

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



Form **990-PF**

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0052 2010

| For calendar year 2010 | or tax year beginning | | - · · | , and e | nding | | | |
|---|---|-------------------|---------------------------|----------------|----------------|---------------------------|--|--|
| G Check all that apply: | Initial return | | Initial return of a f | ormer public c | harity | | Final return | n |
| | Amended retu | 'n | Address chan | ge | | Name change | | |
| Name of foundation | | | | | | A Employer | dentification | n number |
| | | | | | | | | |
| LDB 1 | OUNDATION | | | | | 74-2 | 829433 | } |
| Number and street (or P O | oox number if mail is not delive | red to street add | ress) | | Room/suite | B Telephone | number | |
| 5004 | HILL PLACE 1 | DRIVE | | | | 615- | 352-15 | 68 |
| City or town, state, and | ZIP code | | | | | C If exemption | application is p | pending, check here |
| NASH | • | 7205 | | | | D 1. Foreign | organizations | s, check here |
| H Check type of organ | ation: X Section 50 |)1(c)(3) exemp | ot private foundation | | | 2 Foreign or check her | ganizations me e and attach co | eeting the 85% test, proputation |
| Section 4947(a)(|) nonexempt charitable tru | ıst 🔲 Oth | er taxable private founda | ation | | | | itus was terminated |
| I Fair market value of a | assets at end of year J | Accounting r | nethod: Cash | X Accri | ıal | under secti | on 507(b)(1) |)(A), check here |
| (from Part II, col (c | | | (specify) | | | F If the found | lation is in a | 60-month termination |
| _ \$ | 3,742,101. | art I, column | (d) must be on cash i | basis) | | | |)(B), check here |
| Part I Analysis of | evenue and Expenses ounts in columns (b), (c), and (d | may not | (a) Revenue and | (b) Net inv | | (c) Adjus | | (d) Disbursements for charitable purposes |
| necessarily eq | al the amounts in column (a)) | , may not | expenses per books | inco | me | inco | me | (cash basis only) |
| 1 Contributions | gifts, grants, etc., received | | | X X. | 1 | N/2 | A 💥 " | |
| 2 Check | if the foundation is not required to atta | ch Sch B | | | * | Ą | 3 3 | The state of the s |
| 3 Interest on savi | gs and temporary | | 3,265. | | 3,265. | | | STATEMENT 1 |
| 4 Dividends and | interest from securities | | 22,245. | 2: | 2,245. | | | STATEMENT 2 |
| 5a Gross rents | | | | | | | | · 1 |
| b Net rental incom | or (loss) | , s | | • | , | * | 25 | 17:04 X |
| 6a Net gain or (loss | from sale of assets not on line | | 7. | | , | ·, * | : } | |
| b Gross sales prid | tor all | <u>7.</u> | | <i>y</i> | i igo | * * | | * * · · · |
| b Gross sales price assets on line 6 | ncome (from Part IV, line 2) | Ĭ. | ń j | | 7. | * | | |
| 8 Net short-terr | capital gain | | Ä. | TAR. | · A | | | * 1 |
| 9 Income mode Gross sales less | | <u> </u> | i vi i | ****** | Nás | | | ₹ % , ∀2 |
| 10a and allowances | eturis | | ` ; | | 54 <u> </u> | 1, | | 1,7% |
| b Less Cost of go | | | | / | * %(\$ | | 2 % | Y (\$\frac{1}{2}\). '! |
| c Gross profit of | (loss) | | | , | * \$ | | | |
| 11 Other income | | <u> </u> | 006 110 | | | | | **** |
| | s 1 through 11 | | 926,118. | 2: | 5,517. | | | ^\ |
| I | officers, directors, trustees, etc. | ` ├ | 43,775. | | 0. | | | 0. |
| | e salaries and wages | ļ | | | | | | |
| 9 15 Pension plans | employee benefits | <u> </u> | | | | | | |
| b Accounting fe | CITI AT | , , ├ | 7 500 | | R | ECEIV | <u>=D , ;</u> | |
| b Accounting fe | | r 3 _ | 4,590. | | المال المال | | | 0. |
| - 1 | onal fees | | | | | 10 4 7 2 | | <u> </u> |
| 17 Interest | | | | | A V | UG 11 21 | | / k |
| that the state of | ad deplotics | | | | | | <u> </u> | |
| 19 Depreciation | io depietion | | | | 10 | GDEN, | UT | <u> </u> |
| 20 Occupancy | noon and mastings | _ | | | <u> </u> | 2000 | | |
| ▼ 21 Travel, confer | nces, and meetings | <u> </u> | | | _ | | | |
| 22 Printing and p 23 Other expense | | , , <u> </u> | 241. | | 0. | | | |
| 24 Total operati | g and administrative | ` * | 241. | | · · | * | | 0. |
| 24 rotar operati | i lines 13 through 23 | | 48,606. | | 0. | | | |
| 25 Contributions | gifts, grants paid | - | 305,911. | | 0. | | | 0. |
| | s and disbursements | - | 303,311. | | | | | 305,911. |
| Add lines 24 a | | | 354,517. | | 0. | | | 305 011 |
| 27 Subtract line : | | · | JJ4,J1/• | | 0. | | | 305,911. |
| | | | 571,601. | | | | | |
| | e over expenses and disbursen tincome (if negative, enter -0 | | 3/1,001. | 21 | 5,517. | | | |
| | ICOME (if negative, enter -0-) | ′ ' | | | J , J ± 1 • | N/A | <u> </u> | |
| | perwork Reduction Act No | tice, see the | instructions | <u>.</u> | | 14/1 | <u>- </u> | Form 990-PF (2010) |

| | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | <u> </u> |
|-----------------------|-------|--|--------------------|----------------|--|
| <u></u> | art | column should be for end of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 1,900,671. | 1,615,158. | 1,615,158. |
| | 3 | Accounts receivable ▶ | | | |
| | | Less; allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | 1 | Less; allowance for doubtful accounts | | Ť | |
| | 5 | Grants receivable | | * + | |
| | 1 - | Receivables due from officers, directors, trustees, and other | | | |
| | ľ | disqualified persons | | | |
| | ١, | _ | | ···- | |
| | 7 | Other notes and loans receivable | | | 1 |
| | ١. | Less allowance for doubtful accounts | | | |
| ets | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 10a | Investments - U.S and state government obligations | | | |
| | b | Investments - corporate stock STMT 5 | 1,436,040. | 2,292,866. | 2,125,501. |
| | 0 | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | 1 |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | | | | |
| | '` | [| | // An | |
| | 45 | Less accumulated depreciation Other assets (describe STATEMENT 6) | 1,154. | 1,442. | 1,442. |
| | 13 | Other assets (describe STATEMENT 6) | 1,134. | 1,3320 | 1, 114. |
| | ١., | | 2 227 065 | 2 000 466 | 2 7/2 101 |
| _ | 1 | Total assets (to be completed by all filers) | 3,337,865. | 3,909,466. | 3,742,101. |
| | 17 | Accounts payable and accrued expenses | | | , |
| | 18 | Grants payable | | | Ži. |
| es | 19 | Deferred revenue | | · | *·_ (|
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | v f |
| ap | 21 | Mortgages and other notes payable | | | * |
| | 22 | Other liabilities (describe >) | | | The same of the sa |
| | | | | | , 1 |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | ŧ |
| _ | | Foundations that follow SFAS 117, check here | | | 1 |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | r |
| es | 24 | Unrestricted | | | r |
| ances | | Temporarily restricted | | | ŧ |
| | ı | ' ' | | | f |
| d B | 20 | Permanently restricted | | ,- | . ! |
| Ë | | Foundations that do not follow SFAS 117, check here | | | İ |
| Ä | 1 | and complete lines 27 through 31 | | ۱ , | (|
| ts | 27 | Capital stock, trust principal, or current funds | 0. | 0. | • |
| SSe | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | ٠٠١ | 1 |
| Net Assets or Fund Ba | 29 | Retained earnings, accumulated income, endowment, or other funds | 3,337,865. | 3,909,466. | 1 |
| Ne | 30 | Total net assets or fund balances | 3,337,865. | 3,909,466. | |
| | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 3,337,865. | 3,909,466. | |
| _ | | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | art | Analysis of Onlinges in Net Assets of Fund B | alances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | - | |
| | (mu | st agree with end-of-year figure reported on prior year's return) | | 1 | 3,337,865. |
| 2 | • | r amount from Part I, line 27a | | 2 | 571,601. |
| 3 | | er increases not included in line 2 (itemize) | | 3 | 0. |
| - | | lines 1, 2, and 3 | | 4 | 3,909,466. |
| 4 E | | reases not included in line 2 (itemize) | | 5 | 0,000,400. |
| 5 | | | olumn (h) lina 20 | 6 | 3,909,466. |
| <u>6</u> | i ota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | numii (D), iine 30 | | |
| | | | | | Form 990-PF (2010) |

| | and Losses for Tax on Ir | | Income | | | | | |
|--|--|------------------------------|--------------------------------------|--------------|--------------------------------|-----------------------|------------------------------|------------------------------------|
| (a) List and descri 2-story brick war | be the kind(s) of property sold (e grehouse, or common stock, 200 sh | , real estate, s MLC Co.) | | 1 P - Pi | acquired urchase onation | (c) Date a (mo., d | | (d) Date sold (mo , day, yr.) |
| 1a STANLEY BLACK & | DECKER INC - C | ASH IN | LIEU | | P | VARI | ous | 03/15/10 |
| b | | | | | | | | |
| C | | -: | | | | | | |
| d | | | | | | | | |
| е | | | | <u> </u> | <u>_</u> | | | L |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | | ain or (loss s (f) minus | |
| a 7. | | | | | | | | 7. |
| b | | | | | | | | |
| С | | | | | _ | | | |
| d | | <u> </u> | | | | | | |
| е | | <u>l</u> | 10/04/00 | | | | | |
| Complete only for assets showing | g gain in column (h) and owned by | | | | (| (I) Gains (C | ol. (h) gain not less tha | minus |
| (i) F.M V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | | | (from col. | |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | as 01 12/3 1/09 | UVEI | | | | | | |
| a | | | | | | | | 7. |
| b | . <u></u> | - | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | _ |
| e | | L | | | | | | |
| 0.0 | ∫ If gain, also ente | r in Part I, line | 7 | - } l . | , | | | 7. |
| 2 Capital gain net income or (net cap | | | 7 | J 2 | : | | | |
| 3 Net short-term capital gain or (los | | nd (6): | | ٦ | | | | |
| If gain, also enter in Part I, line 8, | column (c) | | | } <u> </u> | , | | N/A | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | nder Section 4940(e) for | r Reduced | Tax on Ne | f Inves | tment in | come | 14/17 | |
| | | | | | | | | |
| (For optional use by domestic private | foundations subject to the section | 4940(a) tax on | net investment i | ncome) | | | | |
| If section 4940(d)(2) applies, leave th | is part blank. | | | | | | | |
| 186 the foundation hable for the cost | on 4040 tow on the distributable or | nount of anusus | or in the bace pe | riod? | | | | Yes X No |
| Was the foundation liable for the sect If "Yes," the foundation does not quali | | | | illour | | | | 163 [ZX] NU |
| 1 Enter the appropriate amount in e | | | | ies. | | | | |
| (a) | (b) | 1 | | (c) | | | | (d) bution ratio |
| Base periód years Calendar year (or tax year beginnir | Admotod qualifying dy | stributions | Net value of n | | ole-use asset | s | Distrii (col. (b) dr | bution ratio vided by col. (c)) |
| 2009 | | 2,230. | | 2.9 | 51,25 | 9. | ` ` ` ` | .085465 |
| 2008 | | 7,876. | - | | 41,30 | | | .089465 |
| 2007 | | 22,023. | | | 91,17 | | | .078712 |
| 2006 | | 8,811. | | | 45,93 | | | .060521 |
| 2005 | | 7,430. | | 3,7 | 43,96 | 7. | | .071430 |
| | - · ··- | | | | · | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | .385593 |
| 3 Average distribution ratio for the 5 | 5-vear base period - divide the total | on line 2 by 5. | or by the numbe | r of years | | | | |
| the foundation has been in exister | · | • , | • | • | | 3 | | .077119 |
| | , | | | | | | | |
| 4 Enter the net value of noncharitab | le-use assets for 2010 from Part X. | line 5 | | | | 4 | | 2,976,015. |
| | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 229,507. |
| o manapy mic vay mic c | | | | | | | | - |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | | | 6 | | 255. |
| | - \ . · · · · · · · · · · · · · · · · · · | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | 229,762. |
| | | | | | | | | · - |
| 8 Enter qualifying distributions from | ı Part XII, line 4 | | | | | 8 | | 305,911. |
| . , , | line 7, check the box in Part VI, lin | e 1b, and como | lete that part usi | ng a 1% t | ax rate | <u> </u> | | |
| See the Part VI instructions | , | , and early | | | <u> </u> | | | |

| | 990-PF (2010), LDB FOUNDATION 74-2 | 829433 | | Page 4 |
|----|--|------------|---------|--------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s | see instru | ction | is) |
| 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 letter if necessary-see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | 25 | 55. |
| | 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-) | | | 0. |
| 3 | Add lines 1 and 2 | | 25 | 55. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | 0. |
| | Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | | 25 | 55. |
| 6 | Credits/Payments | | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 815. | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | ł |
| С | Tax paid with application for extension of time to file (Form 8868) | | | ŀ |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 81 | 15. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 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 | | _ | |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 56 | 60. |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 560 • Refunded ▶ 11 | | | 0. |
| Pa | rt 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 participate or intervene in | | Yes | |
| | any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | , V, |
| | distributed by the foundation in connection with the activities | | | S. 12 |
| C | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | . 49 |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | | · * * * | 24. |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | X |
| | managers. ► \$0 . | | | - **· |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | |
| | 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 | | | ا ک |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | _ 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | A 4b | | |
| 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 | | 8 | ¥. · |
| 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 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | 7 | Х | |
| | If "Yes," complete Part II, col (c), and Part XV | | 1 | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| | TN,TX | | | |
| 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 | 8b | Х | |
| 9 | | | | 77 |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | | Х |

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

| Pa | art 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 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | Х |
| 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 ► ELIZABETH JACKSON Telephone no ►615-35 | 2-1 | 568 | |
| | Located at ▶ 5004 HILL PLACE, NASHVILLE, TN ZIP+4 ▶37 | 205 | | |
| 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 | N | /A | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, 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 | | | |
| Pa | art 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 |
| 18 | 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? | 3 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | , | | general second |
| | 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.) | | | |
| ı | 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 22 of the instructions)? | 1b | | X |
| | Organizations relying on a current notice regarding disaster assistance check here | | | \$ ~ |
| 1 | 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 2010? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | · .5 |
| | defined in section 4942(j)(3) or 4942(j)(5)). | , c, | | * * |
| | a 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 | 1 | | |
| | before 2010? Yes X No | | | |
| | If "Yes," list the years 🕨,,, | | | |
| I | 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.) N/A | 2b | | |
| 1 | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | ý |
| | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | . 1 |
| 3 | | | | , , |
| | 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 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 2010) N/A | 3b | | 4. |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | ٠,- |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | X |

Form **990-PF** (2010)

| (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, othe allowances |
|---|---|------------------|--|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | - | | | |
| number of other employees paid over \$50,000 | | | • | |

| Part VIII Paid Employees, and Contractors (continued) | .aago.o,g, | |
|--|--|---|
| 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 | | |
| | | |
| | | |
| | - | |
| | | İ |
| | ·-··- | |
| | | |
| | | |
| | | |
| 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 inform | mation such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 N/A | | |
| 1 447 44 | | |
| | | 0. |
| 2 | | |
| - N | | |
| | ************************************** | |
| 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 | ld 2 | Amount |
| 1 NONE | · · · · · · · · · · · · · · · · · · · | |
| | | 0 |
| | | 0. |
| 2 | | |
| | | |
| All other everyon valeted expertments. Con unity strong | | |
| All other program-related investments. See instructions. 3 NONE | | |
| 2 1101111 | | |
| | | 0. |
| Total. Add lines 1 through 3 | • | 0. |
| Total / 100 iii 100 T till bugil b | | Form 990-PF (2010) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations | ndations | s, see instructions) |
|----|---|------------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | ··· |
| а | Average monthly fair market value of securities | 1a | 1,218,007. |
| b | Average of monthly cash balances | 1b | 1,218,007. 1,803,328. |
| c | Fair market value of all other assets | 1c | <u>,</u> |
| d | Total (add lines 1a, b, and c) | 1d | 3,021,335. |
| е | 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 | 3,021,335. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 45,320. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,976,015. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,976,015. 148,801. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 148,801. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 255. | | <u></u> |
| b | Income tax for 2010. (This does not include the tax from Part VI) | | |
| С | Add lines 2a and 2b | 2c | 255. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 148,546. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 148,546. |
| 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 | 148,546. |
| P | art XIII Qualifying Distributions (see instructions) | • | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 1.1. Š | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 305,911. |
| 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: | 362 | |
| а | 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 | 305,911. |
| 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 | 255. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 305,656. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | ualifies f | or the section |

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|--------------------------|----------------------------|--|---------------------------------------|
| 1 Distributable amount for 2010 from Part XI, | | | | |
| line 7 | | | | 148,546. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 0. | |
| b Total for prior years: | | | | |
| , , | | 0. | | , |
| 3 Excess distributions carryover, if any, to 2010: | · - · · · · · | | | |
| a From 2005 84,122. | | * * | | |
| b From 2006 48,424. | ' | ` * | , | ` ' |
| c From 2007 126,818. | | | | |
| dFrom 2008 138,039. | * ^ | *** | 4 | |
| e From 2009 105, 277. | | , | | |
| f Total of lines 3a through e | 502,680. | | 4,83 | |
| 4 Qualifying distributions for 2010 from | ** | | | |
| Part XII, line 4: ►\$ 305,911. | ÷ . | | | |
| a Applied to 2009, but not more than line 2a | <u> </u> | ·, 🝇 | 0. | * * * * * * * * * * * * * * * * * * * |
| b Applied to undistributed income of prior | | • | * | |
| | | 0. | '\$`; | 3 3 |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | % | | 140 546 |
| d Applied to 2010 distributable amount | 157,365. | ^ % & | ***** | 148,546. |
| e Remaining amount distributed out of corpus | 157,365. | ` <u>`</u> `` <u>`</u> ` | ** ; | ** |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount | V • | | <u> </u> | V• |
| must be shown in column (a)) 6 Enter the net total of each column as | | | | |
| Indicated below: | 660,045. | **** | | |
| Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract | × × | , | ************************************** | 7 , <u>7 % 1</u> |
| line 4b from line 2b | * * | 0. | | |
| c Enter the amount of prior years' | * | | | |
| undistributed income for which a notice of | | | <i>(</i> , , | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | / ² /2 | | | |
| assessed | > | 0. | Ž | |
| d Subtract line 6c from line 6b Taxable | <u> </u> | | ¥ | , ÷ |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009 Subtract line | | | _ | 4 · : 🔻 · |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | *** | | <u>}</u> ` | |
| lines 4d and 5 from line 1. This amount must | | * | • | 0 |
| be distributed in 2011 7 Amounts treated as distributions out of | | | | 0. |
| corpus to satisfy requirements imposed by | | | | 1 |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | í |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 84,122. | | | |
| 9 Excess distributions carryover to 2011 | 01/12 | | | |
| Subtract lines 7 and 8 from line 6a | 575,923. | | | |
| 0 Analysis of line 9 | | | | |
| a Excess from 2006 48,424. | | | | ŧ |
| b Excess from 2007 126,818. | | | | |
| c Excess from 2008 138,039. | | | | |
| d Excess from 2009 105,277. | | | | |
| e Excess from 2010 157, 365. | | | | |
| | | | | Form 990-PF (2010) |

| | NDATION | | | 74-283 | 29433 Page 10 |
|--|------------------------------|------------------------------|---------------------------------------|--|--|
| Part XIV Private Operating F | oundations (see in: | structions and Part VI | I-A, question 9) | N/A | ************************************** |
| 1 a If the foundation has received a ruling o | r determination letter that | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2010, enter the date of | the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private operatir | ng foundation described | in section | 4942(j)(3) or 494 | 12(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | · · · · · · · · · · · · · · · · · · · |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| 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 | | | | <u> </u> | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | İ | | | | _ |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter: (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 investment return shown in Part X, line 6 for each year listed | | | | | |
| c "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) | | | | 1 | |
| (2) Support from general public and 5 or more exempt organizations as provided in | | | | | VI.8 |
| *************************************** | · · · · · · | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| , - | | | · | - | |
| | rmation (Comple | te this part only | if the foundation | had \$5,000 or mo | re in assets |
| | | | | . , | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation why year (but only if they have contributed n | o have contributed more | | ributions received by the | foundation before the close | e of any tax |
| | | **** | | | |
| other entity) of which the foundation has | | | or an equally large portion | on of the ownership of a par | tnership or |
| NONE | | | | | |
| Check here $ ightharpoonup oxed{X}$ if the foundation o | nly makes contributions t | to preselected charitable | organizations and does n | | |
| 1 at the foundation has received a ruling or determination letter that is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling of botheck box to indicate whether the foundation is a private operating foundation described in section 2 a finet the lesser of the adjusted net income from Part I or the minimum investment return from Part I or the minimum investment return from Part X for each year listed 5 85% of line 2a c dualitying distributions from Part XII, the 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities d Complete 3b, to re for the alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired upon a "Assert's alternative test retired" (1) Total support of the retired upon a "Assert's alternative test retired" (2) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alternative test retired" (3) Assert alternative test retired upon a "Assert's alte | | | | | |
| a The Harris, address, and telephone harm | or the person to when | n applications should be | addressed | | |
| b The form in which applications should b | e submitted and informat | ion and materials they sh | ioniq iucinde. | | |
| c Any submission deadlines | | | · · · · · · · · · · · · · · · · · · · | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields, | kınds of institutions, or o | other factors | |
| | | | | | |

| 2 Create and Contributions Baid Down at the | | | | |
|---|--|--------------------------------------|----------------------------------|-------------|
| 3 Grants and Contributions Paid During the Recipient | If recipient is an individual | Payment | <u> </u> | |
| Name and address (home or business) | 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 |
| | or substantial contributor | recipient | | |
| a Paid during the year SEE ATTACHED STATEMENT NASHVILLE, TN | NONE | PUBLIC | GENERAL FUNDING | 305,911. |
| | | | | |
| | | | | |
| | | | | |
| | | | | i |
| Total | | | ► 3a | 305,911. |
| b Approved for future payment NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0. |

| nter gross amounts unless otherwise indicated. | Unrelated t | ousiness income | | y section 512, 513, or 514 | (e) |
|--|-----------------|-----------------|-----------------------|----------------------------|-----------------------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| Program service revenue. | code | | code | Amount | |
| a | _ | | | | |
| b | _ | <u> </u> | | | |
| c | _ | | | | |
| d | | | | | |
| e | | | | | |
| 1 | _ | | | | - |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 3,265. | |
| Dividends and interest from securities | | | 14 | 22,245. | |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | <u> </u> | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 7. | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | | | <u> </u> | | |
| Other revenue | | | | | |
| a | _ | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | _ | | | | |
| Subtotal. Add columns (b), (d), and (e) | | 0. | <u></u> | 25,517. | |
| Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 25,51 |
| ee worksheet in line 13 instructions to verify calculations | | | | | |
| Part XVI-B Relationship of Activities | s to the Accon | plishment of E | xempt P | urposes | |
| Explain below how each activity for which in the foundation's exempt purposes (other the | · · | , , | A contributed | importantly to the accomp | elishment of |
| 7 / A | , | 1 (| | | |

| Lille No. | the foundation's exempt purposes (other than by providing funds for such purposes) |
|-------------|--|
| N/A | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| 200001 | |

Form 990-PF (2010) ,
Part XVII Infor Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | organization directly or indi | | | | | on 501(c) of | | Yes | No |
|------------|---|---------------------------|-----------------------|----------------------------------|---------------------------------------|-----------------------------------|----------------|-----------|----------|
| | de (other than section 501(c) | | | | ızatıons? | | | | |
| a Transfe | ers from the reporting founda | ation to a noncharita | ble exempt org | ganization of | | | | | |
| (1) Ca | ish | | | | | | 1a(1) | | X |
| • • | her assets | | | | | | 1a(2) | | X |
| | ransactions: | | | | | | | | |
| • • | ales of assets to a noncharital | | | | | | 1b(1) | | X |
| . , | irchases of assets from a no | • | organization | | | | 1b(2) | | X |
| | ental of facilities, equipment, | | | | | | 1b(3) | | X |
| ` ' | embursement arrangements | | | | | | 1b(4) | | X |
| . , | oans or loan guarantees | ambarahin ar fiindrai | aina aaliaitatia | 20 | | | 1b(5) 1b(6) | | X |
| , , | erformance of services or me g of facilities, equipment, ma | | | | | | 1c | | X |
| | g or lacilities, equipment, ma inswer to any of the above is | | | | wave chow the fair m | arket value of the goods o | | ets | |
| | rices given by the reporting fo | | | | | | | , | |
| | n (d) the value of the goods, | | | 50 1000 than fall market valu | ic in any iranoaction | or onaring arrangement, or | | | |
| (a)Line no | (b) Amount involved | | | exempt organization | (d) Description | of transfers, transactions, and s | haring an | rangeme | ents |
| (-/ | | ` ' | N/A | | 1 | | | | |
| | | | | | - | | _ | | |
| - | | | | | - | | | | |
| - | | | | | <u> </u> | | | | |
| | | | | - | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Î | | | | | | | | | |
| | | | | | | | | | |
| | . . | | | | | | | | |
| | | | | | | | | | |
| | | | , | *** | | | | | |
| | | | | | | | | | |
| | | <u> </u> | | | | | | | |
| | foundation directly or indirec | = | | | zations described | Γ- | ٦., | 77 | ٦., |
| | ion 501(c) of the Code (othe | |)(3)) or in sect | ion 52/7 | | | Yes | | No |
| b If "Yes | complete the following sch. (a) Name of org | | | (b) Type of organization | - | c) Description of relationsh | un | | |
| | N/A | yanızatıdı | | (b) Type of organization | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | O) Description of relations | <u>пр</u> | | |
| | N/A | | | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | ** | | | |
| | | | | | | | | | |
| | | | <u> </u> | | | | | | |
| | Under penalties of perjury, I declar | | | | | | ef, it is tr | ue, corre | ct, |
| Sign | and complete Declaration of preparation | arer (other than taxpayer | r or fiduciary) is ba | ased on all information of which | preparer has any knowle | dge // | | | |
| Here | Chickery | X Sach | ر م | 18/8/ | // 🕨 🗸 | Secretary | | | |
| | Signature of officer or tri | | | Daye | TI | tle (| | | |
| | PrintType preparer's na | ame | Preparer's s | gnature | Date | Check if PTIN | | | |
| | | | 1 Al IL | | d.l. | self- employed Q | 964 | 90 | Δ. |
| Paid | S.L. PILSO | | JAK | | 19/2/11 | | 767 | 17 | <u>U</u> |
| Prepare | er Firm's name ► LAT | TTIMORE BI | LACK MO | RGAN & CAIN, | P.C. | Firm's EIN | | | |
| Use On | | | | | | 62-119975 | . / | | |
| | Firm's address ▶ P . | | | | | | | | |
| | BF | RENTWOOD, | TN 370 | 24-1869 | | Phone no (615) | | | |
| | | | | | | For | m 990 |)-PF (| (2010) |

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

2010

Name of the organization

' Employer identification number

| | LDB FOUNDATION | 74-2829433 |
|--|--|--|
| Organization type (che | eck 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 | on |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt chantable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | | |
| = = | tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp | occial Bula. See instructions |
| Note. Only a section of | or(c)(7), (6), or (10) organization can check boxes for both the deficial nuic and a 3). | Jecial nuite Gee Instructions |
| General Rule | | |
| _ | zation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo Complete Parts I and II | ore (in money or property) from any one |
| Special Rules | | |
| 509(a)(1) and | 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution ton (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II | · · · · · · · · · · · · · · · · · · · |
| aggregate co | 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or ntributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, n of cruelty to children or animals. Complete Parts I, II, and III | |
| contributions If this box is of purpose Do a | 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or for use exclusively for religious, charitable, etc., purposes, but these contributions dischecked, enter here the total contributions that were received during the year for an enot complete any of the parts unless the General Rule applies to this organization be intable, etc., contributions of \$5,000 or more during the year | nd not aggregate to more than \$1,000 exclusively religious, charitable, etc., |
| but it must answer "No | tion that is not covered by the General Rule and/or the Special Rules does not file Sc o" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or he filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF) | |

LHA 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)

Employer identification number

| T.DD | FOUNDATION |
|-------|-------------|
| 11111 | LOUINDATTON |

74-2829433

| Part I | Contributors (see instructions) | | |
|-------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | LINDA D. BROOKS 5004 HILL PLACE DRIVE NASHVILLE, TN 37205 | \$ 43,775. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | LINDA D. BROOKS 5004 HILL PLACE DRIVE NASHVILLE, TN 37205 | \$856,826. | Person Payroll Noncash X (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) |

LDB FOUNDATION

74-2829433

| 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 | ISHARES 3,470 SHARES, POWERSHARES 4,418 SHARES, SPDR S&P 500 4,280 SHARES | \$856,826. | 12/22/10 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 023453 12-23 | | Schodula P (Form 6 | 990, 990-EZ, or 990-PF) (2010) |

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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Form **8868** . (Rev January 2011)

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► 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

OMB No 1545-1709

 \triangleright X

| 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 Type or or orint LDB FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions 5004 HILL PLACE DRIVE | | are filing for an Additional (Not Automatic) 3-Month Ex | | | | | |
|--|----------------------------------|--|--------------|---|-----------|--|--|
| equand to file Form 990 T), or an additional (not automatic) 3month extension of time. You can electronically file Form 9808 to request an extension of time to file any of the forms 1806 in Part of Part I with the exception of Form 980 file forms 1806 in Part of Part I with the exception of Form 980 file and clack one-wife for Chandres & Notificial Part I and Unionatic S-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990 T and requesting an automatic G-month extension - check this box and complete Fart I can't and the form of the for | Do not c | omplete Part II unless you have already been granted a | ın automa | itic 3-month extension on a previously f | led For | rm 8868 | |
| thins to tile any of the forms listed in Part I for Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in page from the centrology of the Personal Benefit Contracts, which must be sent to the IRS in page from the centrology of the Part I and the Corporations (producing 1120-C Mers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns Author and the corporations (including 1120-C Mers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns Name of exempt organization Employer Identification number of the income tax returns | Electron | ic filing (e-file). You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of time t | o file (6 | months for a corp | oration |
| 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 and cick on e-file for Chantes & Norportists. A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete and cick on e-file for members are tax returns. Type or low file form 990-T and file form 990-T and requesting an automatic 6-month extension - check this box and complete and to only a file form 990-T and file form 990-T and file form 990-T and file form 990-T and file form 990-T and file form 990-T and file form 990-T and file form 990-T and 90-T and | required 1 | to file Form 990 T), or an additional (not automatic) 3-moi | nth extens | sion of time. You can electronically file F | orm 88 | 368 to request an e | xtension |
| Part Automatic 3-Month Extension of Time. Only submat organist (no copies needed) | of time to | file any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for Tran | nsfers A | Associated With Ce | rtain |
| Part I Automatic 3-Month Extension of Time. Only automatic gonges needed) Accorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only We other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on the income tax returns Type or on learn of the partnerships or the partnerships of the partnerships of the income tax returns Type or on learn or the partnership organization LDB FOUNDATION Number steet, and room or suite no if a PO. box, see instructions 5004 HILL PLACE DRIVE City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE, TN 37205 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990 Application Is Form 990 In Form 990-Time or the partnership organization of the partnership organization or each return) Application Is Form 990-Time organization organiza | Personal | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions) For more details on t | he elec | tronic filing of this f | orm, |
| Part I Automatic 3-Month Extension of Time. Only automatic gonges needed) Accorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part 1 only We other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on the income tax returns Type or on learn of the partnerships or the partnerships of the partnerships of the income tax returns Type or on learn or the partnership organization LDB FOUNDATION Number steet, and room or suite no if a PO. box, see instructions 5004 HILL PLACE DRIVE City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE, TN 37205 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990 Application Is Form 990 In Form 990-Time or the partnership organization of the partnership organization or each return) Application Is Form 990-Time organization organiza | visit www | rs gov/efile and click on e-file for Charities & Nonprofits | | | | | |
| Marticle corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the income fax refurns Name of exempt organization T4 - 2829 433 | Part I | | | ibmit original (no copies needed) | | • | |
| Application Return Application Return Application Return Ser Se | A corpora | ation required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and con | nplete | | |
| Name of exempt organization LDB FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions S00.4 HILL PLACE DRIVE City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE, TN 37205 Enter the Return code for the return that this application is for (file a separate application for each return) D 4 Application B For Code Form 990 D1 Form 990-T (corporation) O2 Form 1041-A O8 Form 990-EZ O3 Form 4720 O9 Form 990-From 9 | Part I onl | у | | | | • | |
| LDB FOUNDATION | | | ICs, and t | rusts must use Form 7004 to request ar | n exten | sion of time | |
| LOB FOUNDATION Number, street, and room or suite no. If a P O. box, see instructions 5004 HILL PLACE DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions NASHVILLE, TN 37205 Enter the Return code for the return that this application is for (file a separate application for each return) Papelication Return Application Return Application Return Application Return Application SF or Code Form 990 0 0 10 Form 990 1 corporation) Form 990 0 10 Form 990 1 00 Form 990 1 1 1 1 00 Form 990 1 1 1 1 00 Form 990 1 1 1 1 00 Form 990 1 1 1 1 00 Form 990 1 1 1 1 00 Form 990 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Type or | Name of exempt organization | | | Empl | loyer identification | number |
| Number, street, and room or suite no. If a P O. box, see instructions 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 500.4 HILL PLACE DRIVE 600.5 Form 3720.5 600.5 Form 4720 600.5 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.6 Form 990.7 | print | | | | | | |
| Number, street, and room or sulte no tap P. box, see instructions Number, street, and room or sulte no tap P. box, see instructions NaSHVILLE TN 37205 | F1 | LDB FOUNDATION | | | | <u>4-2829433</u> | |
| City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE , TN 37205 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Code Is For Code Som 990 01 Form 990 T (corporation) 07 Form 990 BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-FF 04 Form 5927 10 Form 990-FF 04 Form 5927 10 Form 990-FF 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ELIZABETH JACKSON Telephone No ► 615 - 352 - 1568 FAX No. ► If the organization does not have an office or place of business in the United States, check this box | due date for filing your | • | ee instruc | tions | | | |
| Application Return Code Is For 90 instructions | | oreign add | dress, see instructions | | | |
| SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Corporation) O7 O7 O7 O7 O7 O7 O7 O | Enter the | Return code for the return that this application is for (file | e a separa | ite application for each return) | | | 0 4 |
| SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Code SFOr Corporation) O7 O7 O7 O7 O7 O7 O7 O | Applicati | ion | Return | Application | | | Return |
| Form 990 BL | | | | | | | |
| Form 990 BL Form 990 EZ Garm 990 EX Garm | | | | | - | | |
| Form 990-EZ Form 990-EZ Form 990-EY Form 990-PF O4 Form 5227 D5 Form 6069 11 Form 990-T (trust other than above) ELIZABETH JACKSON The books are in the care of \$\infty\$ 500 4 HILL PLACE, NASHVILLE, TN - 37205 Telephone No \$\infty\$ 615-352-1568 FAX No. \$\infty\$ 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a However of the group, check this box If the organization's return for and attach a list with the names and EINs of all members the extension is for the organization's return for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 It file the exempt organization return for the organization named above. The extension is for the organization's return for Ximplify and ending 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 If this application is for Form 990 BL, 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. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3a \$ 0. | | | | | | | |
| Form 990-PF | | | | | | | + |
| Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) ELIZABETH JACKSON The books are in the care of 5004 HILL PLACE, NASHVILLE, TN - 37205 Telephone No 615-352-1568 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this so part of the group, check this box If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 AUGUST 15, 2011 To file the exempt organization return for the organization's return for X calendar year 2010 or The tax year entered in line 1 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 3b \$ 510. Balance due. Subtract line 35 from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0. | | | | | | | |
| ELIZABETH JACKSON The books are in the care of ▶ 5004 HILL PLACE, NASHVILLE, TN - 37205 Telephone No ▶ 615-352-1568 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 this 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 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 2010 or X calendar | | , | | | | | + |
| ELIZABETH JACKSON The books are in the care of 5004 HILL PLACE, NASHVILLE, TN - 37205 Telephone No 615-352-1568 FAX No. 615 for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box 1 fit it is for part of the group, check this box 1 fit is for the whole group, check this box 1 fit is for the organization for fit is for the whole group, check this box 1 fit is for part of the group, check this box 1 fit is for the whole group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the group, check this box 1 fit is for part of the gr | | | | | | | |
| The books are in the care of ▶ 5004 HILL PLACE, NASHVILLE, TN - 37205 Telephone No ▶ 615-352-1568 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) | | | | | | | |
| Telephone No ▶ 615-352-1568 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 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 If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 Is for the organization's return for Is for the organization's return for Is for the organization's return for It is for the organization's return for It is for the organization's return for It is for the organization is for Form 900 br. If the tax year entered in line 1 is for less than 12 months, check reason Initial return Think return Change in accounting period This application is for Form 990 Br., 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 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 Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3a S 0. | • The h | | | SHVILLE, TN - 37205 | ;) | | |
| 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for leavest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2010 or ▶ tax year beginning, and ending, and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 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 | • | | s in the Ui | | | | |
| 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 leavest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2010 or and ending and ending and ending and ending | | · · | | | ıs ıs foi | r the whole group, o | check this |
| I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2010 or 1x calendar year beginning , and ending If the tax year entered in line 1 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 \$ 510. 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. 3b \$ 815. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0. | _ | | • | | | | |
| AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for X Calendar year 2010 Calendar year 2010 X Calendar year 2010 X Calendar year 2010 X Calendar year beginning And ending | | - 1 | | | | | |
| is for the organization's return for X Calendar year 2010 or Lax year beginning , and ending | | | | | | The extension | |
| X calendar year 2010 or Lax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 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 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 Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3a \$ 510 • 60 • 60 • 60 • 60 • 60 • 60 • 60 • | ıs f | | J | Ŭ | | | |
| tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 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 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 Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 7 and ending Final return Final return 5 10 • 510 • 610 | | | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial 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 \$ 510. 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 3b \$ 815. c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0. | • | | , ar | nd ending | | | |
| 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 \$ 510. 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. 3b \$ 815. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0. | • | , | | | | _ | |
| nonrefundable credits See instructions 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 c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3a \$ 510. | 2 If t | | heck reas | son Initial return Fina | al retur | n | |
| 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. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b. \$ 815. | | | or 6069, e | enter the tentative tax, less any | | • | 510 |
| estimated tax payments made Include any prior year overpayment allowed as a credit c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3b \$ 815. 0. | Toylord debt of toxic occurrence | | | | | 210. | |
| c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0. | | | | | | Q1 Ε | |
| by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0. | | | | | 3b | 2 | 013. |
| b) domig 2: 110 (2:000) | | | | | | | Λ |
| | | | | | | | |



Form 8868 (Rev 1-2011)

For Paperwork Reduction Act Notice, see Instructions.

LDB Foundation Form 990-PF, Part XV, Line 3a

74-2829433

2010 Grants Paid

| | 2010 | Foundation | Purpose of |
|-----------------------------------|--------------|------------|-----------------|
| Donee | Contribution | Status | Grant |
| All About Women | 500 | Public | General Funding |
| American Heart Association | 1,828 | Public | General Funding |
| Books from Birth of Middle Tenn. | 3,100 | Public | General Funding |
| Brookwood Community | 83,465 | Public | General Funding |
| Centenary United Methodist Church | 500 | Public | General Funding |
| Centerstone | 25,000 | Public | General Funding |
| Christ Presbyterian | 16,018 | Public | General Funding |
| First Presbyterian | 10,000 | Public | General Funding |
| First United Methodist Church | 500 | Public | General Funding |
| Homework Hotline | 500 | Public | General Funding |
| Hospital Hospitality House | 5,000 | Public | General Funding |
| Magdalene | 1,000 | Public | General Funding |
| Mental Health Assn of Mid TN | 1,000 | Public | General Funding |
| Minnie Pearl Cancer Foundation | 650 | Public | General Funding |
| Nashville Hope Center | 5,000 | Public | General Funding |
| Nashville Symphony | 2,000 | Public | General Funding |
| Pace Academy | 10,000 | Public | General Funding |
| Park Center | 1,000 | Public | General Funding |
| Saint Luke's Church | 1,000 | Public | General Funding |
| Saddle Up | 1,000 | Public | General Funding |
| Salvation Army | 1,000 | Public | General Funding |
| Scleroderma Foundation | 500 | Public | General Funding |
| Siloam Family Health Center | 30,000 | Public | General Funding |
| Silver Star Families of America | 1,000 | Public | General Funding |
| The Kennedy Center | 1,000 | Public | General Funding |
| The Nashville Choir | 1,850 | Public | General Funding |
| The Miamı Project | 1,000 | Public | General Funding |
| Vanderbilt Diabetes Center | 75,000 | Public | General Funding |
| Vanderbilt Univ School of Med | 25,000 | Public | General Funding |
| Vine Street Christian Church | 500 | Public | General Funding |

305,911

LDB FOUNDATION 990-PF, Part II, Line 10B:

Morgan Stanley - Corporate Stock

74-2829433 12/31/2010 Page 1 of 2

| Symbol | Security Description | Shares | Total Cost | Current Market Value |
|--------|--|--------|------------|----------------------|
| AA | ALCOA INC COM | 225 | 7,700 14 | 3,462 75 |
| AAPL | APPLE INC | 295 | 26,112 80 | 95,155 20 |
| ABC | AMERISOURCEBERGEN CORP | 450 | 10,090 50 | 15,354 00 |
| ABT | ABBOTT LABS NPV | 300 | 16,905 08 | 14,373 00 |
| ACL | ALCON INC | 150 | 11,267 70 | 24,510 00 |
| AIG | AMERICAN INTERNATIONAL GROUP I C OM STK | 40 | 43,966 79 | 2,304 80 |
| ALL | ALLSTATE CORP COM | 325 | 16,809 15 | 10,361 00 |
| ALV | AUTOLIV INC COM | 75 | 4,227 26 | 5,920 50 |
| AMX | AMERICA MOVIL SAB DE CV | 130 | 7,799 85 | 7,454 20 |
| AOL | AOL INC | 21 | 623 11 | 497 91 |
| APD | AIR PRODS & CHEMS INC COM | 135 | 12,242 64 | 12,278 25 |
| ASH | ASHLAND INC COM | 85 | 3,714 50 | 4,323 10 |
| BAC | BANK OF AMERICA CORP | 617 | 34,234 22 | 8,230 78 |
| BAX | BAXTER INTERNATIONAL INC USD1 COM | 65 | 4,062 31 | 3,290 30 |
| BDX | BECTON DICKINSON & CO COM | 35 | 2,968 20 | 2,958 20 |
| BEN | FRANKLIN RES INC COM | 200 | 17,381 34 | 22,242 00 |
| вні | BAKER HUGHES INC | 65 | 5,533 71 | 3,716 05 |
| ВР | BP PLC ADRC SPONS ADR | 340 | 25,140 00 | 15,017 80 |
| BRCM | BROADCOM CORP CLASS A COM STK | 300 | 6,470 43 | 13,065 00 |
| С | CITIGROUP INC | 800 | 24,119 44 | 3,784 00 |
| CAH | CARDINAL HEALTH INC COM | 225 | 8,771 94 | 8,619 75 |
| CAM | CAMERON INTL CORP COM | 130 | 6,167 00 | 6,594 90 |
| CAT | CATERPILLAR INC COM | 90 | 6,341 70 | 8,429 40 |
| CBS | CBS CORP NEW CL B COM STK | 425 | 10,945 00 | 8,096 25 |
| CELG | CELGENE CORP | 325 | 20,190 05 | 19,220 50 |
| CFN | CAREFUSION CP | 112 | 3,363 64 | 2,878 40 |
| CL | COLGATE PALMOLIVE CO COM | 105 | 7,060 02 | 8,438 85 |
| CME | CME GROUP INC | 70 | 36,731 66 | 22,522 50 |
| СОР | CONOCOPHILLIPS | 500 | 34,196 01 | 34,050 00 |
| COST | COSTCO WHOLESALE CORP COM STK | 175 | 11,742 06 | 12,636.75 |
| CSCO | CISCO SYSTEMS INC | 1,145 | 30,719 21 | 23,163 35 |
| CVX | CHEVRON CORPORATION | 325 | 16,955 69 | 29,656 25 |
| DB | DEUTSCHE BANK AG COM | 135 | 15,990 54 | 7,026 75 |
| DE | DEERE & CO COM | 195 | 14,899 91 | 16,194 75 |
| DIS | WALT DISNEY CO (HOLDING COMPANY) | 70 | 2,173 05 | 2,625 70 |
| DOW | DOW CHEMICAL CORP COM STK | 275 | 12,079 00 | 9,388 50 |
| EFA | ISHARES TR MSCI EAFE IDX | 3,470 | 200,062 85 | 202,023 40 |
| EMR | EMERSON ELEC CO COM | 70 | 3,421.72 | 4,001 90 |
| EOG | EOG RESOURCES INC COM STK | 165 | 14,052 00 | 15,082 65 |
| FLEX | FLEXTRONICS INTERNATIONAL LTD | 967 | 18,932 36 | 7,590 95 |
| FLR | FLUOR CORP | 140 | 9,181 50 | 9,276 40 |
| FNF | FIDELITY NATIONAL FINANCIAL CL A | 175 | 4,630 50 | 2,394 00 |
| FTR | FRONTIER COMMUNICATIONS CO | 114 | 1,075 15 | 1109 22 |
| FWLT | FOSTER WHEELER LTD | 55 | 4,236 10 | 1,898 60 |
| GCI | GANNETT INC COM | 275 | 8,373 53 | 4,149 75 |
| GE | GENERAL ELEC CO | 450 | 14,475 07 | 8,230 50 |
| GILD | GILEAD SCIENCES INC | 600 | 17,378 50 | 21,744 00 |
| GNW | GENWORTH FINANCIAL INC | 350 | 11,181 41 | 4,599 00 |
| GOOG | GOOGLE | 100 | 38,077 96 | 59,397 00 |
| GS | GOLDMAN SACHS GROUP INC | 75 | 13,520 25 | 12,612 00 |
| HIG | HARTFORD FINANCIAL SERVICES GRO UP INC COM | 120 | 8,707 97 | 3,178 80 |
| HON | HONEYWELL INTERNATIONA L INC COM STK | 425 | 24,255 84 | 22,593 00 |
| HPQ | HEWLETT PACKARD CO USD1 | 800 | 31,000 00 | 33,680 00 |
| JCP | PENNEY(J C) CO INC USD 50 COM STK | 125 | 5,893 24 | 4,038 75 |
| JPM | JPMORGAN CHASE & CO | 600 | 24,406 63 | 25,452 00 |
| КВН | KB HOME | 100 | 4,419 00 | 1,349 00 |
| KO | COCA COLA CO 25 | 130 | 7,979 31 | 8,550 10 |
| KSS | KOHLS CORP COM | 90 | 5,140 96 | 4,890 60 |
| 1133 | 10.125 0011 0011 | 50 | 2,2.030 | .,030 00 |

| | | · - | • • | -, |
|------------|---|----------------|------------------------|------------------|
| YUM | YUMI BRANDS INC | 425 75 | 2,947 15 | 3,678 |
| XL XOM | XL GROUP PUBLIC LIMITED COMPANY EXXON MOBIL CORP | 75 425 | 5,227 00 27,007 23 | 1,636 31,076 |
| WMT | WAL MART STORES INC | 60 75 | 3,045 29 5 227 00 | 3,235 1,636 |
| WFR | MEMC ELECTR MATERIALS INC COM | 175 | 13,174 73 | 1,970 |
| WFC | WELLS FARGO COMPANY | 74 | 10,488 50 | 2,293 |
| WDC | WESTERN DIGITAL CORP COM | 175 | 6,177 50 | 5,932 |
| VZ | VERIZON COMMUNICATIONS COM STK | 475 | 15,950 26 | 16,995 |
| VOD | VODAFONE GP PLC ADS NEW | 500 | 15,279 00 | 13,220 |
| VMW | VMWARE INC -CL A | 75 | 5,088 75 | 6,668 |
| UNP | UNION PACIFIC CORP | 42 | 2,885 82 | 3,891 |
| TYC | TYCO INTERNATIONAL LTD | 106 | 5,280 74 | 4,137 |
| TXT | TEXTRON INC COM | 255 175 | 11,163 41 | 7,493 4,137 |
| TWC TWX | TIME WRNR CBL TIME WARNER INC | 58 233 | 3,012 29 8,519 30 | 3,829 7,495 |
| TSN | TYSON FOODS INC CL A | 225 | 4,005 00 | 3,874 |
| TRV | TRAVELERS COS INC | 270 | 13,600 90 | 15,041 |
| TOT | TOTAL S A. ADR | 75 | 5,590 19 | 4,011 |
| TM | TOYOTA MTR CORP COM STK | 75 | 7,431 75 | 5,897 |
| TGT | TARGET CORP COM STK | 40 | 2,288 40 | 2,405 |
| TEVA | TEVA PHARM | 425 | 19,441 91 | 22,155 |
| TECD | TECH DATA CORP | 95 | 3,961 56 | 4,181 |
| SWK T | STANLEY BLACK & DECKER INC AT&T INC ISIN US00206R1023 | 800 | 32,338 96 | 23,504 |
| SVU | SUPERVALUE INC USD C OM | 300 121 | 10,294 80 8,059 42 | 2,889 8,091 |
| SPY | SPDR S&P 500 ETF TRUST | 4,280 | 537,632 20 | 538,210 |
| SLB | SCHLUMBERGER LTD 0 01 (CURACAO) | 325 | 24,146 58 | 27,137 |
| SANM | SANMINA-SCI CORP | 100 | 4,265 83 | 1,148 |
| S | SPRINT NEXTEL CORP | 1,700 | 21,958 25 | 7,191 |
| RSG | REPUBLIC SERVICES INC COM | 157 | 3,925 10 | 4,688 |
| RIO | RIO TINTO PLC SPONS ADR | 20 | 2,757 75 | 1,433 |
| RIMM | RESEARCH IN MOTION LTD | 275 | 28,980 95 | 15,985 |
| RIG | TRANSOCEAN LTD | 46 | 6,998 56 | 3,197 |
| RGA | REINSURANCE GROUP AMER INC CL A | 34 | 1,403 10 | 1,826 |
| RDSa | ROYAL DUTCH SH A | 225 | 16,674 00 | 15,025 |
| R | RYDER SYSTEM INC | 60 | 4,276 31 | 3,158 |
| PM | PHILIP MORRIS INTL | 293 | 10,501 53 | 17,149 |
| PH | PARKER HANNIFIN CORP COM | 55 | 3,942 07 | 4,746 |
| PFE PG | PROCTER & GAMBLE CO | 1,600 | 4,144 18 | 4,181 |
| PEP PFE | PEPSICO INC PFIZER INC | 175 1,600 | 12,319 72 40,402 61 | 11,432 28,016 |
| NYX | NYSE EURONEXT INC CO | 130 | 9,048 45 | 3,897 |
| NVDA | NVIDIA CORP COM STK | 700 | 20,111 96 | 10,780 |
| NOV | NATIONAL-OILWELL VARCO INC COM | 75 | 5,516 70 | 5,043 |
| NOK | NOKIA CORP ADR SHRS EACH REPSTG 1 A SHARE | 325 | 12,107 25 | 3,354 |
| NOC | NORTHROP GRUMMAN CORP (FORMERLYNORTHROP CORP) | 140 | 10,885 13 | 9,069 |
| NKE | NIKE INC CL B COM STK | 60 | 4,065 65 | 5,125 |
| MTLQQ | MOTORS LIQ CO | 350 | 12,177 95 | 31 |
| MT | ARCELOR MITTAL N V ROTTERDAM C L A ADR | 120 | 5,589 60 | 4,575 |
| MSFT | MICROSOFT CORP USD 0 01 | 295 | 9,057 25 | 8,233 |
| MS | MORGAN STANLEY & CO COM | 375 | 23,157 16 | 10,203 |
| MRK MRO | MERCK & CO MARATHON OIL CORP COM | 200 | 10,374 94 | 7,406 |
| MON | MONSANTO COMPANY COM STK | 250 250 | 13,306 84 10,374 94 | 17,410 9,010 |
| MO | ALTRIA GROUP INC | 400 | 6,804 25 | 9,848 |
| MHS | MEDCOHEALTH SOLUTIONS INC | 450 | 18,685 30 | 27,571 |
| MET | METLIFE INC COMM STOCK | 278 | 14,432 60 | 12,354 |
| MCK | MCKESSON CORP COM | 175 | 10,209 50 | 12,316 |
| IVICD | MCDONALDS CORP COM | 45 | 1,743 73 | 3,454 |
| MCD | | | | |

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY CA | ASH II | NVESTMENTS | STATEMENT | 1 |
|-------------------------------|-------|---------------------|-----------------------------|--------|------------------------------|---------------------|-----|
| SOURCE | | | | | | AMOUNT | |
| INTEREST - MONEY FUNDS | | | | | | 3,2 | 65. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, co | LUMN A | | | 3,2 | 65. |
| FORM 990-PF DIVIDEND | S AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| DIVIDENDS | | | 22,245. | | 0. | 22,2 | 45. |
| TOTAL TO FM 990-PF, PART I, L | N 4 | | 22,245. | | 0. | 22,2 | 45. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | | 4,590. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | | 4,590. | | 0. | | | 0. |
| FORM 990-PF | 0 | THER E | XPENSES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| BANK FEES | | 241. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | | 241. | | 0. | | | 0. |

| FORM 990-PF C | ORPORATE STOCK | | STATEMENT 5 |
|--|-------------------------------|---------------------------|------------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| MORGAN STANLEY-SEE ATTACHED STATE POWERSHARES DB CMDTY IDX | MENT | 2,173,735. 119,131. | 2,003,785. 121,716. |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10B | 2,292,866. | 2,125,501. |
| | | | |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 6 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| ACCRUED INCOME RECEIVABLE | 1,154. | 1,442. | 1,442. |
| TO FORM 990-PF, PART II, LINE 15 | 1,154. | 1,442. | 1,442. |