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OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 2010

<u>F</u>	or cai	endar year 2010, or tax ye	ar beginning			, 2010,	and endi	ng				, 20
G	Che	ck all that apply Ini	itial return	Initial r	eturn o	f a former pu	blic char	ty_		<u> </u>	Final retu	ırn
		Ar	mended return		Addres	s change		N:	ame cha	nge		
Na	ame o	f foundation							A Employ	er Identifi	cation number	er
M	YFI	FIDENT FOUNDATION		···						20-	6363957	
N	umber	and street (or P O box number i	f mail is not delivered to	o street address)			Room/su	ııte	<b>B</b> Telephor	ne number (s	see page 10 of th	e instructions)
_		SUN VALLEY DRIVE					K-4			<u> </u>	0) 709-	5010
Cı	ty or t	own, state, and ZIP code							C If exemp pending.	tion application check here		▶∐
											ons, check here	. ▶∟
R	OSWI	ELL, GA 30076									ons meeting the	
H	<u>C</u> he	ck type of organization	X Section 501(c)								ere and attach	▶∐
1		ection 4947(a)(1) nonexempt c				rate foundation			E If private	foundation :	status was termir	nated
ı	Fair	market value of all assets a		nting method	X Ca	ish Acc	rual	- 1			(1)(A), check her	- I I
		ear (from Part II, col (c), line		ner (specify) _					F If the fou	ındatıon is in	a 60-month term	nnation
		<b>▶ \$</b> 11,872,008		column (d) mus	t be on	cash basis )		<u> </u>	under se	ction 507(b)	(1)(B), check her	
Ŀ	'art I	Analysis of Revenue and total of amounts in columns (	Expenses (The	(a) Revenue	and	(b) Net inve	stment	(c	) Adjusted	1 net	(d) Disbu	rsements
		may not necessarily equal the	e amounts in	expenses pooks	er	incom		, ,	income			oses
_		column (a) (see page 11 of th	he instructions) )								(cash ba	isis only)
	1	Contributions, gifts, grants, etc., received	d (attach schedule) .	500,	000.			ļ				
	2	Check ► attach Sch B										
	3	Interest on savings and temporary	cash investments		698.		698.				ATCH	
	4	Dividends and interest from se	ecurities	465,	775.	46	5,751.				ATCH	2
		Gross rents		<u> </u>			<del></del>					
	t	Net rental income or (loss)		106	7.00			ļ				
ne	6a b	Net gain or (loss) from sale of asse Gross sales price for all	ets not on line 10	106,	760.							
Revenue	-	Gross sales price for all assets on line 6a			-		4 010					
Re	7	Capital gain net income (from				9	4,010.					
	8	Net short-term capital gain						-				
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·									<del> </del>	
		and allowances • • • •										
		Less Cost of goods sold .				. ,	· · · · ·	<del>-</del>	<u> </u>	/FD		
		Gross profit or (loss) (attach se		1.8	708.	<u> </u>	5 060.	KE	<del>GEIV</del>	<del>'EU</del>	ATCH	
	11 12	Other income (attach schedule		1,091,			5 999.				S	
-	13	Total. Add lines 1 through 11 Compensation of officers, directors			242.	<u> </u>	<u> जिल</u>	NUV	08	2011	iĢi	83,242
	14	Other employee salanes and	4		427.	<del>-</del>	6	· · · · ·			2	79,427
ç	15	Pension plans, employee bene			870.				~ F* A I	117	#=	52,870
nses		Legal fees (attach schedule)		,	121.			ابراإ	)EN			121
Operating and Administrative Exper		Accounting fees (attach sched		52.	700.		0.		-	0.		52,700
Ű		Other professional fees (attack			179.	4	0,381.	<u> </u>				31,798
Ę	17	Interest . ATTACHMEN	· -		011.		0,011.					
tra	18	Taxes (attach schedule) (see page		7	,731.		31.					
inis	19	Depreciation (attach schedule			,519.						1	
Ē	20	Occupancy	· · ·	20,	,371.			`				20,371
Ĭ	21	Travel, conferences, and mee	F									
anc	22	Printing and publications										
g	23	Other expenses (attach sched		58,	,103.	3	0,861.					27,242
rati	24	Total operating and administ	· ·									
ē					274.	8	1,284.			0.		347,771
0	25	Contributions, gifts, grants pai	ıd	169,	708.							4,100
_	26	Total expenses and disbursements A	Add lines 24 and 25	609,	982.	8	1,284.			0.		351,871
	27	Subtract line 26 from line 12										
	a	Excess of revenue over expenses and	d disbursements	481,	959.							
	Ь	Net investment income (if ne	egative, enter -0-)			49	4,235.					
	l c	Adjusted net income (if nega	ative, enter -0-)					1				

\*ATCH 6 JSA \*\* ATCH 8

Page 2

Б	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
_	art II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	` 1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,445,403.	693,187.	693,187.
	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 (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U S and state government obligations (attach schedule) **		2,070,059.	2,070,059.
,		Investments - corporate stock (attach schedule) ATCH 11	0.	91,320.	87,636.
		Investments - corporate bonds (attach schedule) ATCH 12	5,052,472.	7,295,185.	7,982,744.
	11	Investments - land, buildings, and equipment basis		, ,	
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis  Less accumulated depreciation			ATCH 13
			9,754.	6,235.	6,235.
	15	(attach schedule) Other assets (describe ATCH 14 )	0.	1,074,751.	1,032,147.
	16	Total assets (to be completed by all filers - see the			<del></del> :
		instructions Also, see page 1, item I)	10,767,955.	11,230,737.	11,872,008.
_	17	Accounts payable and accrued expenses		22/200/1010	
	18	. ·			
S	19	Grants payable Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable (attach schedule)			
Ë	l	Other liabilities (describe	0.		
	22	Other habilities (describe	0.		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	·		
		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
or Fund Balances	25	Tompororily roots at ad			
ala	26				
8	20	Permanently restricted			
Ĕ		check here and complete lines 27 through 31.			
Ē	27	Capital stock, trust principal, or current funds			
S	20				
set	28 29 30	Paid-in or capital surplus, or land, bldg, and equipment fund	10,767,955.	11,230,737.	
As	29	Retained earnings, accumulated income, endowment, or other funds	10,707,955.	11,230,737.	
et	30	Total net assets or fund balances (see page 17 of the	10 767 055	11 220 727	
Z		instructions)	10,767,955.	11,230,737.	
	31	Total liabilities and net assets/fund balances (see page 17	10 767 055	11 020 727	
		of the instructions)	10,767,955.	11,230,737.	······································
_		Analysis of Changes in Net Assets or Fund		, ,	
1		net assets or fund balances at beginning of year - Part	II, column (a), line 30	_   _	10 500 0
					10,767,955.
2	Ente	r amount from Part I, line 27a r increases not included in line 2 (itemize) ▶ ATTACH		2	481,959.
			MENT 15	3	28,119.
4	Add	lines 1, 2, and 3			11,278,033.
		eases not included in line 2 (itemize)  ATTACH	MENT 16		47,296.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line		line 30 6	11,230,737.
		**ATCH 10	)		Form <b>990-PF</b> (2010)

990-PF	

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	•
	•

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			·
	describe the kind(s) of property sold (e	• .	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr )
1a SEE PART IV SCHE	nck warehouse, or common stock, 200 s	ns MLC Co)	D-Donation	(mo , day, yr )	( , , , , , , , , , , , , , , , , , , ,
b	JOHN	<del></del>			
C				<del> </del>	
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	_	(h) Gain or (lo (e) plus (f) mini	
a					
b					
_с	<u> </u>				
_d			ļ		
е					
Complete only for assets s	howing gain in column (h) and owned by	the foundation on 12/31/69		Gains (Col (h) g	
(ı) 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	col	(k), but not less t Losses (from co	
a					
b					
С			<u> </u>		
d			ļ		
е			ļ.,,		
2 Capital gain net income or (		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		106,760.
3 Net short-term capital gain of	or (loss) as defined in sections 1222	,			
If gain, also enter in Part I, l	ine 8, column (c) (see pages 13 and	d 17 of the instructions)			
If (loss), enter -0- in Part I, I	ine 8	<u> </u>	3		
Part V Qualification U	Inder Section 4940(e) for Redu	uced Tax on Net Investment In	come		
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		period?		Yes X No
	unt in each column for each year, se		e makına	any entries	
(a)	(b)	(c)	Inaking	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	ļ	Distribution ra (col (b) divided by	
2009	299,855.	10,239,456.	<u> </u>	(2) (2) (3)	0.029284
2008	107,182.	8,354,176.		-	0.012830
2007	0.	44,677.			0.000000
2006	7,484.	32,880.			0.227616
2005	0.	100.			0.000000
2 Total of line 1, column (d)			2		0.269730
<del>-</del>	or the 5-year base period - divide th	• •	! !		
number of years the found	ation has been in existence if less th	han 5 years	3		0.053946
4 Enter the net value of nonc	charitable-use assets for 2010 from	Part X, line 5	4	11,	234,417.
		• • • • • • • • • • • • • • • • • • • •			
5 Multiply line 4 by line 3	• • • • • • • • • • • • • • • • • • • •		5		606,052.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		4,942.
7 Add lines 5 and 6			7		610,994.
8 Enter qualifying distribution	ns from Part XII, line 4		8		351,871.
If line 8 is equal to or gre Part VI instructions on pag	eater than line 7, check the box is the least of the leas	n Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truction	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
•	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		9,8	85.
	here  and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2		9,8	85.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		9,8	85.
6	Credits/Payments			
_	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 8, 635.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
c	Tax paid with application for extension of time to file (Form 8868) 6c 8,000.			
	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d		16,6	35.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,7	50.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax   6,750. Refunded   11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\blacktriangleright$ \$(2) On foundation managers $\blacktriangleright$ \$			•
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	i '		1
	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_		Х
	If "Yes," attach a detailed description of the activities			
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	3_		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	j i		]
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?	_6_	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	7_	Х	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions)   GA,	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		١,,	
	(or designate) of each state as required by General Instruction G°If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			l
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			l
	27)? If "Yes, "complete Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1		Į,
	names and addresses	10		X
		-nm 40	0-PF	(2010)

Form	990-PI	F (2010)	

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Par	t VII-A Statements Regarding Activities (continued)			-9
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_ X_
13		13	Х	
	Website address ▶N/A			
14	The books are in care of ▶ DEREK V. SMITH Telephone no ▶ 770-709	-501	0	
	Located at ▶555 SUN VALLEY DRIVE, SUITE K-4 ROSWELL, GA ZIP+4 ▶ 30076			
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			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, secunties, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country			l
Par	t 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
1 a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			İ
	(c) Furnish goods, or vices, or lasmines to (c) accept them notify a disqualified person.			ŀ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?  Yes X 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)			
h	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 22 of the instructions)?	1b		Х
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2010?	1c		Х
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))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010?			
	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 page 22 of the instructions )	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 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	1		[
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	۱		l .
	foundation had excess business holdings in 2010)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969), that equild reporting its	4a_		<del>  ^</del>
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 2010?	4-		Х
	situations purpose that had not been removed from jeopardy before the first day of the tax year beginning. In 20107	<u>  4b</u>	11	^

orm 990-PF (20	(10)	20-6363957	Page (
Part VII-B	Statements Regarding Activities for Which Form 4720	May Be Required (continued)	
	ne year did the foundation pay or incur any amount to	(o))2	

ra	Statements Regarding Activities for	William Form 47	zu way be Requir	ed (continued)		
5 a	During the year did the foundation pay or incur any amount	to				
•	(1) Carry on propaganda, or otherwise attempt to influence	legislation (section 49	945(e))?	Yes X N	0	į
	(2) Influence the outcome of any specific public election (se	• ,				
	•	•••	•	Yes X N	_	
	directly or indirectly, any voter registration drive?			H'''	1 1	
	(3) Provide a grant to an individual for travel, study, or other			Yes X N	°	
	(4) Provide a grant to an organization other than a charitable					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see	e page 22 of the instru	uctions)	Yes XN	o	
	(5) Provide for any purpose other than religious, charitable,	scientific, literary, or	educational			ŀ
	purposes, or for the prevention of cruelty to children or a	animals?		Yes X N	。	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa					
-	Regulations section 53 4945 or in a current notice regarding		•		<sub>5b</sub>	l x
	_	-		· —		<del>-  </del>
	Organizations relying on a current notice regarding disaster					
С	If the answer is "Yes" to question 5a(4), does the foundation	•	n the tax		1 1	
	because it maintained expenditure responsibility for the gran	nt?		, ∐_Yes ∐XN	o	1
	If "Yes," attach the statement required by Regulations section	on 53 4945-5(d)				
6 a	Did the foundation, during the year, receive any funds, direct	tly or indirectly, to pay	y premiums			
	on a personal benefit contract?			. LYes XN	o	
b	Did the foundation, during the year, pay premiums, directly of				6b	X
	If "Yes" to 6b, file Form 8870					
7 a	At any time during the tax year, was the foundation a party t	o a prohibited tax she	elter transaction?	Yes X N	.	
	If "Yes," did the foundation receive any proceeds or have an				7b	X
	Information About Officers, Directors	<u> </u>		Highly Paid Emp		
_	and Contractors			•	•	
1	List all officers, directors, trustees, foundation man	(b) Title, and average	mpensation (see pag	(d) Contributions to		
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter	employee benefit plans	(e) Expense other allo	
		_ devoted to position	0-}	and deferred compensation	-	
7.00	macumpum 17		02 242	0		^
AI	TACHMENT 17		83,242.	-0-	-	0-
		•				
					}	
2	Compensation of five highest-paid employees (other	r than those includ	ded on line 1 - see pa	age 23 of the instru	ctions).	
	If none, enter "NONE."			(d) Contributions to		
(a	) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expense	
•		devoted to position	.,,	plans and deferred compensation	other allo	wances
ΤA	TACHMENT 18		79,427.	NONE	N <sub>N</sub>	ONE
	111011111111111111111111111111111111111		,			
						<del></del>
		1			I .	
					j	
	I number of other employees paid over \$50,000					

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Pa	t VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	oyees,
3	Five h	ghest-paid independent contractors for professional services (see page	e 23 of the instructions). If n	one, enter "NONE."
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	E		<del></del>	
NONE				
Tota	l numbe	er of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	NONE
Pai	t IX-A	Summary of Direct Charitable Activities		
		dation's four largest direct charitable activities during the tax year include relevant statistical and other beneficiaries served, conferences convened, research papers produced, etc	information such as the number of	Expenses
1	NONE			
-				
2				
-				
3				
-				
4_				
	t IX-B	Summary of Program-Related Investments (see page 24 of the in		
		wo largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 <sub>-</sub>	NONE			
-				
2 <sub>-</sub>				
Ail	other prog	ram-related investments. See page 24 of the instructions		
3 _	NONE			
-				

Form 990-PF (2010) 20-6363957

Pa	Part X Minimum Investment Return (All dom see page 24 of the instructions)	estic foundations must complete this part Foreign	n foundatio	ns,
1	1 Fair market value of assets not used (or held	for use) directly in carrying out charitable, etc.		
	purposes			
а	a Average monthly fair market value of securities		1a	8,334,084.
b	b Average of monthly cash balances		1b	3,071,415.
С	c Fair market value of all other assets (see page 25 of	f the instructions)	1c	0.
d			1d	11,405,499.
e	e Reduction claimed for blockage or other factors repo	orted on lines 1a and		
	1c (attach detailed explanation)	1e		
2	2 Acquisition indebtedness applicable to line 1 assets		2	0.
3			3	11,405,499.
4	4 Cash deemed held for charitable activities Enter 1	1/2 % of line 3 (for greater amount, see page 25 of		······································
	the instructions)		4	171,082.
5	Net value of noncharitable-use assets. Subtract lii	ne 4 from line 3 Enter here and on Part V, line 4	5	11,234,417.
6		· · ·	6	561,721.
Pa	Part XI Distributable Amount (see page 25 of foundations and certain foreign organization)	the instructions) (Section 4942(j)(3) and (j)(5) private and do not complete this pa	operating rt )	·
1	1 Minimum investment return from Part X, line 6		1	561,721.
2 a	2a Tax on investment income for 2010 from Part VI, line	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
b	b Income tax for 2010 (This does not include the tax f	rom Part VI ) 2b		
С	- Add ( O Ob		2c	9,885.
3	3 Distributable amount before adjustments Subtract li	ne 2c from line 1	3	551,836.
4	4 Recoveries of amounts treated as qualifying distribu	tions	4	
5			5	551,836.
6	Deduction from distributable amount (see page 25 o	f the instructions)	6	
7	7 Distributable amount as adjusted Subtract line	6 from line 5 Enter here and on Part XIII,		
	line 1	<u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	551,836.
Pa	Part XII Qualifying Distributions(see page 25		•	
1	1 Amounts paid (including administrative expenses) t	o accomplish charitable, etc , purposes		
а			1a	351,871.
b	b Program-related investments - total from Part IX-B		1b	0.
2		for use) directly in carrying out charitable, etc.		
			2	0.
3	purposes  Amounts set aside for specific charitable projects the	nat satisfy the	_	
а			3a	0.
b			3b	0.
4	· · · · · · · · · · · · · · · · · · ·		4	351,871.
5				· ·
	Enter 1% of Part I, line 27b (see page 26 of the inst	tructions)	5	N/A
6	· · · · ·		6	351,871.
		Part V, column (b), in subsequent years when calc	culating whe	

Form 990-PF (2010) 20-6363957 Page 9

Pa	Part XIII Undistributed Income (see page 26 of the instructions)						
		(a)	(b)	(c)	(d)		
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010		
	line 7				551,836.		
2	Undistributed income, if any, as of the end of 2010						
а	Enter amount for 2009 only			351,653.			
	Total for prior years 20 08 20 07 20 06						
3	Excess distributions carryover, if any, to 2010						
а	From 2005						
	From 2006						
С	From 2007						
d	From 2008						
е	From 2009 0.						
f	Total of lines 3a through e	0.					
	Qualifying distributions for 2010 from Part XII,						
	line 4 ▶ \$ 351,871.						
а	Applied to 2009, but not more than line 2a			351,653.			
b	Applied to undistributed income of prior years (Election						
~	required - see page 26 of the instructions)			:			
С	Treated as distributions out of corpus (Election						
	required - see page 26 of the instructions)			-			
	Applied to 2010 distributable amount				218.		
	Remaining amount distributed out of corpus	0.					
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	0.			0.		
	amount must be shown in column (a))						
6	Enter the net total of each column as						
	indicated below:	0					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.					
b	Prior years' undistributed income Subtract						
С	Inne 4b from line 2b  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						
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions						
е	Undistributed income for 2009 Subtract line						
	4a from line 2a Taxable amount - see page						
	27 of the instructions						
f	Undistributed income for 2010 Subtract lines						
	4d and 5 from line 1 This amount must be distributed in 2011				551,618.		
7	Amounts treated as distributions out of corpus						
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the						
8	instructions)						
•	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)						
9	Excess distributions carryover to 2011.						
	Subtract lines 7 and 8 from line 6a	0.					
10	Analysis of line 9	_		-			
	Excess from 2006						
b	Excess from 2007						
	Excess from 2008						
d	Excess from 2009						
	Excess from 2010 0 .						

Pa	rt XIV Private Oper	ating Foundations	(see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
_	If the foundation has					
•	foundation, and the ruling	is effective for 2010, ente	r the date of the ruling		. ▶	
b	Check box to indicate whe	ther the foundation is a pi	rivate operating foundation		4942(J)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
- 4	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Iotal
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter			1		
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					•
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					j
	(j)(3)(B)(III)					
	<li>(3) Largest amount of sup- port from an exempt</li>					
	organization					
	(4) Gross investment income	om Information (C	lamaniata thia mant	amber if the forest	tion had \$5,000	
Fa		ary information (C during the year - se			ation nad \$5,000	or more in assets
1	Information Regarding			300001011		
' a	List any managers of	•		e than 2% of the tota	L contributions receiv	ed by the foundation
_	before the close of any					ou by 1110 100110011
	DEREK V. SM	4T <b>ጥ</b> ዘ				
<u>_</u>	List any managers of		own 10% or more of	f the stock of a corn	pration (or an equally	large portion of the
D	ownership of a partner					large portion of the
	отполотир от о разлато	, , , , , , , , , , , , , , , , , , ,		<b>.</b>		
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	ip, etc., Programs:		
	Check here ▶ ☐ if	the foundation only	makes contributions	to preselected char-	table organizations a	nd does not accept
	unsolicited requests	for funds If the foun	dation makes gifts, g	grants, etc (see page	28 of the instruction	ns) to individuals or
	organizations under of	her conditions, comple	ete items 2a, b, c, and	l d		
а	The name, address, ar	nd telephone number of	f the person to whom a	pplications should be a	addressed.	
	ATTACHMI		•			
b	The form in which appl		mitted and information	and materials they sho	uld include	
	••			-		
	"WRITTEN RI	EQUEST"			·	
С	Any submission deadli	nes				
		C RESTRICTIONS				
d	Any restrictions or li	imitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors	TONC				
	NO LIMITAT	TONO				

Page **11** 

Part XV Supplementary Information (c		auad far F	Tutura Davenant	
3 Grants and Contributions Paid Durin	If recipient is an individual.			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid daring the year				
ATTACHMENT 20				
	ı			
		]		
	•			
			· ·	
Total			▶ 3a	169,708.
<b>b</b> Approved for future payment				
			1	
	L			
Total			N 21-	

		4

Form 990-PF	(2010)			20-	-6363957	Page 12
Part XVI-	A Analysis of Income-Produ	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Program	a convice revienue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
-	service revenue					uie iiisudddolis j
-						
					-	
е				<u> </u>		
f				ļ	-	
•	and contracts from government agencies					<del></del>
	ship dues and assessments			14	698.	
	ds and interest from securities			14	465,775.	
	al income or (loss) from real estate			<u> </u>	,	
	-financed property					
	debt-financed property			<u> </u>		•
	I income or (loss) from personal property .			1	10.700	
	vestment income			15	18,708.	
	oss) from sales of assets other than inventory			18	106,760.	
	me or (loss) from special events			1		
	rofit or (loss) from sales of inventory evenue a			<del>                                     </del>		
	volue u					
d						
e			<u> </u>		501 011	
	Add columns (b), (d), and (e)				591,941.	
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29 to					331,341.
	B Relationship of Activities			cempt Pur	oses	
Line No.	Explain below how each activit					
•	accomplishment of the foundation	on's exemp	ot purposes (other than	by providing	g funds for such purpose	es) (See page 29 of the
	instructions )					
		<u>.</u>				
			······································		<del>.</del>	
						<del></del>
	-		<del></del>		·	
						·-···
					<del> </del>	<del></del>
					<del>-</del> ·	<del></del>
	+					
						<u> </u>

20-6363957

art XVII	Information Regarding Exempt Organizations	Transfers To and Transa	ctions and Relat	onships With Nor	ncharit	able
	e organization directly or indirectly tion 501(c) of the Code (other th		, ,		Yes	No
a Transfe	ers from the reporting foundation to a no	oncharitable exempt organization of				
(1) Cas	sh			<u> 1a(</u>	1)	Х
(2) Oth	ner assets			1a(	2)	_X
<b>b</b> Other tr	ransactions					
	les of assets to a noncharitable exempt				1)	Х
(2) Pur	rchases of assets from a nonchantable	exempt organization		<u>16(</u>	2)	X
	ntal of facilities, equipment, or other ass					X
	imbursement arrangements				4)	X
( <b>5</b> ) Loa	ans or loan guarantees			<u>1b</u> (	5)	X
(6) Per	rformance of services or membership o	r fundraising solicitations		<u>1b</u> (	6)	X
c Sharing	g of facilities, equipment, mailing lists, o	ther assets, or paid employees		<u>. 1</u> .	c	X
	answer to any of the above is	•		•		
	of the goods, other assets, or s					
	in any transaction or sharing arra					
a) Line no	· · · · · · · · · · · · · · · · · · ·	of noncharitable exempt organization		rs, transactions, and sharing a	тапдетел	ts
	N/A		N/A			
			·			
				<del></del>		
				<del> </del>		
a Is the	foundation directly or indirectly	affiliated with, or related to, or	ne or more tax-exemp			_
describ	ed in section 501(c) of the Code (other	er than section 501(c)(3)) or in section	527?	. <i>.</i>	Yes 🔼	∐ No
b If "Yes,"	" complete the following schedule					
_	(a) Name of organization	(b) Type of organization		c) Description of relationship		
L -1	er penalties of perjury, declare that I have it is true, correct, and complete. Declarati	ve examined this return, including accomp				
ign   Delle	or, it is true, correct, and complete Declarati	or preparer (other than taxpayer or fiduc	iaiy) is based on an inioffilat		winowied@	
ere 📐	I for the		<u> 1311'                                 </u>	Founderil	Mil	
	Signature of officer or trustee	Date		ile		
-	Pnnt/Type preparer's name	Preparer's signature	Date	PTI	<u> </u>	
aid		DAKI.		Check if		
	RICHARD L. KOHAN	+ C porta	10/28/20	self-employed PO	037094	1
reparer	Firm's name ▶ PRICEWATER	HOUSECOOPERS LLP		Firm's EIN ▶ 13-4008		
se Only						

02110

Phone no 617-530-7461

MA

BOSTON,

### Schedule B

(Fòrm 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

2010

Name of the organization	7AT	Employer identification number
MYFIFIDENT FOUNDATIO	JN	20-6363957
Organization type (check one	2)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule.  (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ecial Rule See
General Rule		
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mone contributor. Complete Parts I and II	ore (in money or
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a composition of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	contribution of the
the year, aggregate	o(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, and I	e, scientific, literary, or
the year, contribution aggregate to more to year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any considering for use exclusively for religious, charitable, etc., purposes, but these contributions that were rely religious, charitable, etc., purpose. Do not complete any of the parts unless nization because it received nonexclusively religious, charitable, etc., contributions.	butions did not eceived during the the <b>General Rule</b>
Caution. An organization that 990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file Sche ist answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of ertify that it does not meet the filing requirements of Schedule B (Form 990, 990	its Form 990-EZ, or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B'(Form 990, 990-EZ, or 990-PF) (2010)	Page	of	of Part I
Name of organization MYFIFIDENT FOUNDATION	Employer identifi	cation nu	mber
	20-	636395	57

Part L	Contributors (see instructions)		· · · · · · · · · · · · · · · · · · ·
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1-	DEREK V. SMITH  555 SUN VALLEY DRIVE, SUITE K-4  ROSWELL, GA 30076	\$500,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

### MYFIFIDENT FOUNDATION

FORM 990-PF - PART IV

Kind of Property			INS AND LOSSES FOR TAX ON INVEST  Description			or Or	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	U	Gain or (loss)	
		TOTAL SHORT PARTNERSHIP ESTATES OR TOTAL LONG-	, S CORPORA IRUST GAIN	OR LOSS	THER		92,195.	
		PARTNERSHIP ESTATES OR	, S CORPORA	TION, AND O			-39,358.	
		TOTAL CAPIT	AL GAIN DIS	TRIBUTIONS			1,580.	
		100,000 PAR PROPERTY TY		ARNER INC		P	03/25/2009	07/14/201
110,000.		100,768.					9,232.	
		100,000 PAR PROPERTY TY		ISNEY COMPAN	NY MTN	P		09/21/201
110,560.		101,190.				i	9,370.	
		87,000 PAR PROPERTY TY		, INC		Ρ	03/23/2009	12/29/201
90,761.		88,155.					2,606.	
100,000.		100,000 PAR PROPERTY TY 100,000.		ORP		P	04/06/2009	04/15/201
113,660.		100,000 PAR PROPERTY TY 89,503.		ERTY GROUP :	LP	P	03/31/2009	08/18/201
210,000		·	mu.co	anama a a m	о <b>та с</b>		·	05 /00 /001
107,482.		100,000 PAR PROPERTY TY 101,600.		GROUP S A N	OTES	P	03/31/2009 5,882.	05/28/201
		100,000 PAR PROPERTY TY		SENIOR NOT	ES	P	03/27/2009	04/30/201
101,821.		100,850.	IL. OIIILK				971.	
		836.12 SHS PROPERTY TY				P	03/30/2010	09/13/201
10,000.		9,875.					125.	
OTAL GAIN (LO	oss)						106,760.	

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	630. 60. 3.	.869
REVENUE AND EXPENSES PER BOOKS	630. 60. 3.	.869
DESCRIPTION	MORGAN STANLEY SMITH BARNEY #20069 GOLDMAN SACHS - BROKERAGE MORGAN STANLEY SMITH BARNEY #48282 UBS	TOTAL

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	522. 26,407. 119,573. 129,799. -4,026. -4,516. 44,522. 43,966.	465,751.
REVENUE AND EXPENSES PER BOOKS	26, 407. 119, 573. 129, 799. -4, 026. -4, 516. 43, 990. 109, 504.	465,775.
DESCRIPTION	MORGAN STANLEY SMITH BARNEY #20069 GOLDMAN SACHS - BROKERAGE SUNTRUST INVEMED ASSOCIATES LLC INVEMED ASSOCIATES - ACC'D INT GOLDMAN SACHS CORPORATE BOND - ACC'D INT GOLDMAN SACHS - CORPORATE CREDIT INV FUN UBS CREDIT RECOVERY FUND LLC GOLDMAN SACHS - CORPORATE BOND	TOTAL

FORM 990PF, PART I - OTHER INCOME

## ATTACHMENT 3

REVENUE	AND	EXPENSES	PER BOOKS		18
				HEAVEN"	
			DESCRIPTION	BOOK ROYALTIES -"A PURPOSE UNDER HEAVEN"	UBS CREDIT RECOVERY FUND LLC

TOTALS

7 7 7 7	INVESTMENT	INCOME	55.	53. 15,005	08. 15.060
מוני	EXPENSES	PER BOOKS	.,	18,653	18.708.

10-8.2
AM V
9:06:02
10/28/2011
22131G U468

4			CHARITABLE PURPOSES	121.	121.
ATTACHMENT 4		ADJUSTED	NET INCOME		0
		NET	INVESTMENT INCOME		0
		REVENUE AND	EXPENSES PER BOOKS	121.	121.
	- LEGAL FEES				TOTALS
	FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	KING & SPALDING	

-	,
~	4
FOUNDATION INC.	١
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ACCOUNTING FEES	
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PART	
990PF,	
FORM	

CHARITABLE PURPOSES	52,700.	52,700.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	52,700.	52,700.
		TOTALS
DESCRIPTION	PRICEWATERHOUSECOOPERS	

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT S INCOME	798. 381. 40,381.	179. 40,381.
REVENUE AND EXPENSES PER BOOKS	31,798. 40,381.	72,179.
DESCRIPTION	PROFESSIONAL SERVICE FEES INVESTMENT MANAGEMENT FEES	TOTALS

31,798.

CHARITABLE PURPOSES

FORM 990PF, PART I - INTEREST EXPENSE

10,011. NET INVESTMENT INCOME 10,011. EXPENSES PER BOOKS REVENUE AND UBS CREDIT RECOVERY FUN DESCRIPTION

10,011.

10,011.

TOTALS

22131G U468 10/28/2011 9:06:02 AM V 10-8.2

- TAXES FORM 990PF, PART I

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

31.

7,700.

US TREASURY TAXES FOREIGN TAXES

DESCRIPTION

TOTALS

9

ATTACHMENT

### - OTHER EXPENSES FORM 990PF, PART I

CHARITABLE PURPOSES	356.	2,217.	4,419.	27,242.
NET INVESTMENT INCOME		150. 25.		30,861.
REVENUE AND EXPENSES IN PER BOOKS	356.	2,217. 150. 25.	30,686. 4,419.	58,103.
				TOTALS
DESCRIPTION	COMPUTER MAINTENANCE INSURANCE	OFFICE SUPPLIES UBS BANK FEE MSSB BANK FEE	UBS CREDIT RECOVERY FUND OTHER EXPENSES	

OBLIGATIONS	
STATE	
AND	
U.S.	
1	
II	
PART	
990PF,	
FORM	

ATTACHMENT 10	ENDING ENDING BOOK VALUE FMV	2,070,059.	2,070,059.
FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	DESCRIPTION	MORGAN STANLEY SMITH BARNEY	US OBLIGATIONS TOTAL

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

INVEMED ASSOCIATES

ENDING BOOK VALUE

ENDING FMV

91,320.

87,636.

87,636.

TOTALS

91,320.

- CORPORATE BONDS PART II

FORM 990PF,

DESCRIPTION

GOLDMAN SACHS INVEMED ASSOCIATES GENSPRING

BOOK VALUE ENDING

ENDING FMV

3,160,855. 2,023,054. 2,111,276.

3,552,103. 2,319,719. 2,110,922.

7,982,744.

TOTALS

7,295,185.

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•		l						
3	11	ENDING	5,480	2,899	1,689	1,105	.069	11,863
ATTACHMENT 13	ECIATION DETA	DISPOSALS						
	ACCUMULATED DEPRECIATION DETAIL	ADDITIONS	1,478	782	525	298.	436	
TWENT	ACC	BEGINNING BALANCE	4,002.	2,117.	1,164	807	254	8,344.
NOT HELLI HOR INVEST		ENDING	7, 696	4,071.	3,000	1,552	1,779.	18,098
LAND, HILLIDINGS, FOULPMENT NOT HELLI FOR INVESTMENT	FIXED ASSET DETAIL	ADDITIONS DISPOSALS						
#		BEGINNING BALANCE	7, 696	4,071	3,000.	1,552	1,779	18,098
		METHOD/ CLASS	M S	M5	M7	M5	LM7	
		ASSET DESCRIPTION	COMPUTERS #1	COMPUTERS #2	OFFICE FURNITURE	TELEPHONE EQUIP	OFFICE FURNITURE	TOTALS

PART II - OTHER ASSETS

FORM 990PF,

DESCRIPTION

UBS CREDIT RECOVERY FUND, LLC

ENDING BOOK VALUE

ENDING FMV

1,032,147.

TOTALS

1,074,751.

1,074,751.

1,032,147.

20-6363957

ATTACHMENT 15

### FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

2010 CHECKS CLEARING IN 2011 ADJ. TO COST BASIS

26,962.

1,157.

TOTAL

28,119.

### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

2009 CHECKS CLEARING IN 2010 ADJ. TO GS CORPORATE INVESTMENT FUND

2,774.

44,522.

TOTAL

47,296.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 17

DEREK V. SMITH 555 SUN VALLEY DRIVE SUITE K-4 ROSWELL, GA 30076 NAME AND ADDRESS

TRUSTEE 30.00

83,242.

COMPENSATION

TITLE AND AVERAGE HOURS PER

WEEK DEVOTED TO POSITION

GRAND TOTALS

83,242.

- COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES PART VIII 990PF,

TITLE AND AVERAGE

COMPENSATION

HOURS PER WEEK DEVOTED TO POSITION

24,000. 55,427. 8.00 32.00

79,427.

TOTAL COMPENSATION

LEAH WILLIAMSON 3285 SWEETWATER DRIVE CUMMING, GA 30041

ANSLEY COLBY 34 WIEUCA TRACE ATLANTA, GA 30342

NAME AND ADDRESS

### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DEREK V. SMITH 555 SUN VALLEY DRIVE, SUITE K-4 ROSWELL, GA 30076 770-709-5010

	l
YEAR	
Ħ	
DURING	
PAID	
CONTRIBUTIONS	
AND C	
GRANTS	
1	l
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PART	
FORM 990PE	

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	D ADDRESS FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	NO RELATIONSHIP, PUBLIC CHARITY TO PROVIDE GENERAL SUPPORT 500.	NO RELATIONSHIP, PUBLIC CHARITY TO PROVIDE GENERAL SUPPORT 1,000	NDATION OF WESTERN NORTH CAROLINA NO RELATIONSHIP, PUBLIC CHARITY TO PROVIDE GENERAL SUPPORT 1,600	NO RELATIONSHIP, PUBLIC CHARITY TO PROVIDE GENERAL SUPPORT 1,000	RELATED ORGANIZATION, PUBLIC CHARITY TO PROVIDE GENERAL SUPPORT 165,608.
	RECIPIENT NAME AND ADDRESS	GEORGIA AQUARIUM 225 BAKER STREET, NW ATLANTA, GA 30313	BROADWAY CARES 165 WEST 46TH STREET, #1300 NEW YORK, NY 10036	THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA P O BOX 1888 ASHEVILLE, NC 28802	CAMP TWIN LAKES 660 MEANS STREET SUITE 110 ATLANTA, GA 30318	GIVINGPOINT, INC. 555 SUN VALLEY ROAD K-4

TOTAL CONTRIBUTIONS PAID

169, 708.

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name	of estate or trust				Employer identif	lcation	number
	YFIFIDENT FOUNDATION				20-63639	57	
$\overline{}$	: Form 5227 filers need to complete onlyF				-		
Par	Short-Term Capital Gains and L	osses - Assets	Held One Yo	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
					-		
						<u> </u>	
b	Enter the short-term gain or (loss), if any, fr	om Schedule D-1	, line 1b			1b	125.
2	Short-term capital gain or (loss) from Forms	s 4684, 6252, 678	31, and 8824			2	
3 4	Net short-term gain or (loss) from partnersh Short-term capital loss carryover Enter the					3	92,195.
5	Carryover Worksheet			· · · · · · · · · · · ·		4	( )
	column (3) on the back	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	•	5	92,320.
Par				rear			(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		the entire year Subtract (e) from (d)
6a							
						_	
			-			-,	
b	Enter the long-term gain or (loss), if any, fro				• • • • • • • •	6b	52,218.
7	Long-term capital gain or (loss) from Forms	2439, 4684, 625	2, 6781, and 88	324		7	
8	Net long-term gain or (loss) from partnership	ips, S corporation	s, and other es	tates or trusts		8	-39,358.
9	Capital gain distributions					9	1,580.
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the Carryover Worksheet	amount, if any, fro	om line 14 of th	e 2009 Capital Loss		11	(
12	Net long-term gain or (loss). Combine line	es 6a through 11 i	n column (f) E	nter here and on line	14a,		14 440
For P	column (3) on the back	tions for Form 104	<u></u> 1.	<u> </u>		12 hedule	14,440. D (Form 1041) 2010

Sched	dule D'(Form 1041) 2010			Page 2
Par	Summary of Parts I and II Caution: Read the instructions beforecompleting this part.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)			92,320.
14	Net long-term gain or (loss):			
а	Total for year14a	_		14,440.
þ	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
С	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			106,760.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Fart V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and	Part I, line 4a) If lines I the <b>Capital Loss C</b> a	14a and 15, column ( arryover Workshees	(2), are net gains, go s necessary
Par	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line	4c, if a trust), the sn	naller of	
а	The loss on line 15, column (3) or b \$3,000		16  (	. )
Note	The loss on line 15, column (3) or b \$3,000  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line yoverWorksheeton page 7 of the instructions to figure your capital loss carryover	22 (or Form 990-T, lii	ne 34), is a loss, com	plete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates			
	<del></del>			Dowl on Dowll and
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than ze		iount is entered in	Part or Part II and
	tion: Skip this part and complete the worksheet on page 8 of the instructions if	10		
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gains,			
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and certine 14b, col. (2) or line 14c, col. (2) is more than zero.	omplete the works	sheet on page 8 o	of the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)	-		
	but not less than zero			
19	Enter the estate's or trust's qualified dividends	7		
	from Form 1041, line 2b(2) (or enter the qualified	1 1		
	dividends included in income in Part I of Form 990-T) 19	_}		
20	Add lines 18 and 19	]		
21	If the estate or trust is filing Form 4952, enter the	7		
	amount from line 4g, otherwise, enter -0 ▶ 21	_}		
22	Subtract line 21 from line 20 If zero or less, enter -0-	. 22		
23	Subtract line 22 from line 17 If zero or less, enter -0-	. 23		
24	Enter the ameliar of the ameunt on line 17 or \$2,200			
24 25	Enter the smaller of the amount on line 17 or \$2,300	. 24		
25	Is the amount on line 23 equal to or more than the amount on line 24?			
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box No. Enter the amount from line 23	25		
26			<del></del>	
27	Subtract line 25 from line 24	. 50		
21	Yes. Skip lines 27 thru 30, go to line 31  No. Enter the smaller of line 17 or line 22	27		
	149. Dittel the similar of mile 17 of mile 22	-		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
••	Outhbook has 00 for a large 07	1		
29	Subtract line 28 from line 27	_		
30	Multiply line 29 by 15% (15)			<u> </u>
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Sched			
	(see the Schedule Ginstructions in the instructions for Form 1041)		31	-
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate Sched	ule for Estates an		
-	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and			
	G, line 1a (or Form 990-T, line 36)			

### **SCHEDULE D-1** (Form 1041)

Department of the Treasury Internal Revenue Service

### **Continuation Sheet for Schedule D** (Form 1041)

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. OMB No 1545-0092

2010

Name of estate or trust **Employer identification number** MYFIFIDENT FOUNDATION 20-6363957 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (see page 4 of the instructions) (b) Date (c) Date sold (mo , day, yr ) (d) Sales price (see page 4 of the (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) àcquired (mo , day, yr ) Subtract (e) from (d) instructions) 1a 836.12 SHS IRON STRATEGIC INCOME 03/30/2010 09/13/2010 10,000. 9,875. 125.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. JSA OF12211000 22131G U468 10/28/2011 9:06:02 AM V 10-8.2 Schedule D-1 (Form 1041) 2010

125.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

rt II Long-Term Capital Gains an	(b) Date		(d) Sales price	(e) Cost or other basis	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co )	acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(see page 4 of the instructions)	(see page 4 of the instructions)	(f) Gain or (loss Subtract (e) from (
100,000 PAR AOL TIME	02/25/2000	07/14/2010	110 000	100 760	0.00
WARNER INC 100,000 PAR THE WALT	03/25/2009	07/14/2010	110,000.	100,768.	9,23
DISNEY COMPANY MTN	03/26/2009	09/21/2010	110,560.	101,190.	9,37
87,000 PAR KRAFT FOODS,	03/20/2003	03/21/2010	110,500.	101,190.	5,51
INC	03/23/2009	12/29/2010	90,761.	88,155.	2,60
100,000 PAR HSBC FIN CORP	04/06/2009	04/15/2010	100,000.	100,000.	
100,000 PAR SIMON PROPERTY	00/01/0000	00/10/0010	440.660		
GROUP LP	03/31/2009	08/18/2010	113,660.	89,503.	24,15
100,000 PAR TYCO INTL	02/21/2000	05 /00 /0010	107 400	101 600	F 00
GROUP S A NOTES	03/31/2009	05/28/2010	107,482.	101,600.	5,88
100,000 PAR VAICOM INC SENIOR NOTES	03/27/2009	04/30/2010	101,821.	100,850.	97
			1		
		_			

### Form **8868**

(Rev January 2011)

Department of the Treasury

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

internal Revenue			plication for each return.				
• If you are t	filing for an Automatic 3-Month Extension, co	mplete on	ly Part I and check this box		٠,٠		▶ X
	filing for an  Additional (Not Automatic) 3-Mor Diete Part II unlespou have already been grant					868	
Electronic fill a corporation 8868 to req Return for	ting (e-file) You can electronically file Form 8 required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the	3868 if yo al (not aut forms liste l Benefit (	u need a 3-month automatic extens tomatic) 3-month extension of time of in Part I or Part II with the excep Contracts, which must be sent to	ion of time You can election of For the IRS in	to ectr m 8	file (6 onica 870, aper	lly file Form Information format (see
	tomatic 3-Month Extension of Time. On						<u></u>
A corporation	required to file Form 990-T and requesting an	automatic	6-month extension - check this box a	nd complete	;		
Part I only .							▶□
All other corp	orations (including 1120-C filers), partnerships	, REMICs,	and trusts must use Form 7004 to re-	quest an ext	ens	ion of	tıme
to file income							
Type or	Name of exempt organization			Employer id	lenti	ficatio	n number
print	MYFIFIDENT FOUNDATION			20-	636	395	7
File by the	Number, street, and room or suite no. If a P.O. box,	, see instruc	tions.				
due date for	555 SUN VALLEY DRIVE, SUITE K						
filing your return See	City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions				
instructions	ROSWELL, GA 30076						
	turn code for the return that this application is f	or (file a se	eparate application for each return)			• •	04
Application		Return	Application				Return
Is For		Code	is For				Code
Form 990		01	Form 990-T (corporation)				07
Form 990-BL		02	Form 1041-A				
Form 990-E2		03	Form 4720				09
Form 990-PF		04	Form 5227				10
	(sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-1	(trust other than above)	06	Form 8870				12
Telephone  If the orga  If this is for the whole	e No ► 770 709-5010  Initiation does not have an office or place of but a Group Return, enter the organization's four group, check this box ►	usiness in i r digit Grou f it is for pa	p Exemption Number (GEN)			_ If i	▶☐ this is
	names and EINs of all members the extension						
until for the ► X ►	organization's return for. calendar year 20 <u>10</u> or tax year beginning	exempt org	anization return for the organization r	amed abov	20 _	he ex	tension is
	ax year entered in line 1 is for less than 12 mor						
	application is for Form 990-BL, 990-PF, 99	90-1, 4/20	o, or 6069, enter the tentative tax	c, less any			16 625
	undable credits See instructions application is for Form 990-PF, 990-T,	4720. p	r 6069, enter any refundable c	redits and	3a	\$	16,635.
estima	ted tax payments made Include any prior yea	ır overpayı	nent allowed as a credit.		3b	\$	8,635.
	e Due. Subtract line 3b from line 3a Include		nent with this form, if required, by us	sing EFTPS			
	onic Federal Tax Payment System) See instru				3c		8,000.
	you are going to make an electronic fund	withdrawal	with this Form 8868, see Form	8453-EO ar	nd F	orm	8879-EO for
payment ins							<del></del>
For Paperwor	k Reduction Act Notice, see Instructions.				Fom	n 886	B (Rev 1-2011)

Form 8868 (Rev	1-2011)			Page					
If you are	filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and che	ck this box					
	complete Part II if you have already been grante								
• If you are	filing for an Automatic 3-Month Extension, co	omplete or	nly Part I ( on page 1)						
Part II	Additional (Not Automatic) 3-Month Ex	tension o	f Time. Only file the original (no	copies needed).					
Туре ог	Name of exempt organization	Employer identification number							
print	MYFIFIDENT FOUNDATION	DATION 20-6363957							
File by the	Number, street, and room or suite no. If a P.O. box	, see instruc	tions						
extended due date for	555 SUN VALLEY DRIVE , SUITE K	-4							
filing your	City, town or post office, state, and ZIP code For a	ty, town or post office, state, and ZIP code. For a foreign address, see instructions							
return See instructions	ROSWELL, GA 30076								
Enter the Re	eturn code for the return that this application is f	or (file a se	parate application for each return)						
Application		Return	Application	Return					
Is For		Code	Is For	Code					
Form 990		01							
Form 990-BI	L	02	Form 1041-A	08					
Form 990-E2	Z	03	Form 4720	09					
Form 990-PI	F	04	Form 5227	10					
	(sec 401(a) or 408(a) trust)	05	Form 6069	11					
	(trust other than above)	06	Form 8870	12					
	ot complete Part II if you were not already gra	anted an au							
Telephon  If the orga	s are in the care of DEREK V. SMITH  e No 770 709-5010  anization does not have an office or place of b	usiness in t							
	or a Group Return, enter the organization's fou	_	· · · · · · · · · · · · · · · · · · ·	If this is					
	e group, check this box		it of the group, check this box	▶ L and attach a					
	names and EINs of all members the extension is est an additional 3-month extension of time until		11/15	20 11					
			. 20 . and ending	<del></del>					
6 If the to 7 State ii	lendar year 2010, or other tax year beginning ax year entered in line 5 is for less than 12 more change in accounting period in detail why you need the extension ADDIT SSARY TO FILE A COMPLETE AND AC	ths, check	reason Initial return  IME IS NEEDED TO GATHER	Final return					
		_							
8a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax	c, less any					
	undable credits. See instructions			8a \$ 16,635					
estima	application is for Form 990-PF, 990-T, ted tax payments made Include any print paid previously with Form 8868			and any					
	ce Due. Subtract line 8b from line 8a. Include	VOLE navm	ent with this form if required by us	8b \$ 16,635					
	onic Federal Tax Payment System) See instru		ient with this form, it required, by us	· 1 1					
(Liecti			d Verification	<b> 8c \$</b> 0					
	s of perjury, I declare that I have examined this form, t, and complete, and that I am authorized to prepare this fo	including acc	nd Verification companying schedules and statements, and	to the best of my knowledge and belia					
_	A folio			Data 07/22/2011					
Signature >	<i>U / • • • • • • • • • • • • • • • • • • </i>		Title ▶	Date					
				Form 8868 (Rev 1-201					