

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

G The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C MINNESOTA ZOO FOUNDATION 13000 ZOO BOULEVARD APPLE VALLEY, MN 55124

D Employer Identification Number 51-0147653 E Telephone number 952-431-9237 F Accounting method: Cash, Accrual, Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. G H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: G M Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: G WWW.MNZOO.ORG

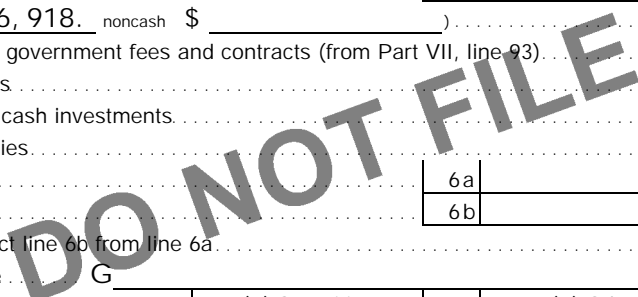
J Organization type (check only one) G X 501(c) 3 H (insert no.) 4947(a)(1) or 527

K Check here G if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 7, 578, 228.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) SEE STM 2 (cash \$ 2402681. non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22b	2,402,681.	2,402,681.		
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	132,975.	49,201.	73,136.	10,638.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	462,367.	34,147.	360,868.	67,352.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28				
29 Payroll taxes.....	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33				
34 Telephone.....	34				
35 Postage and shipping.....	35				
36 Occupancy.....	36				
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38				
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 3	43a	579,699.	190,571.	156,735.	232,393.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	3,577,722.	2,676,600.	590,739.	310,383.

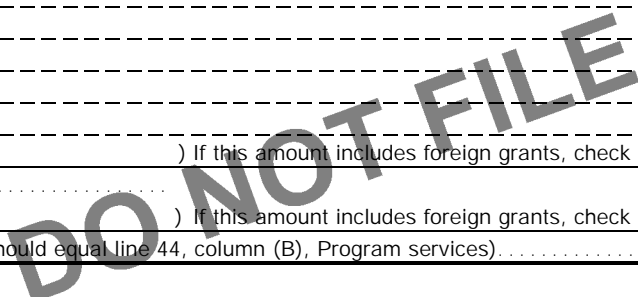
DO NOT FILE

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G <u>SEE BELOW.</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>THE MI NNESOTA ZOO FOUNDATION' S PRIMARY PURPOSE IS TO RAISE FUNDS FOR THE MI NNESOTA ZOOLOGI CAL GARDEN.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here G <input type="checkbox"/>	2, 676, 600.
b ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here G <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here G <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here G <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here G <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)..... G	2, 676, 600.



BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	722, 145.	46	866, 593.	
	47a Accounts receivable	47 a			
	b Less: allowance for doubtful accounts	47 b	47 c		
	48a Pledges receivable	48 a	5, 447, 065.		
	b Less: allowance for doubtful accounts	48 b	170, 000.	1, 522, 683.	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b		
	51a Other notes and loans receivable (attach schedule)	51 a			
	b Less: allowance for doubtful accounts	51 b	51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		24, 125.	53	5, 917.
	54a Investments - publicly-traded securities	G <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 a	
	b Investments - other securities (attach sch)	G <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
	55a Investments - land, buildings, & equipment: basis	55 a			
	b Less: accumulated depreciation (attach schedule)	55 b		55 c	
	56 Investments - other (attach schedule)		273, 400.	56	334, 428.
	57a Land, buildings, and equipment: basis	57 a			
b Less: accumulated depreciation (attach schedule)	57 b		57 c		
58 Other assets, including program-related investments (describe G _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		2, 542, 353.	59	6, 484, 003.	
LIABILITIES	60 Accounts payable and accrued expenses		71, 558.	60	67, 848.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64 a	
	b Mortgages and other notes payable (attach schedule)			64 b	
	65 Other liabilities (describe G _____)			65	
	66 Total liabilities. Add lines 60 through 65		71, 558.	66	67, 848.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1, 421, 405.	67	4, 185, 560.
	68 Temporarily restricted		700, 868.	68	1, 871, 873.
	69 Permanently restricted		348, 522.	69	358, 722.
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2, 470, 795.	73	6, 416, 155.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2, 542, 353.	74	6, 484, 003.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	7,724,294.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	201,212.
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	201,212.
c	Subtract line b from line a	c	7,523,082.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	G e	7,523,082.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,778,934.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	201,212.
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	201,212.
c	Subtract line b from line a	c	3,577,722.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	G e	3,577,722.

DO NOT FILE

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 4		117,700.	15,275.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .. G 30			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) ..	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' .. G	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy? ..	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

DO NOT FILE

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change ..	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes ..	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..	78a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? ..	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement ..	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? ..	80a	X	
b If 'Yes,' enter the name of the organization G <u>MINNESOTA ZOOLOGICAL GARDEN</u> and check whether it is <input checked="checked" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) .. 0.	81a		
b Did the organization file Form 1120-POL for this year? ..	81b		X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b			N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
84 b			N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85 b			N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members		N/A
85 c			N/A
d	Section 162(e) lobbying and political expenditures		N/A
85 d			N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 e			N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 f			N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 g			N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
85 h			N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		N/A
86 a			N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
86 b			N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87 a			N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
87 b			N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
88 a			X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	G	X
88 b			X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G _____ 0. ; section 4912 G _____ 0. ; section 4955 G _____ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 b			X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	G	0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	G	0.
89 c			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 e			X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 f			X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89 g			X
90 a	List the states with which a copy of this return is filed G <u> MN </u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	11
91 a	The books are in care of G <u> MELI SSA LINDSAY </u> Telephone number G <u> 952-431-9237 </u> Located at G <u> 13000 ZOO BOULEVARD APPLE VALLEY MN </u> ZIP + 4 G <u> 55124 </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91 b			X
If 'Yes,' enter the name of the foreign country G _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?.....		91 c	X
If 'Yes,' enter the name of the foreign country <u>G</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041' Check here.....		N/A	G <input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year.....		G 92	N/A

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies.....					
94 Membership dues and assessments.....					
95 Interest on savings & temporary cash invmnts.....			14	33,019.	
96 Dividends & interest from securities.....					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop.....					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					503,140.
102 Gross profit or (loss) from sales of inventory.....					
103 Other revenue: a _____					
b OTHER			1	5.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				33,024.	503,140.
105 Total (add line 104, columns (B), (D), and (E)).....				G	536,164.

DO NOT FILE

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
101	ACTIVITIES AND EVENTS HELD DURING THE YEAR TO RAISE FUNDS FOR THE MINNESOTA ZOOLOGICAL GARDEN.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)		
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

DO NOT FILE

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

G _____ Date _____
Signature of officer

G _____
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature G _____	Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00560855
	Firm's name (or yours if self-employed), address, and ZIP + 4 G CARPENTER EVERT & ASSOCIATES 7760 FRANCE AVE. S. #1340 BLOOMINGTON, MN 55435		EIN G 41-1534805	Phone no. G (952) 831-0085

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

MINNESOTA ZOO FOUNDATION

Employer identification number

51-0147653

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 5		115,145.	14,364.	0.
Total number of other employees paid over \$50,000	G 0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 6		222,766.
Total number of others receiving over \$50,000 for professional services	G 0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>60,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?		X
	b Lending of money or other extension of credit?		X
	c Furnishing of goods, services, or facilities?		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
	e Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 7	X	
	b Did the organization have a section 403(b) annuity plan for its employees?		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
	b Did the organization make any taxable distributions under section 4966?		N/A
	c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
	d Enter the total number of donor advised funds owned at the end of the tax year. G <u> </u> N/A		
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u> </u> N/A		
	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G <u> </u> 0		
	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u> </u> 0.		

DO NOT FILE

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					G 0.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	3,457,911.	1,668,382.	1,828,081.	1,621,421.	8,575,795.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....	39,915.	18,043.	1,924.	148.	60,030.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 8....	397,122.	375,896.	374,571.		1,147,589.
23 Total of lines 15 through 22.....	3,894,948.	2,062,321.	2,204,576.	1,621,569.	9,783,414.
24 Line 23 minus line 17.....	3,894,948.	2,062,321.	2,204,576.	1,621,569.	9,783,414.
25 Enter 1% of line 23.....	38,949.	20,623.	22,046.	16,216.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G					26a 195,668.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b 712,467.
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c 9,783,414.
d Add: Amounts from column (e) for lines: 18 60,030. 19 22 1,147,589. 26b 712,467. G					26d 1,920,086.
e Public support (line 26c minus line 26d total)..... G					26e 7,863,328.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f 80.37 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ G					27c _____
d Add: Line 27a total _____ and line 27b total _____ G					27d _____
e Public support (line 27c total minus line 27d total)..... G					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

DO NOT FILE

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check G a if the organization belongs to an affiliated group. Check G b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations														
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36															
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	60,000.														
38	Total lobbying expenditures (add lines 36 and 37).....	38 0.	60,000.														
39	Other exempt purpose expenditures.....	39	3,517,722.														
40	Total exempt purpose expenditures (add lines 38 and 39).....	40 0.	3,577,722.														
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="1" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is ' <table border="1" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table> </td> <td>The lobbying nontaxable amount is ' <table border="1" style="margin-left: 20px;"> <tr> <td>41</td> <td>328,886.</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="1" style="margin-left: 20px;"> <tr> <td>Not over \$500,000.....</td> <td>20% of the amount on line 40.....</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000.....</td> <td>\$100,000 plus 15% of the excess over \$500,000.....</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000.....</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.....</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000.....</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.....</td> </tr> <tr> <td>Over \$17,000,000.....</td> <td>\$1,000,000.....</td> </tr> </table>	Not over \$500,000.....	20% of the amount on line 40.....	Over \$500,000 but not over \$1,000,000.....	\$100,000 plus 15% of the excess over \$500,000.....	Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....	Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....	Over \$17,000,000.....	\$1,000,000.....	The lobbying nontaxable amount is ' <table border="1" style="margin-left: 20px;"> <tr> <td>41</td> <td>328,886.</td> </tr> </table>	41	328,886.		328,886.
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Not over \$500,000.....	20% of the amount on line 40.....																
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Over \$1,000,000 but not over \$1,500,000.....	\$175,000 plus 10% of the excess over \$1,000,000.....																
Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....																
Over \$17,000,000.....	\$1,000,000.....																
41	328,886.																
42	Grassroots nontaxable amount (enter 25% of line 41).....	42 0.	82,222.														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43 0.	0.														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44 0.	0.														
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.																	

4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				(e) Total	
	(a) 2007	(b) 2006	(c) 2005	(d) 2004		
45	Lobbying nontaxable amount.....	328,886.	269,573.	238,462.	244,577.	1,081,498.
46	Lobbying ceiling amount (150% of line 45(e)).....					1,622,247.
47	Total lobbying expenditures.....	60,000.	55,000.	60,000.	64,000.	239,000.
48	Grassroots non-taxable amount.....	82,222.	67,393.	59,616.	61,144.	270,375.
49	Grassroots ceiling amount (150% of line 48(e)).....					405,563.
50	Grassroots lobbying expenditures.....					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h.).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2007

Name of organization

MINNESOTA ZOO FOUNDATION

Employer identification number

51-0147653

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule '

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.) G\$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANDERSEN FOUNDATION ----- PO BOX 80 ----- BAYPORT, MN -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BEST BUY COMPANY, INC. ----- 7601 PENN AVENUE SOUTH ----- RICHFIELD, MN -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DAKOTA ELECTRIC ASSOCIATION ----- 4300 220TH STREET WEST ----- FARMINGTON MINNESOTA, MN 5024 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DONALD WEESNER TRUST ----- US BANK PRIVE CLIENT GROUP ----- ST. PAUL, MN 55101 -----	\$ 70,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	FLINT HILLS RESOURCES ----- P. O. BOX 64596 ----- ST. PAUL, MN 55164 -----	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HORMEL FOODS CORPORATION ----- 1 HORMEL PLACE ----- AUSTIN, MN 55912 -----	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AL IVERSON ----- 2216 HUNTINGTON POINT ROAD W ----- WAYZATA, MN 55391 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	KAHR FOUNDATION ----- 5841 CREEK VALLEY ROAD ----- EDINA, MN 55439 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MA MORTENSON COMPANY ----- 700 MEADOW LANE N ----- GOLDEN VALLEY, MN 55422 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MALT-O-MEAL COMPANY ----- 80 S 8TH ST STE 2700 ----- MINNEAPOLIS, MN 55402 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	US BANCORP ----- 800 NICOLLET MALL STE 500 ----- MINNEAPOLIS, MN 55402 -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WELLS FARGO FOUNDATION MN ----- 90 S 7TH ST ----- MINNEAPOLIS, MN 55402 -----	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	CARGILL INC 15407 MCGINTY ROAD W, MS 50 WAYZATA, MN 55391	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	CHUCK AND DON'S PET FOOD 921 WILDWOOD ROAD MAHTOMEDI, MN 55115	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	DOUGHERTY & COMPANY LLC 90 S 7TH ST STE 4400 MINNEAPOLIS, MN 55101	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ACTION MARKETING 3401 NW 39TH STREET LINCOLN, NE 68524	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ADVANTAGE RENT A CAR 500 FORD ROAD MINNEAPOLIS, MN 55426	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ALLIANZ LIFE INSURANCE CO. 5701 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

DO NOT FILE

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	AVEDA CORPORATION ----- 4000 PHEASANT RIDGE DR. NE ----- BLAINE, MN 55449 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	BENSON, MARYLYN ----- 5542 EDGEWATER BLVD ----- MINNEAPOLIS, MN 55417 -----	\$ 15,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	BRIGGS AND MORGAN, P. A. ----- 2200 IDS CENTER ----- MINNEAPOLIS, MN 55402 -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CAMPBELL, JAMES ----- 5521 WOODCREST DR ----- EDINA, MN 55424 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	DAYTON EDWARD N ----- 686 FERNDAL RD W ----- WAYZATA, MN 55391 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	DORSEY & WHITNEY LLP ----- 50 S 6TH STREET STE 1500 ----- MINNEAPOLIS, MN 55402 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

DO NOT FILE

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ELLI NGSON, CHESTER ----- 12568 DANBURY WAY ----- MINNEAPOLIS, MN 55068 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	EMERSON PROCESS MANAGEMENT ----- 8200 MARKET BLVD ----- CHANHASSEN, MN 55317 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	FAYFIELD, ROBERT W ----- 6005 CHRISTMAS LAKE ROAD ----- EXCELSIOR, MN 55331 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	GENERAL MILLS FOUNDATION ----- PO BOX 1113 ----- MINNEAPOLIS, MN 55440 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	GRODNICK, HARRISON T ----- 441 OLIVER AVES ----- MINNEAPOLIS, MN 55405 -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	JAPS OLSON COMPANY ----- 7500 EXCELSIOR BLVD ----- ST. LOUIS PARK, MN 55426 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

MINNESOTA ZOO FOUNDATION

Employer identification number

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	JOHN DEERE COMPANY ----- 2955 LONE OAK DR ----- EAGAN, MN 55121 -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	JOHNSON, RAYMOND E ----- 646 FERNDALE ROAD W ----- WAYZATA, MN 55391 -----	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	KOWALSKI, KRISTEN H ----- 8479 COLLEGE TRI ----- INVERGROVE HEIGHTS, MN 55076 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	LANG, PATRICIA ----- 1353 SHEVCHENKO DR. ----- ANN ARBOR, MI 48103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	LARSON, CHRISTOPHER ----- 5008 BRUCE AVE ----- EDINA, MN 55424 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	LUTHER, DAVID ----- 16 PADDOCK RD ----- EDINA, MN 55436 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	MARITZ, PETER E 4511 EAST LAKE HARRIET PKWY MINNEAPOLIS, MN 55419	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 55905	\$ 11,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	MCGUIRE, WILLIAM W 315 WOODHILL RD WAYZATA, MN 55391	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MCNERNEY, HAITY 1291 ELMTREE ROAD LAKE FOREST, IL 60045	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MIDWEST COCA-COLA BOTTLING 2750 EAGANDALE BLVD EAGAN, MN 55121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MIDWEST DAIRY ASSOCIATION 2015 RICE STREET ST. PAUL, MN 55113	\$ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	MINNEAPOLIS PORTFOLIO IDS CENTER SUITE 1902 MINNEAPOLIS, MN 55402	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	PALOMBO, SUSAN GRANT 1380 FRENCH CREEK DR WAYZATA, MN 55391	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	POMEROY FAMILY FOUNDATION 5 FOXFIELD COURT MECHANISBURG, PA 17050	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	QWEST 200 S 5TH ST. STE 395 MINNEAPOLIS, MN 55402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	RED WING SHOE COMPANY FOUNDATI 314 MAIN STREET STE. 2 REDWING, MN 55066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	RIVET, JEANNIE M 4305 TRILLIUM WAY MINNETRISTA, MN 55364	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	RAYLAND HOMES ----- 7599 ANAGRAM DR ----- EDEN PRAIRIE, MN 55344 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
50	SLAD, FARRAH ----- 10301 GREEN GABLES DRIVE ----- EAST GULL LAKE, MN 56401 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
51	SLOCUM, HELENE Z ----- 2840 DANBURY WAY ----- MINNETONKA, MN 55305 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
52	TARGET CORPORATION ----- 1000 NICOLLET MALL ----- MINNEAPOLIS, MN 55403 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
53	HANI FL FOUNDATION ----- 19927 AKIN ROAD ----- FARMINGTON, MN 55024 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
54	VALSPAR FOUNDATION ----- 4900 IDS CENTER ----- MINNEAPOLIS, MN 55402 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

DO NOT FILE

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	TREASURE ISLAND RESORT AND CAS PO BOX 75 RED WING, MN 55066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	WASTE MANAGEMENT 12448 PENNSYLVANIA AVE S SHAKOPEE, MN 55378	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	ZI CARELLI 18541 E HORSESHOE BND RIO VERDE, AZ 85263	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	CUTLER, KENNETH LANCE 19 CIRCLE W EDINA, MN 55436	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	SIT INVESTMENT FOUNDATION 80 S 8TH ST STE 3300 MINNEAPOLIS, MN 55402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	ADC TELECOMMUNICATIONS 13625 TECHNOLOGY DR EDEN PRAIRIE, MN 55344	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	TIFFANY & CO. ----- 3624 GALLERIA ----- EDINA, MN 55435 -----	\$ 5,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	ARNSTEIN, JUDEE ----- 4833 RUSSELL AVE S ----- MINNEAPOLIS, MN 55410 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MOORE, DAVID E ----- 2721 E LAKE OF THE ISLE PKWY ----- MINNEAPOLIS, MN 55408 -----	\$ 26,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	CROSBY, ELEANOR R ----- 1612 N WILLOW DR ----- LONG LAKE, MN 55356 -----	\$ 54,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	EUNICE L. DAWN ----- 4615 TOWNES CIR ----- MINNEAPOLIS, MN 55424 -----	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	MCGUIRE, WILLIAM ----- 315 WOODHILL RD ----- WAYZATA, MN 55391 -----	\$ 64,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

DO NOT FILE

Name of organization

Employer identification number

MINNESOTA ZOO FOUNDATION

51-0147653

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee.

DO NOT FILE

CLIENT 013965

MINNESOTA ZOO FOUNDATION

51-0147653

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI - BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
BEASTLY BALL	535,672.	0.	535,672.	41,250.	494,422.
LOVE TOUR	18,484.	0.	18,484.	10,412.	8,072.
WILD ABOUT WINE	2,285.	0.	2,285.	2,356.	-71.
MONARCHS AND MERLOT	1,845.	0.	1,845.	1,128.	717.
TOTAL	<u>\$ 558,286.</u>	<u>\$ 0.</u>	<u>\$ 558,286.</u>	<u>\$ 55,146.</u>	<u>\$ 503,140.</u>

STATEMENT 2
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	MINNESOTA ZOOLOGICAL GARDEN	
DONEE'S ADDRESS:	13000 ZOO BOULEVARD	
	APPLE VALLEY, MN 55124	
AMOUNT GIVEN:		\$ 2,032,730.
DONEE'S NAME:	VARIOUS	
AMOUNT GIVEN:		369,951.
TOTAL GRANTS AND ALLOCATIONS		<u>\$ 2,402,681.</u>

DO NOT FILE

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	120,020.	16,803.	87,494.	15,723.
BANK CHARGES AND FEES	13,169.	1,844.	9,600.	1,725.
CONTRACT AND PROF SERVICES	129,504.	78,410.	29,837.	21,257.
DONOR RECOGNITION	15,993.			15,993.
DUES & SUBSCRIPTIONS	7,002.	5,674.	1,126.	202.
MISCELLANEOUS	14,253.	3,458.	9,099.	1,696.
SPECIAL EVENT EXPENSE	124,550.	52,638.		71,912.
SUPPLIES, PRINTING AND POSTAGE	148,617.	29,576.	15,830.	103,211.
TRAVEL	6,591.	2,168.	3,749.	674.
TOTAL	<u>\$ 579,699.</u>	<u>\$ 190,571.</u>	<u>\$ 156,735.</u>	<u>\$ 232,393.</u>

STATEMENT 4
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BARBARA AIKEN-ALI 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
RICK BRIMACOMB 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
KATHLEEN BUCHANAN 13000 ZOO BOULEVARD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
SUSAN SLATTERY BURKE 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
KEVIN CRUDDEN 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
STACY BOGART 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
JOHN ERICKSON 13000 ZOO BLVD APPLE VALLEY, MN 55424	BOARD MEMBER 0	0.	0.	0.
RENEE BURKE 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
THEODORE J. CHRISTIANSON 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
BRUCE CORDS 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
PETER MARITZ 13000 ZOO BLVD APPLEY VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
DAVID DAVIS 13000 ZOO LVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.

DO NOT FILE

STATEMENT 4 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CASSANDRA ORDWAY 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	\$ 0.	\$ 0.	\$ 0.
GARY C. FINK 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
MICHAEL M. PARI SH 13000 ZOO BLVD APPLE VALLEY, MN 55124	VICE CHAI RMAN 5.00	0.	0.	0.
JEFFREY PFLAUM 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
ERIC GALLER 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
JOHN ROWE 13000 ZOO BLVD APPLE VALLEY, MN 55124	CHAI RMAN 5.00	0.	0.	0.
TRI CIA DIRKS 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
JOE KALKMAN 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
SUSAN MORI SATO 13000 ZOO BLVD APPLE VALLEY, MN 55124	TREASURER 5.00	0.	0.	0.
JOHN A. GAPPA 13000 ZOO BLVD APPLE VALLEY, MN 55124	SECRETARY 0	0.	0.	0.
SUSAN PALOMBO 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 5.00	0.	0.	0.
THOMAS HEDLUND 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.

DO NOT FILE

STATEMENT 4 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI - BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CHARLENE M. JUNDT 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
MELISSA LINDSAY 13000 ZOO BLVD APPLE VALLEY, MN 55124	EXECUTIVE DIR 40.00	117,700.	15,275.	0.
ROSS E. KRAMER 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
CANDICE LEX 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
DANA LINDSAY 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
GREG MILLER 13000 ZOO BLVD APPLE VALLEY, MN 55124	VICE CHAIR 0	0.	0.	0.
MICHELE SIT 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
SUSAN JOHNSON 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
JIM MAYER 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
DIANE SCHMIDT 13000 ZOO BLVD APPLE VALLEY, MN 55124	BOARD MEMBER 0	0.	0.	0.
	TOTAL	\$ 117,700.	\$ 15,275.	\$ 0.

STATEMENT 5
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRI BUT. EBP & DC	EXPENSE ACCOUNT
REBECCA TOFTE 13000 ZOO BLVD APPLE VALLEY, MN 55124	40.00	65,145.	6,955.	0.
CONNES, MELINDA 13000 ZOO BLVD APPLE VALLEY, MN 55124	40.00	50,000.	7,409.	0.
	TOTAL	<u>\$ 115,145.</u>	<u>\$ 14,364.</u>	<u>\$ 0.</u>

STATEMENT 6
SCHEDULE A, PART II-A
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
MESSERLI & KRAMER 145 UNIVERSITY AVENUE W., SUITE 450 ST. PAUL, MN 55103	LOBBYING	60,000.
EDUWEB, INC. 1776 IGLEHART AVENUE ST. PAUL, MN 55104	WEB DESIGN	162,766.
	TOTAL	<u>\$ 222,766.</u>

STATEMENT 7
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

GRANTS ARE MADE BY BOARD DECISION TO SPECIAL INTEREST GROUPS TO SUPPORT ANIMAL EDUCATION, PRESERVATION AND RESEARCH.

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2006	(B) 2005	(C) 2004	(D) 2003	(E) TOTAL
SPECIAL EVENT INCOME	\$ 397,044.	\$ 375,775.	\$ 367,335.	\$ 0.	\$ 1,140,154.
OTHER	78.	121.	7,236.	0.	7,435.
TOTAL	<u>\$ 397,122.</u>	<u>\$ 375,896.</u>	<u>\$ 374,571.</u>	<u>\$ 0.</u>	<u>\$ 1,147,589.</u>