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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

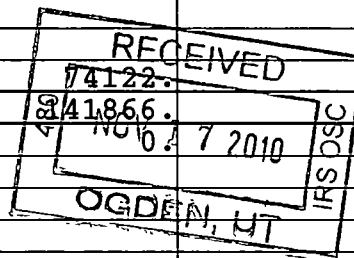
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation THE ZIENTS FAMILY FOUNDATION, INC.		A Employer identification number 54-6520936
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 4500 GARFIELD ST, NW		B Telephone number 202 266 6519
	City or town, state, and ZIP code WASHINGTON, DC 20007		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 5126628.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2722687.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	66182.	66182.		STATEMENT 1
	4 Dividends and interest from securities	1562.	1562.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<128312.>			
	b Gross sales price for all assets on line 6a 437066.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	74122.			STATEMENT 3	
12 Total Add lines 1 through 11	2736241.				
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.			0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees STMT 4	2829.	0.		0.
	17 Interest	26959.	0.		0.
	18 Taxes STMT 5	5.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 6	3723.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	33516.	0.		0.
	25 Contributions, gifts, grants paid	374960.			374960.
26 Total expenses and disbursements. Add lines 24 and 25	408476.	0.		374960.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	2327765.				
b Net investment income (if negative, enter -0-)		141866.			
c Adjusted net income (if negative, enter -0-)			N/A		



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Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	32734.	126380.	126380.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	278185.	0.	0.
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 8	0.	2512304.	5000248.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers)	310919.	2638684.	5126628.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	310919.	2638684.		
30 Total net assets or fund balances	310919.	2638684.		
31 Total liabilities and net assets/fund balances	310919.	2638684.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	310919.
2 Enter amount from Part I, line 27a	2	2327765.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	2638684.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2638684.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a K-1 PORTFOLIO LOGIC SELECT LLC	D		
b K-1 PORTFOLIO LOGIC SELECT LLC	D		
c 90000 SHS AVI BIOPHARMA	P		07/23/09
d RIVERSTONE NETWORK	P		01/22/09
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 277003.			277003.
b		287193.	<287193.>
c 154382.		278185.	<123803.>
d 5681.			5681.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			277003.
b			<287193.>
c			<123803.>
d			5681.
e			

2 Capital gain-net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	<128312.>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	997554.	255460.	3.904932
2007	1152506.	1053354.	1.094130
2006	642079.	2227760.	.288217
2005	633856.	2578318.	.245841
2004	474010.	1665157.	.284664

2 Total of line 1, column (d)	2	5.817784
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.163557
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	1934835.
5 Multiply line 4 by line 3	5	2251291.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1419.
7 Add lines 5 and 6	7	2252710.
8 Enter qualifying distributions from Part XII, line 4	8	374960.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	2837.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	2837.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2837.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2837.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> DC		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► JENNIFER NANCE Telephone no. ► 202 966-0078
 Located at ► 4500 GARFIELD STREET, NW, WASHINGTON, DC ZIP+4 ► 20007

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the year 15 | N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	<u>N/A</u>	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If 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, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	42900.
b	Average of monthly cash balances	1b	258227.
c	Fair market value of all other assets	1c	1663172.
d	Total (add lines 1a, b, and c)	1d	1964299.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1964299.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29464.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1934835.
6	Minimum investment return. Enter 5% of line 5	6	96742.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	96742.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	2837.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2837.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	93905.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	93905.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	93905.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	374960.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	374960.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	374960.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				93905.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	391028.			
b From 2005	505802.			
c From 2006	534134.			
d From 2007	1099852.			
e From 2008	984815.			
f Total of lines 3a through e	3515631.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	374960.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				93905.
e Remaining amount distributed out of corpus	281055.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	3796686.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	391028.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	3405658.			
10 Analysis of line 9:				
a Excess from 2005	505802.			
b Excess from 2006	534134.			
c Excess from 2007	1099852.			
d Excess from 2008	984815.			
e Excess from 2009	281055.			

Part XV	Supplementary Information (continued)
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3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> SEE ATTACHED:			GENERAL SUPPORT	374960.
Total				▶ 3a 374960.
b <i>Approved for future payment</i> NONE				
Total				▶ 3b 0.

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only Signature of officer or trustee Date Title	Signature of officer or trustee <i>Manjiv Grewal</i>		Date 11/11/10		Title Trustee	
	Preparer's signature <i>[Signature]</i>		Date 10/28/10		Check if self-employed <input checked="" type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP code LINDEN & ASSOCIATES 3 BETHESDA METRO CENTER, SUITE 120 BETHESDA, MD 20814					Preparer's identifying number EIN Phone no. 301 907-0748	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

THE ZIENTS FAMILY FOUNDATION, INC.

Employer identification number

54-6520936

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (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 foundationCheck 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. ▶ \$ _____

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE ZIENTS FAMILY FOUNDATION, INC.

54-6520936

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ 275000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE ZIENTS FAMILY FOUNDATION, INC.

54-6520936

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
12	JEFFREY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE ZIENTS FAMILY FOUNDATION, INC.

54-6520936

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	100 UNITS PORTFOLIO MANAGEMENT, LLC	\$ 219400.	09/18/09
3	550 CLASS A UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 340024.	09/11/09
4	500 CLASS A UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 0.	09/11/09
5	406.991 CLASS C UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 325592.	09/11/09
6	443090.12 CLASS D UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 371200.	09/11/09
7	117.35 CLASS E UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 83400.	09/11/09

Name of organization

Employer identification number

THE ZIENTS FAMILY FOUNDATION, INC.

54-6520936

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	610539.10 CLASS F UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 442600.	09/11/09
9	16.29 CLASS E UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 5600.	09/11/09
10	61.22 CLASS E UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 21100.	09/11/09
11	49.92 CLASS E UNITS OF PORTFOLIO LOGIC SELECT, LLC	\$ 36100.	09/11/09
12	0.1549% WF HOLDING COMPANY, LLC	\$ 0.	09/11/09

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
K-1 PORTFOLIO LOGIC SELECT LLC	66182.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	66182.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CREDIT SUISSE	14.	0.	14.
K-1 PORTFOLIO LOGIC SELECT LLC	1548.	0.	1548.
TOTAL TO FM 990-PF, PART I, LN 4	1562.	0.	1562.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
K-1 PORTFOLIO LOGIC SELECT LLC	74122.	74122.	
TOTAL TO FORM 990-PF, PART I, LINE 11	74122.	74122.	

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	2829.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	2829.	0.		0.

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID	5.	0.			0.
TO FORM 990-PF, PG 1, LN 18	5.	0.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
K-1 PORTFOLIO LOGIC SELECT LLC	3509.	0.			0.
K-1 WF HOLDING COMPANY, LLC	169.	0.			0.
MISC	45.	0.			0.
TO FORM 990-PF, PG 1, LN 23	3723.	0.			0.

FORM 990-PF	CORPORATE STOCK		STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
	0.	0.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	0.	0.		

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
PORTFOLIO LOGIC SELECT LLC	COST	1690402.	4357154.	
PORTFOLIO LOGIC MANAGEMENT LLC	COST	219400.	238094.	
AVI BIOPHARMA, INC WARRANTS	COST	602671.	405000.	
WF HOLDING COMPANY, LLC	COST	<169.>	0.	
TOTAL TO FORM 990-PF, PART II, LINE 13		2512304.	5000248.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFFERY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	TRUSTEE 0.50	0.	0.	0.
MARY ZIENTS 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	TRUSTEE 6.00	0.	0.	0.
MICHAEL D'AMATO 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	TRUSTEE 0.00	0.	0.	0.
STEVEN FARINA 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	TRUSTEE 0.00	0.	0.	0.
JENNIFER NANCE 4500 GARFIELD STREET, NW WASHINGTON, DC 20007	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	10
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NAME OF MANAGER

JEFFERY ZIENTS
MARY ZIENTS

ZIENTS FAMILY FOUNDATION 2009

Institution	Contact	Description	Date of request	Date of grant	Check #	Amount	Cleared	Address
Signature Theatre	Keith Eby		12/20/08	1/5/2009	811	\$500	c	4200 Campbell Ave Arlington, Virginia 22206
Bishop John T. Walker School for Boys	Tommy Walker		1/6/09	1/9/2009	812	\$500	c	Episcopal Church House Mount St Alban Washington DC 20002
Beauvoir School		Auction 2009	2/2/09	2/2/2009	813	\$2,500	c	3500 Woodley Road NW, Washington, DC 20016
Maret School		Auction 2009	2/2/09	2/2/2009	814	\$1,000	c	3000 Cathedral Ave NW, Washington, DC 20008
Stone Soup Films		1/15 Launch Party	2/2/09	2/2/2009	815	\$500	c	3121 South Street Northwest, Washington, DC 20007
Maret School, Horizons at Maret		Horizons	2/2/09	2/2/2009	816	\$500	c	3000 Cathedral Ave NW, Washington, DC 20008
Friends of Compass		Annual Fund	2/2/09	2/2/2009	817	\$1,000	c	1350 Connecticut Avenue, NW, Suite 900, Washington, DC 20036
Brandeis University		PLEDGE-YEAR 2/5	12/5/08	2/2/2009	818	\$5,000	c	415 South Street, Waltham, MA 02453
Bantwana Initiative		Annual Fund	2/2/09	2/2/2009	819	\$5,000		44 Farnsworth Street, 7th Floor, Boston, MA 02210
Vital Voices	Deb Harmon	WFW table event	2/10/09	2/12/2009	820	\$1,000	c	1050 Connecticut Avenue NW, Suite 1000, Washington, DC 20036
Women for Women, Ellen Kulp		Services for staff retreat	2/10/09	2/18/2009	821	\$600	c	4455 Connecticut Ave NW, Suite 200, Washington, DC 20008
Jelleff Boys and Girls Club		Refund of Iron Gym fees	2/23/09	3/3/2009	822	\$520	c	3265 S Street NW, Washington DC 20007
VOID					823	\$0	c	
Shared Interest		Graca Machel event	3/2/09	3/3/2009	824	\$1,000	c	121 West 27th Street, Suite 905, New York, NY 10001
Maret School	Sally Dunkelberger	Auction Items-tax deduct	2/21/09	3/3/2009	825	\$5,000	c	3000 Cathedral Ave NW, Washington, DC 20008
Maret School		Annual Fund	12/5/08	3/3/2009	826	\$15,000	c	3000 Cathedral Ave NW, Washington, DC 20008
Families First		Benefit Reception	3/9/09	3/9/2009	827	\$500	c	1105 West Peachtree Street NE, P O Box 7948, Atlanta, GA 30357
Duke University	Laurie Bley	Menell Fellows	10/11/08	3/9/2009	828	\$40,000	c	2127 Campus Drive, PO Box 90600, Durham NC 27708
VOID					829	\$0	c	
Urban Alliance Foundation		Winston Eating Challenge	3/9/09	3/9/2009	830	\$250	c	1327 14th Street, NW, Suite 200, Washington DC 20005
CityYear		Annual Fund	3/30/09	3/30/2009	831	\$5,000	c	
Levine School of Music		Gala 2009- 4/28/09	3/30/09	3/30/2009	832	\$1,000	c	918 U Street NW, Washington, DC 20001 P O BOX 15048, Chevy Chase Maryland 20825
South Africa Washington Internship Program	Holly Hassett	Washington Ireland Program	5/7/09	5/8/2009	833	\$2,000	c	620 F Street, NW, Suite 747, Washington, DC 20004
Share Our Strength		A Taste of Pursuit	5/8/09	5/8/2009	834	\$5,000	c	1730 M Street NW, Suite 700, Washington, DC 20036
EL Haynes PCS		Evan Thomas Benefit	5/8/09	5/8/2009	835	\$500	c	
Women for Women International		NY Luncheon	5/8/09	5/8/2009	836	\$10,000	c	3029 14th Street NW, Washington, DC 20009 4455 Connecticut Ave NW, Suite 200, Washington, DC 20008

Institution	Contact	Description	Date of request	Date of grant	Check #	Amount	Cleared	Address
LA Conservation Corps			5/8/09	5/8/2009	837	\$1,000	c	P O BOX 15868, Los Angeles, CA 0-90016
Maret (Horizons at)			5/8/09	5/8/2009	838	\$500	c	3000 Cathedral Ave NW, Washington, DC 20008
African Parks Foundation			5/8/09	5/8/2009	839	\$500	c	21980 Quaker Lane, Middleburg, VA 20117
Refugees International			5/8/09	5/8/2009	840	\$1,000	c	1705 N Street NW, Washington DC 20036
VOID					841	\$0	c	
VOID					842	\$0	c	
Children of Kibera Foundation	Emily Bernstein	Red Rose School	6/4/09	6/4/2009	843	\$500	c	4701 Alton Place, NW, Washington, DC 20016
Septima Clark PCS	Ned Mandel		6/4/09	6/4/2009	844	\$1,000	c	425 Chesapeake Street SE, Washington, DC 20032
Joy of Motion			6/15/09	6/15/09	845	\$2,000	c	2201 Wisconsin Ave, NW, Suite C130, Washington, DC 20007
Chesapeake Bay Foundation	Ed Allenby		6/15/09	6/15/09	846	\$2,500	c	6 Herndon Ave, Annapolis, MD 21403
South Africa Partners			6/15/09	6/15/09	847	\$2,500	c	
Brookings Institution		IMO Brooke Shearer	6/15/09	6/15/09	848	\$1,000	c	89 South Street, Suite 401, Boston, MA 02111
Brookings Institution		Annual Gift	7/7/09	7/7/2009	849	\$5,000	c	1775 Massachusetts Avenue NW, Washington, DC 20036
Autism Speaks	Karen Leder	2009 Potomac 5k	7/7/09	7/7/2009	850	\$500	c	1775 Massachusetts Avenue NW, Washington, DC 20036
Meridian International Center	Dozoretz	Meridian International Center	7/7/09	7/7/2009	851	\$1,200	c	2 Park Avenue 11th Floor, New York, NY 10016
Harvard, President & Fellows of		Annual	7/7/09	7/7/2009	852	\$1,000	c	1630 Crescent Place, NW, Washington, DC 20009
Phillips Exeter Academy		Annual	7/7/09	7/7/2009	853	\$1,000	c	124 Mount Auburn Street, Cambridge, MA 02138-5796
National Symphony Orchestra			7/28/09	8/11/2009	854	\$5,000	c	20 Main Street, Exeter, NH 03833
Washington Hebrew Congregation		Annual Dues and Security	7/28/09	8/11/2009	855	\$5,090	c	2700 F Street NW, Washington, DC 20566
Children's Law Center		Champions Dinner	9/3/09	9/3/2009	857	\$1,000	c	3935 Macomb street NW, Washington, DC 20016
NAACP Legal Defense & Education Fund	Vernon Jordan	Event	9/3/09	9/3/2009	858	\$1,000	c	616 H Street NW, Suite 300, Washington, DC 20001
Go Bo Fund		5th Annual fundraiser	9/3/09	9/3/2009	859	\$300	c	1444 I Street, NW, Washington, DC 20005
Maret School		Annual Fund	10/8/09	10/8/2009	860	\$15,000	c	1633 29th Street NW, Suite 200, Washington, DC 20007
Conservation International		WDC dinner	10/8/09	10/8/2009	861	\$500	c	3000 Cathedral Ave NW, Washington, DC 20008
VOID					862	\$0	c	2011 Crystal Drive, Suite 500, Arlington, VA 22202
Woodley House Inc		13th Annual movie benefit	10/8/09	10/8/2009	863	\$5,000	c	3000 Connecticut Avenue, NW, Suite 138, Washington, DC 20008

Institution	Contact	Description	Date of request	Date of grant	Check #	Amount	Cleared	Address
St Albans		Christmas House Tour	10/8/09	10/8/2009	864	\$1,000	c	Mount St Alban, Washington, DC 20046
Perry Center		10th Anniversary celebration	10/15/09	10/15/2009	865	\$2,500	c	128 M Street NW, Washington, DC 20001
Nelson Mandela Children's Fund USA		Fall Feast	10/15/09	10/15/2009	866	\$3,600	c	89 South Street, Suite 701, Boston, MA 02111
Washington International Horse Show			10/15/09	10/15/2009	867	\$1,000	c	3299 K Street, NW, Suite 600, Washington, DC 20007
Jelliff Boys and Girls Club		Annual Fund	10/15/09	10/15/2009	868	\$1,000	c	3265 S Street NW, Washington DC 20007
Beauvoir School		Annual Fund	6/15/09	10/15/2009	869	\$10,000	c	3500 Woodley Road NW, Washington, DC 20016
Washington Office on Latin America	Lori Piccolo	Campaign on Violence in Mexico	6/26/09	10/15/2009	870	\$1,000	c	1630 Connecticut Ave Suite 200, Washington, DC 20009
Echo Hill Campership Fund	Jordan Chasnoff	Annual Fund	10/15/09	10/26/2009	871	\$5,000	c	PO Box 5923, Bethesda, MD 20824
Lab School, The		26th Annual Awards Gala	10/27/09	10/27/2009	872	\$4,000	c	4759 Reservoir Road, NW, Washington, DC 20007
Jewish Community Center of Greater Washington		Sports Hall of Fame Dinner	11/5/09	11/5/2009	873	\$1,000	c	6125 Montrose Road, Rockville, MD 20852
VOID					874	\$0	c	
LUNGevity Foundation	Sorkin	Breathe Deep event	11/17/09	11/17/2009	876	\$2,900	c	436 North LaSalle Street, Suite 310, Chicago, IL 60654
Beauvoir Scholarship Auction		Auction donation	11/17/09	11/17/2009	877	\$2,500	2010	3500 Woodley Road NW, Washington, DC 20016
Women for Women International		NYC Gala	12/17/09	12/17/2009	878	\$50,000		4455 Connecticut Ave NW, Suite 200, Washington, DC 20008
Women for Women International		PLEDGE-YEAR 3/3 Part 1	12/17/09	12/17/2009	879	\$85,000		4455 Connecticut Ave NW, Suite 200, Washington, DC 20008
City Year SA		Major Donor	10/5/09	10/5/2009	WIRE	\$50,000	c	56 Main Street, Marshalltown, Johannesburg011 429 0300
TOTAL						\$374,960		

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	THE ZIENTS FAMILY FOUNDATION, INC.	54-6520936
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return. See instructions	4500 GARFIELD ST, NW	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	WASHINGTON, DC 20007	

Check type of return to be filed(file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JENNIFER NANCE

- The books are in the care of ► **4500 GARFIELD STREET, NW - WASHINGTON, DC 20007**
Telephone No ► **202 966-0078** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	THE ZIENTS FAMILY FOUNDATION, INC.	54-6520936
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	4500 GARFIELD ST, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20007	

Check type of return to be filed (File a separate application for each return).

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JENNIFER NANCE

- The books are in the care of ☒ **4500 GARFIELD STREET, NW - WASHINGTON, DC 20007**

Telephone No ☒ **202 966-0078**

FAX No ☐ _____

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for _____

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

AWAITING PARTNERS K-1

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number	
	THE ZIENTS FAMILY FOUNDATION, INC.	54-6520936	
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	
	4500 GARFIELD ST, NW		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	WASHINGTON, DC 20007		

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JENNIFER NANCE

- The books are in the care of **4500 GARFIELD STREET, NW - WASHINGTON, DC 20007**

Telephone No **202 966-0078**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**
- 5 For calendar year **2009**, or other tax year beginning , and ending
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **AWAITING PARTNERS K-1**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Jennifer Nance**

Title **ACCOUNTANT**

Date **2/29/10**

Form 8868 (Rev. 4-2009)