circ						▶ □				
12	Private foundation. If the organization			•	,						
10	i ilvate louiluation. Il the organizatio	ii did Hot CHECK a I	JOA 011 1111E 10, 102	ı, 100, 11a, 01 110	י, טווכטת נוווס טטא מו	ia see iristructioris	·······				

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4) 2010	(3) 2011	(0) 2012	(4) 2010	(6) 2511	(1) 10141
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first second thir	d fourth or fifth to	ay year as a section	1 501(c)(3) organiz:	ation
•		•			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2014 (I			olumn (fl)		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inves	·				, ,	
	Investment income percentage for 20			ne 13. column (fl)		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						. —
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	• •			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	Tion C. Type it Supporting Organizations		Т.,	г
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		$oxed{oxed}$
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	:		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
a				
a	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		Ja		
D		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JUU		

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other Type III non-functionally integrated supporting organizations must complete Sections A through E. section A - Adjusted Net Income (A) Prior Year (B) Current Year (potional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Agregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 2 Average monthly value of securities 1 A verage monthly value of securities 1 A verage monthly value of securities 1 A verage monthly value of bron-exempt-use assets 1 b 1 C 1 Total (add lines 1a, 1b, and 1c) 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1 d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of other non-exempt-use assets (see instructions). 6 Multiply line 5 by .035 7 Recoveries of prior-year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter greater of line 2 or line 3 3 Infinitional Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subt	Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
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Net short-term capital gain Net short-term capital gain Recoveries of prior-year distributions Recoveries of prior-year distributions China Percoveries of prior-year (from Section A, line 8, Column A) Current Year Adjusted Net Income (see instructions) China Percover of Income (see instructions) China Percoveries of property held for production or ocollection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Recovering Percovering Perco		other Type III non-functionally integrated supporting organizations must contain the containing of the	omplete Sec	tions A through E.	
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maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 cettion B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly cash balances 1 b C Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1 d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 6 from line 4, unless subject to energency temporary reduction (see instructions)	6	Portion of operating expenses paid or incurred for production or			
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4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
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6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Income tax imposed in prior year 1 Income tax imposed in prior year 2 Income tax imposed in prior year 3 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Income tax imporary reduction (see instructions) 7 Current Year 7 Current Year 9 Current Year		see instructions).	4		
7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Enter Section C - Distributable Amount (add line 7 to line 8) 8 Current Year 2 2 3 4 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Current Year Current Year	7	Recoveries of prior-year distributions	7		
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Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Minimum asset amount for prior year (from Section B, line 8, Column A) Distributable 2 or line 3 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	2	Enter 85% of line 1	2		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	4	Enter greater of line 2 or line 3	4		
emergency temporary reduction (see instructions) 6	5	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions) 6	6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see		emergency temporary reduction (see instructions)	6		
	7		lly-integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2014

Par	[↑] V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive		
_	(provide details in Part VI). See instructions.	3-		
9	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	Excess distributions carryover, if any, to 2014.			
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5				
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	-			
7	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
,	and 4c.			
8	Breakdown of line 7:			
a h				
<u>b</u>				
	Evenes from 2012			
	Excess from 2013			
_	EXCASS (COM 2017)			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: REVENUES FROM FUNDRAISING 2010 AMOUNT: \$ 611,882. 2011 AMOUNT: \$ 509,583. 2012 AMOUNT: \$ 100,135. 2013 AMOUNT: \$ 130,318. 2014 AMOUNT: \$ 130,301. REVENUES FROM GAMING 2010 AMOUNT: \$ 36,731. 28,930. 2011 AMOUNT: \$ 2012 AMOUNT: \$ 22,425. 2013 AMOUNT: \$ 33,900. 2014 AMOUNT: \$ 30,580. MISCELLANEOUS REVENUES 2010 AMOUNT: \$ 54,950. 1,800. 2011 AMOUNT: \$ 2012 AMOUNT: \$ 210. 2013 AMOUNT: \$ 188. 2014 AMOUNT: \$ 0.

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Organization type (check one):								
Filers of	:	Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note. Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it mu	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

Name of organization Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

MINNESOTA ZOO FOUNDATION

51-0147653

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	990 990-F7 or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number MINNESOTA ZOO FOUNDATION 51-0147653 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047

Open to Public Inspection

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

- 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.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then	iona: Camplata Bart III			
	Section 501(c)(4), (5), or (6) organizat	lons. Complete Part III.		Em	ployer identification number
	•	TA ZOO FOUNDATION	1		51-0147653
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	· 		>	\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
2 3 4a b Pa 1 2 3	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 framization is exempt under by the filing organization for sectization's funds contributed to other. Add lines 1 and 2. Enter here an analysis of the filing organization for sectization's funds contributed to other. Add lines 1 and 2. Enter here an analysis of the filing organization for sectization's funds contributed to other files.	er section 4955 ers under section 4955 for this year? er section 501(c), etion 527 exempt funct her organizations for section 507 poly of all section 527 poly from the filing organiz	except section 501(ion activities ection 527 full distribution is to white action's funds. Also enter the section is section in the section is section.	\$ No Yes No No Oc)(3). \$ Yes No
	political action committee (PAC). If (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 MINNESOTA ZOO FOUNDATION 51-01476 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description			(a))
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		65	,000.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i		77	65	,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c\/	5) or sec	tion	
rai	501(c)(6).	11 30 1 (0)(oj, or sec	LIOII	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No," OR	(b) Part	III-A, line	9 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
С	Total		_		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E FOUNDATION PAYS A LOBBYIST TO REPRESENT THE MINNES	OTA ZO	OO AND	ITS	
IN	TEREST IN THE MINNESOTA LEGISLATURE.				

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MINNESOTA ZOO FOUNDATION

Employer identification number 51-0147653

Pa	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	<i>'</i>	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
3	Number of conservation easements modified, transferred, releasements		
	year▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	<u> </u>	
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III	Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Oth	er Si	milar	Assets	(contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	a Public exhibition d Loan or exchange programs										
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Provid	de a description of the organization's co	llections and explain	how they further th	e organization's exe	empt	purpos	e in Part	XIII.		
5	During	g the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	ar ass	ets				
		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" t	o For	m 990,	Part IV, li	ne 9, or		
		reported an amount on Form 990, Par									
1a		organization an agent, trustee, custodia							_		_
	on Form 990, Part X? Yes No										
b	If "Yes	s," explain the arrangement in Part XIII a	and complete the foll	lowing table:							
									Amoun	t	
С	-	ning balance					1c				
d		ons during the year					1d				
е		outions during the year					1e				
f		g balance					1f		7		٦
		e organization include an amount on Fo				-			Yes	H	∐ No
Par		s," explain the arrangement in Part XIII. Endowment Funds. Complete if									
ı aı		Lindownient i dinas: Complete ii					Three	ara baak	(a) Fau	r 1100ro	hool:
4.	Dogin	ning of veer belones	(a) Current year 1,006,009.	(b) Prior year 876,977.	(c) Two years back 1,948,619.			ears back			
		ning of year balance	37,678.	45,103.		_		10,040.	1,697,413		
b		ibutions vestment earnings, gains, and losses	26,327.	118,210.	164,093			4,461.	265,99		
ا			20,327.	110,210.	101,055	+		71,101.			
u e		s or scholarshipsexpenditures for facilities				1					
C			43,961.	34,281.	26,223.		4	11,053.		51	118.
f	•	rograms nistrative expenses	,	,		+		,		,	
g		f year balance	1,026,053.	1,006,009.	876,977.		1.94	18,619.	1	,934,	093.
2		de the estimated percentage of the curre			-	<u> </u>		,		, ,	
– a		I designated or quasi-endowment	• 00	%	, 1101d do.						
b		anent endowment 69.32	%								
		orarily restricted endowment									
_		ercentages in lines 2a, 2b, and 2c shoul									
За	-	ere endowment funds not in the posses	•	tion that are held ar	nd administered for	the o	raanizat	tion			
	by:	•	· ·				J			Yes	No
		nrelated organizations							3a(i)	Х	
									3a(ii)		X
b	If "Yes	s" to 3a(ii), are the related organizations		0 1 1 1 50					3b		
4	Descr	ibe in Part XIII the intended uses of the	organization's endov	wment funds.							
Par	t VI	Land, Buildings, and Equipme	ent.								
		Complete if the organization answered	I "Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990, Part X	, line	10.				
		Description of property	(a) Cost or of basis (investm	` '	' '		mulated ciation	d	(d) Boo	k valu	e
1a	Land										
b		ngs									
С		hold improvements									
d		ment									
е										·	
Total	. Add I	ines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X. column (B), line 1	Oc.)						0.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o Form 990 Part IV line	11c See Form 990 Part X	line 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)	(-,	(-,	······································
(1)			
, ,			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) htal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	- Farma COO Deat N/ Page	44 d. O. a. Farras 2000, Part V	Para de
Complete if the organization answered "Yes" t	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" to take the complete if the organization answered to the complete if the complete if the organization answered to the complete if the	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" tags [1] (1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X,	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X,	
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8)	Description PETUAL TRUST		(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description PETUAL TRUST		(b) Book value 1,267,499 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t	Description PETUAL TRUST	11e or 11f. See Form 990, F	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability	Description PETUAL TRUST		(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY	Description PETUAL TRUST	11e or 11f. See Form 990, F	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Plal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Plal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Potal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [(1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499
Complete if the organization answered "Yes" t (a) [1] (1) BENEFICIAL INTEREST IN PER (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes (2) CHARITABLE GIFT ANNUITY (3) (4) (5) (6) (7)	Description PETUAL TRUST	11e or 11f. See Form 990, F (b) Book value	(b) Book value 1,267,499

432053 10-01-14

Part XI	Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1 Total	revenue, gains, and other support per audited financial statements			1	4,855,577.			
	ints included on line 1 but not on Form 990, Part VIII, line 12:							
a Net u	nrealized gains (losses) on investments	2a	-10,445. 30,221.					
b Donat	ted services and use of facilities	2b	30,221.					
c Recov	veries of prior year grants	2c						
d Other	(Describe in Part XIII.)	2d	151,048.					
e Add li	nes 2a through 2d			2e	170,824.			
	act line 2e from line 1			3	4,684,753.			
4 Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:							
a Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	12,431. 130,301.					
b Other	(Describe in Part XIII.)	4b	130,301.					
	nes 4a and 4b			4c	142,732. 4,827,485.			
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5				
Part XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	า.			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1 Total	expenses and losses per audited financial statements			1	5,219,174.			
	ints included on line 1 but not on Form 990, Part IX, line 25:	1 1						
a Donat	ted services and use of facilities	2a	30,221.					
b Prior	year adjustments	2b						
c Other	losses	2c						
d Other	(Describe in Part XIII.)	2d	244,374.					
e Add li	nes 2a through 2d			2e	274,595.			
3 Subtra	act line 2e from line 1			3	4,944,579.			
	ints included on Form 990, Part IX, line 25, but not on line 1:							
a Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	12,431. 130,301.					
b Other	(Describe in Part XIII.)	4b	130,301.					
	nes 4a and 4b			4c	142,732.			
5 Total	5	5,087,311.						
Part XIII	Supplemental Information.							
Provide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	and 2b; Part V, line 4	; Part >	K, line 2; Part XI,			
lines 2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	ation.					
PART V	, LINE 4:							
THE FO	UNDATION'S ENDOWMENT CONSISTS OF PERMAN	ENTLY	RESTRICTED	ANI)			
TEMPOR	ARILY RESTRICTED FUNDS ESTABLISHED FOR	THE FO	LLOWING PU	RPOS	SES:			
PERMAN	ENTLY RESTRICTED FUNDS ARE DONOR RESTRI	CTED I	O BE HELD	IN				
PERPET	UITY, WITH THE INCOME AND RELATED INVES	TMENT	GAINS TO B	E U	SED FOR			
DONOR	RESTRICTED ZOO PROGRAMS OR OPERATIONS.	TEMPOR	ARILY REST	RIC'	red funds			
ARE THE ACCUMULATION OF EARNINGS FROM THE PERMANENTLY RESTRICTED ENDOWMENT								
THAT H	AVE NOT BEEN APPROPRIATED FOR EXPENDITU	RE, WI	TH THE INC	OME	AND			
RELATE	RELATED INVESTMENT GAINS TO BE USED FOR ANY MISSION RELATED PROGRAM.							

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

MT1	NNESOTA ZOO F	וחדיים מוווח	ΝĪ			51-014765	3
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV			·			
1				ds to substantiate the amount of its gra			
	the grantees' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?X	Yes No
2	United States.			procedures for monitoring the use of its		ner assistance outsi	de the
3		The following Part I, line 3 table can be duplicated if additional space is needed.)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
SUB-	-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	CONSERVATIO	N	6,254.
	OPE (INCLUDING LAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS	CONSERVATIO	N	8,610.
ICE	AND & GREENHAND)	0		GRANTS TO RECTITENTS	CONSERVATIO	14	0,010.
	F ASIA AND THE IFIC	0	0	GRANTS TO RECIPIENTS	CONSERVATIO	N	4,850.
		, and the second		SAME TO ADDITION TO	CONDERVITIO		1,030.
3 a	Sub-total	0	0				19,714.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a	0	0				19 714

 $\label{eq:LHA} \mbox{ Harden For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANIMAL CONSERVATION	6 110	WIRE TRANSFER/CHECK	0.		CASH
			IMIMID CONDENSITION	0,110.	INMINITER CHECK	<u> </u>		Chair
		SUB-SAHARAN AFRICA	ANIMAL CONSERVATION	6,254.	WIRE TRANSFER/CHECK	0.		CASH
			recognized as charities by the factorial forms in 501(c)(3) equivalency letter		recognized as tax-ex	empt by		2

3 Enter total number of other organizations or entities

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
(a)	Part III can be duplicated if a	dditional space is needd (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Open to Public

Inspection

OMB No. 1545-0047

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization Employer identification number MINNESOTA ZOO FOUNDATION 51-0147653 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

432081 08-28-14

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2014

D		III Francision Frants				
Pá	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great productions and great fundraising event contributions.				
		or randraising event contributions and give	(a) Event #1	(b) Event #2	(c) Other events	
			(a) LVent #1	` '	(c) Other events	(d) Total events
				BREW AT THE		(add col. (a) through
			BEASTLY BALL		6	col. (c))
Ф			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	521,224.	61,116.	145,405.	727,745.
Œ						
	2	Less: Contributions	483,724.	32,022.	81,698.	597,444.
				-	-	-
	3	Gross income (line 1 minus line 2)	37,500.	29,094.	63,707.	130,301.
		, , , , , , , , , , , , , , , , , , , ,			•	·
	4	Cash prizes				
	-					
	5	Noncash prizes				
S	"	Noncash prizes				
JSe		Pont/facility coats				
be.	6	Rent/facility costs				
Direct Expenses	_					
J.	7	Food and beverages				
₫						
	8	Entertainment	100 100	24 452		244 222
	9	Other direct expenses	130,482.	31,452.	79,396.	241,330.
	10	,			>	241,330.
		Net income summary. Subtract line 10 from li	ine 3, column (d)		>	-111,029.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
/enne						
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
even			(u) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Dilligo	bingo/progressive bingo	30,580.	
Reven	1	Gross revenue	(a) Diligo	bingo/progressive bingo		
	,		(a) Diligo	bingo/progressive bingo		
	,	Gross revenue	(a) Diligo	bingo/progressive bingo		
	,	Cash prizes	(a) Diligo	bingo/progressive bingo		
Expenses	,		(a) Diligo	bingo/progressive bingo		
Expenses	2	Cash prizes Noncash prizes	(a) Diligo	bingo/progressive bingo		
	2	Cash prizes	(a) Diligo	bingo/progressive bingo		
irect Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Diligo	bingo/progressive bingo		
irect Expenses	2	Cash prizes Noncash prizes			30,580.	
irect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			30,580.	
irect Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs			30,580.	
irect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		Yes %	30,580. Yes% No	
irect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			30,580. Yes% No	
irect Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 5 in column (d)	Yes%No	30,580. — Yes% X No	30,580.
irect Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 5 in column (d)	Yes%No	30,580. — Yes% X No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 1 5 in column (d) 7 from line 1, column (d)	Yes% No	30,580. — Yes% X No	30,580.
6 Direct Expenses	2 3 4 5 6 7 8 Entire	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No 1 5 in column (d)	Yes% No	30,580. Yes% X No	30,580.
b 6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming and	Yes % No 1 5 in column (d)	Yes% No	30,580. Yes% X No	30,580.
b 6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No 1 5 in column (d)	Yes% No	30,580. Yes% X No	30,580.
b 6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming and	Yes % No 1 5 in column (d)	Yes% No	30,580. Yes% X No	30,580.
b 6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming and	Yes % No 1 5 in column (d)	Yes% No	30,580. Yes% X No	30,580. 30,580. X Yes No
Direct Expenses	2 3 4 5 6 7 8 Entire list in l	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute organization licensed to conduct gaming and	Yes % No 15 in column (d) 1 from line 1, column (d) 1 cts gaming activities: Months in each of these	Yes% No No IN states?	30,580. Yes% X No	30,580. 30,580. X Yes No
9 a b	2 3 4 5 6 7 8 Entra list to lif "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac No," explain:	Yes % No 15 in column (d) 1 from line 1, column (d) 1 cts gaming activities: Months in each of these	Yes% No No IN states?	30,580. Yes% X No	30,580. 30,580. X Yes No
9 a b	2 3 4 5 6 7 8 Entra list to lif "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain: ere any of the organization's gaming licenses re-	Yes % No 15 in column (d) 1 from line 1, column (d) 1 cts gaming activities: Months in each of these	Yes% No No IN states?	30,580. Yes% X No	30,580. 30,580. X Yes No

Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Sch	nedule G (Form 990 or 990-EZ) 2014 MINNESOTA ZOO FOUNDATION 5	1-0147653	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a 100	.00 %
	o An outside facility		%
	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		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:	:	
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ▶ MEGAN HARD		
	Gaming manager compensation ▶ \$2,300.		
	Description of services provided GAMING MANAGER		
	☐ Director/officer		
ē	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 5 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	X No
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ)	MINNESOTA ZO	O FOUNDATION	51-0147653	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2014)

MINNESOTA	ZOO FOUN	DATION					51-0147653
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 ZOO							
13000 ZOO BOULEVARD					FAIR MARKET	SUPPLIES AND	OPERATIONS AND CAPITAL
APPLE VALLEY, MN 55124	41-6007162	501(C)(3)	3,511,027.	91,242.	VALUE	EQUIPMENT	PROJECTS
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	13-1740011	501(C)(3)	140,531.	0.			TIGER CONSERVATION CAMPAIGN AND BROWN BEAR RESEARCH
BROWN, NI 10400	13 1740011	301(0)(3)	140,331.				
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	-						2.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan
V Supplemental Information. Provide the information.	ion required in Part I, line	e 2, Part III, columr	n (b), and any other ad	ditional information.	
! I, LINE 2:					
MINNESOTA ZOO FOUNDATION DO	ES NOT REQUI	RE ANY FO	LLOW-UP FRO	M GRANT	
PIENTS.					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNESOTA ZOO FOUNDATION

Employer identification number 51-0147653

P	art I Questions Regarding Compensation	4/03	<u> </u>	
1 6	acting decourse frequency compensation		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
(1) MELISSA LINDSAY	(i)	138,337.	0.	0.	5,533.	13,577.	157,447.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 51-0147653

_	MINNESOTA ZO	O FOUN	DATION			51-0	147	653	
Pai	t I Types of Property		T						
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noi	(d) Method of de ncash contribu			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		10	110 020					
9	Securities - Publicly traded	X	19	119,238.	FAIR	MARKET	VA.	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
40	trust interests Securities - Miscellaneous								
12 13	Qualified conservation contribution -								
13									
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (UTILITY VEHIC)	Х	1	37,433.	FAIR	MARKET	VA:	LUE	
26	Other (2 REEF SHARKS)	Х	1	13,000.	FAIR	MARKET	VA:	LUE	
27	Other (SEODIUM CHOLO)	Х	1			MARKET			
28	Other (2 YEAR LEASE)	Х	1	10,140.	FAIR	MARKET	VA:	LUE	
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29					
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, th	at it			l
	must hold for at least three years from the date	of the initia	l contribution, and	which is not required to be u	used for				
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any non-standard contribu	tions?		31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	ecked,				
	describe in Part II.			_					
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M (Form	990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organization ination of both. Also complete
PART I, OTHER TYPES OF PROPERTY:	
RADIOGRAPH FILM AND CASSETTS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 1	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4751.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
TENTS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 1	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3285.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
SUPPLIES AND PRINTING	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 7	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2323.	
(D) METHOD OF DETERMINING REVENUE:	
MOBILITY CART	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 1	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
SCHEDULE M, PART I, COLUMN (B):	
432142 08-12-14	Schedule M (Form 990) (2014)

432142 08-12-14 Schedule M (Form 990) (2014)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MINNESOTA ZOO FOUNDATION

Employer identification number 51-0147653

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MINNESOTA ZOO FOUNDATION'S PRIMARY PURPOSE IS TO RAISE FUNDS FOR THE MINNESOTA ZOO AND RELATED CONSERVATION ACTIVITIES.

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 AND THE CHAIR OF THE CORPORATE RELATIONS COMMITTEE. 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 BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP: MELISSA LINDSAY AND DANA LINDSAY

FORM 990, PART VI, SECTION A, LINE 4:

BYLAWS WERE REVISED TO CREATE CLARITY ON WHO IS ELIGIBLE TO SERVE ON THE FOUNDATION'S EXECUTIVE COMMITTEE AND WHO IS ELIGIBLE TO VOTE. A NON-TRUSTEE COMMITTEE CHAIR (SUCH AS SOMEONE FROM THE ZOO BOARD) MAY SERVE ON THE EXECUTIVE COMMITTEE BUT S/HE WOULD NOT BE ELIGIBLE TO VOTE. ANY OTHER MEMBER OF THE BOARD (AN "AT-LARGE" MEMBER) MAY SERVE ON THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** MINNESOTA ZOO FOUNDATION 51-0147653 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 SPRIRIT OF THIS POLICY. TRUSTEES WHO 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. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN BENEFICIAL INTEREST IN TRUST -90,282. CHANGE IN ACTUARIAL VALUE OF GIFT ANNUITIES -3,044. TOTAL TO FORM 990, PART XI, LINE 9 -93,326.

STATE OF MINNESOTA

	CHARITABLE ORGANIZATION INITIAL RE	GISTRATION & ANNUAL	- REPORT FORM	1
SUIT	ORNEY GENERAL LORI SWANSON TE 1200, BREMER TOWER	X Annual Reporting	Initial Registration	
ST. I	MINNESOTA STREET PAUL, MN 55101-2130) 757-1311	FEDERAL EIN NUMBER:	51-0147653	
) 296-1410 (TTY) v.ag.state.mn.us	FOR YEAR ENDING:	06/30/2015	
	SECTION A: REQUIRED INFORMATION FOR INIT	TIAL REGISTRATION & ANNU	JAL REPORTING	
1.	Legal Name of Organization: MINNESOTA ZOO FOUNDA!	TION		
	If annual reporting, is this a new name since the organization's last filing	g?	Yes	X No
	If so, please state former name:			
2.	List all names under which the organization solicits contributions: MINNESOTA ZOO FOUNDATION			
3.	Mailing Address of Organization (required)	Physical Address of Organization	า (required)	
	13000 ZOO BLVD APPLE VALLEY, MN 55124	13000 ZOO BLVD APPLE VALLEY, MN	55124	
4.	Contact Person MELISSA LINDSAY Tel. No. 952-431-9237	E-mail Fax No. 952-431-932	3	
5.	Does the organization use the services of a professional fund-raiser (out	tside solicitor or consultant)?		
	If so, provide name and address of any outside professional fund-raiser compensation each outside fund-raiser received from the filing organization			
	Name			
	Address City State ZIP	Compensation		
6.	a) Does this professional fund-raiser solicit or consult in Minnesota?		Yes	☐ No
	b) Is this professional fund-raiser registered to solicit or consult in Min	nesota?	Yes	☐ No
7.	Month and day accounting year ends: 06/30			
8.	Has the organization included the filing fee, late fee (if any) and all attac	hments required by the instructions?	X Yes	☐ No

Office Use Only: ARF \$25 \$50 N (e-Postcard) 990 PF FES SIG BD SAL Audit

01/13

Upon request this material can be made available in alternate formats.

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$	4,785,750.
Government Grants	\$	0.
Other revenue	\$	41,735.
TOTAL REVENUE	\$	4,827,485.
	· · · · · · · · · · · · · · · · · · ·	

EXCESS or DEFICIT	\$ -259,826.
TOTAL Assets	\$ 4,444,119.
TOTAL Liabilities	\$ 220,546.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)

\$ 4,223,573.

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1.	Has the organization's accounting year changed since If yes, provide the new year-end date:	the last report was filed?		Yes	X No
2.	Attach an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.				y state
3.	List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.				
	Name/Title	Compensation	Deferred Compensation	Fringe Be	enefits
	MELISSA LINDSAY 1 EXECUTIVE DIRECTOR	138,337.	5,533.	1	L3,577.
	2				
	3				
	4				
	5				
4.	4. Attach a list of organization's board of directors. Attach a list of organization's board of directors. Attached X Included in IRS				IRS return
5.	5. Attach a GAAP audit if total revenue exceeds \$750,000. Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).				
6.	Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? X Yes No (Not required to file a return with IRS or files a group return).				tax or
	NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require			,	

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

	Statement of Functional Expenses				
		(A)	(B)	(C)	(D)
		Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments				
	and organizations in the U.S.				
2	Grants and other assistance to individuals in the U.S.				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
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				
8	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization				
23	Insurance				
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					
b					
C				1	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24d				
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organi-				
	zation reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
	~				

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

EXECUTIVE DIRECTOR	(Title) and TREASURER	(Title) respectively, and
that we execute this document on behalf of	f the organization pursuant to the resoluti	on of the
	(Board of Directo	ors, Trustees, or Managing Group) adopted on the
day of, 20, appr	roving the contents of the document, and	do hereby certify that the
	(Board of Directo	ors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining m	atters of policy, and have supervised, and	d will continue to supervise, the finances of the organization. We
further state that the information supplied is	s true, correct and complete to the best o	of our knowledge.
MELISSA LINDSAY	PAU	JL RUNICE
Name (Print)	Name	e (Print)
Signature	Signa	ature
EXECUTIVE DIRECTOR	TRE	EASURER
Title	Title	
Date		

* NOTICE *

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

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