

Return of Private Foundation

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

For the calendar year 2024, or tax year beginning October 01, 2024, and ending September 30, 2025

Name of foundation LOUISIANA-MISSISSIPPI-WEST TENNESSEE DISTRICT FOUNDATION INC
A Employer identification number 72-0905792
Number and street (or P.O. box number if mail is not delivered to street address) 10000 Celtic Drive, Ste 706,
Room/suite
B Telephone number (see instructions) (225) 769-9233
City or town, state or province, country, and ZIP or foreign postal code Baton Rouge, LA 70809
C If exemption application is pending, check here
G Check all that apply: Initial return, Final return, Address change, Initial return of a former public charity, Amended return, Name change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,272,173
J Accounting method: Cash, Accrual, Other (specify)
E If private foundation status was terminated under section 507(b)(1)(A), check here
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), leading to Total revenue of 85,766 and Total expenses of 102,913. Net investment income is 21,415 and adjusted net income is 0.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	164,107	211,994	211,994
	2 Savings and temporary cash investments . . . . .	0		
	3 Accounts receivable . . . . .			
	Less: allowance for doubtful accounts . . . . .	1,159	0	
	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 instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule) . . . . .			
	b Investments—corporate stock (attach schedule) . . . . .			
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis . . . . .			
Less: accumulated depreciation (attach schedule) . . . . .				
12 Investments—mortgage loans . . . . .				
13 Investments—other (attach schedule) . . . . .	785,780	963,913	1,060,179	
14 Land, buildings, and equipment: basis . . . . .				
accumulated depreciation (attach schedule) . . . . .				
15 Other assets (describe . . . . .)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	951,046	1,175,907	1,272,173	
Liabilities	17 Accounts payable and accrued expenses . . . . .	1,744		
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe . . . . .)			
23 Total liabilities (add lines 17 through 22) . . . . .	1,744	0		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions . . . . .	857,414	1,028,151	
	25 Net assets with donor restrictions . . . . .	91,888	147,756	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	28 Retained earnings, accumulated income, endowment, or other funds . . . . .			
29 Total net assets or fund balances (see instructions) . . . . .	949,302	1,175,907		
30 Total liabilities and net assets/fund balances (see instructions) . . . . .	951,046	1,175,907		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	949,302
2	Enter amount from Part I, line 27a . . . . .	2	(17,147)
3	Other increases not included in line 2 (itemize) . . . . .	3	243,752
4	Add lines 1, 2, and 3 . . . . .	4	1,175,907
5	Decreases not included in line 2 (itemize) . . . . .	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	6	1,175,907

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8. }			<b>3</b>	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: .....(attach copy of letter if necessary—see instructions)			<b>1</b>	<b>298</b>
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) . . . . .				
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .			<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .			<b>3</b>	<b>298</b>
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) . . . . .			<b>4</b>	
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .			<b>5</b>	<b>298</b>
<b>6 Credits/Payments:</b>				
<b>a</b> 2024 estimated tax payments and 2023 overpayment credited to 2024 . . . . .	<b>6a</b>			
<b>b</b> Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>			
<b>c</b> Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>			
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b>			
<b>7</b> Total credits and payments. Add lines 6a through 6d. . . . .			<b>7</b>	
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			<b>8</b>	
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .			<b>9</b>	<b>298</b>
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .			<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>			<b>11</b>	<b>0</b>

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ _____ <b>(2)</b> On foundation managers. \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by <i>General Instruction T</i> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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 XIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions.		
<b>8b</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 <i>General Instruction G</i> ? If "No," attach explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>14</b> The books are in care of <u>Jennifer Robertson, Exec Dir/Treasu</u> Telephone no. <u>(225) 769-9233</u> Located at <u>10000 Celtic Drive, Ste 706, Baton Rouge, LA</u> ZIP+4 <u>70809</u>		
<b>15</b> 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 . . . . .		<input type="checkbox"/>
<b>16</b> At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI-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
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(6)</b> Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here . . . . . <input type="checkbox"/>		
<b>d</b> 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 2024? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," list the years 20____, 20____, 20____, 20____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. 20____, 20____, 20____, 20____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did it have excess business holdings in 2024 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 2024? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:		Yes	No
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<b>5a(1)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<b>5a(2)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<b>5a(3)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions.	<b>5a(4)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<b>5a(5)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	<b>5b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<b>5d</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>6a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<b>6b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<b>7a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>8</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
Jennifer Robertson 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	Exec Dir/Treasurer 10	0	0	0
Andrew Dozier 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	President 1	0	0	0
Catherine Simmons 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	Secretary 1	0	0	0
Floyd McIntyre 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	Director 1	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>Total</b> number of other employees paid over \$50,000				

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

**3** Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total</b> number of others receiving over \$50,000 for professional services . . . . .		

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> <u>Grants to various Kiwanis Clubs</u>	
<b>2</b> <u>Key Club Leader Training</u>	
<b>3</b> <u>Scholarships to Education Institutions and other grants to various non-profit organizations</u>	
<b>4</b> .....	

**Part VIII-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b> .....	
<b>2</b> .....	
All other program-related investments. See instructions.	
<b>3</b> .....	
<b>Total.</b> Add lines 1 through 3 . . . . .	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	977,344
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	50,319
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	8,112
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	1,035,775
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	1,035,775
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	15,537
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	1,020,238
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 . . . . .	<b>6</b>	51,012

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

<b>1</b>	Minimum investment return from Part IX, line 6 . . . . .	<b>1</b>	51,012
<b>2a</b>	Tax on investment income for 2024 from Part V, line 5 . . . . .	<b>2a</b>	298
<b>b</b>	Income tax for 2024. (This does not include the tax from Part V) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	298
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	50,714
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	50,714
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 . . . . .	<b>7</b>	50,714

**Part XI** **Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	75,983
<b>b</b>	Program-related investments—total from Part VIII-B . . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 . . . . .	<b>4</b>	75,983

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
<b>1</b> Distributable amount for 2024 from Part X, line 7				<b>50,714</b>
<b>2</b> Undistributed income, if any, as of the end of 2024:				
<b>a</b> Enter amount for 2023 only . . . . .				
<b>b</b> Total for prior years: 20 ____, 20 ____, 20 ____				
<b>3</b> Excess distributions carryover, if any, to 2024:				
<b>a</b> From 2019 . . . . .	10,881			
<b>b</b> From 2020 . . . . .	32,593			
<b>c</b> From 2021 . . . . .	4,235			
<b>d</b> From 2022 . . . . .	11,675			
<b>e</b> From 2023 . . . . .	8,177			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	<b>67,561</b>			
<b>4</b> Qualifying distributions for 2024 from Part XI, line 4: \$ <b>75,983</b>				
<b>a</b> Applied to 2023, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2024 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . . .				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	67,561			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 . . . . .				50,714
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2025.</b> Subtract lines 7 and 8 from line 6a . . . . .	67,561			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2020 . . . . .	32,593			
<b>b</b> Excess from 2021 . . . . .	4,235			
<b>c</b> Excess from 2022 . . . . .	11,675			
<b>d</b> Excess from 2023 . . . . .	8,177			
<b>e</b> Excess from 2024 . . . . .	10,881			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
<b>b</b> 85% (0.85) of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XIV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
None

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XIV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				

**a** *Paid during the year*

**See Statements**

<b>Total</b> .....	<b>3a</b>	<b>75,983</b>
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**b** *Approved for future payment*

<b>Total</b> .....	<b>3b</b>	
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**Form 990PF Statements**

**2024**

Name of the Organization LOUISIANA-MISSISSIPPI-WEST TENNESSEE DISTRICT FOUNDATION INC	Employer identification number 72-0905792
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Statement name: **Other Income - Part I Line 11**

<b>Explanation:</b>	Fundraising, Gains/Loss Sale of Security, and Misc Income
<b>Revenue per books:</b>	\$13,052
<b>Net Investment Income:</b>	\$3,656
<b>Adjusted Net Income:</b>	\$0

Statement name: **Other Professional Fees - Part I Line 16c**

<b>Explanation:</b>	Investment Administrative Fees
<b>Expenses per books:</b>	\$5,853
<b>Net Investment Income:</b>	\$5,853
<b>Adjusted Net Income:</b>	\$0
<b>Disbursements for Charity Purpose:</b>	\$0

Statement name: **Taxes - Part I Line 18**

<b>Explanation:</b>	Federal Taxes
<b>Expenses per books:</b>	\$253
<b>Net Investment Income:</b>	\$0
<b>Adjusted Net Income:</b>	\$0
<b>Disbursements for Charity Purpose:</b>	\$0

Statement name: **Other Expenses - Part I Line 23**

<b>Explanation:</b>	postage, shipping, awards, printing, supplies, square fees, credit card fees, raffle expenses, misc
<b>Expenses per books:</b>	\$9,407
<b>Net Investment Income:</b>	\$0
<b>Adjusted Net Income:</b>	\$0
<b>Disbursements for Charity Purpose:</b>	\$0

Statement name: **Other Investments - Part II Line 13**

<b>Description:</b>	CREATE Endowment Fund, FMV Valuation Method
<b>BOY:</b>	\$785,780
<b>Listed At:</b>	End of year market value
<b>EOY:</b>	\$963,913
<b>EOY - FMV:</b>	\$1,060,179

Statement name: **Changes in Net Assets - Part III Line 3**

<b>Explanation:</b>	Prior year adjustment due to opening new bank accounts in a new software of \$79,597.54.
<b>Amount:</b>	\$79,598

<b>Explanation:</b>	Prior year adjustment for errors in book value not previously recorded.
<b>Amount:</b>	\$164,154

Statement name: **Part VII Line 1 List of officers**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits	(e) Estimated amount of other compensation
Betty Carter Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0

Martin Keil Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Sharon Henry Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Chelsea Brumfield Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Tom Long Vice President 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Jonathan Booth Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Cathy Fry Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Shawn Hornsby Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Pam Hadley Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Penny Hall Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Heather Givens Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
R. Bruce Hammatt Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
John Fry Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Claude Vinson Director 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0
Michael Caruthers Immediate Past President 10000 Celtic Drive Ste 706, Baton Rouge, LA 70809	1	\$0	\$0	\$0

Name of the Organization <b>LOUISIANA-MISSISSIPPI-WEST TENNESSEE DISTRICT FOUNDATION INC</b>	EIN <b>72-0905792</b>
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**Grants and Contributions Paid during the year - Part XIV Line 3a - Payments to organizations**

S. No.	Name	Address	Foundation status	Expense per book	Disbursements for charitable purposes
1	Mississippi State University	PO Box 6334, Mississippi State, MS 39762	509(a)(1)	\$4,500	\$4,500
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarships</b>					
2	Georgia Institute of Technology	225 North Avenue, Atlanta, GA 30332	509(a)(1)	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
3	University of Southern Mississippi	118 College Dr #5101, Hattiesburg, MS 39406	509(a)(1)	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
4	Louisiana State University	1146 Pleasant Hall, Baton Rouge, LA 70803	509(a)(1)	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
5	Southeastern Louisiana University	SLU 10720, Hammond, LA 70402	509(a)(1)	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
6	University of Tennessee at Martin	210 Hurt Street, Martin, TN 38238	509(a)(1)	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
7	Tulane University	6832 St. Charles Ave, New Orleans, LA 70118	509(a)(1)	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
8	Nicholls State University	PO Box 2005, Thibodaux, LA 70310	509(a)(1)	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): <b>Circle K Scholarship</b>					
9	Rhodes College	2000 N Parkway, Memphis, TN 38112	509(a)(1)	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
10	Vanderbilt University	2309 West End Ave, Nashville, TN 37203	509(a)(1)	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Key Club Scholarship</b>					
11	LA-MS-W TN District of Circle K	10000 Celtic Drive, Ste 706, Baton Rouge, LA 70809	SO III FI	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>Circle K Assistance</b>					
12	LA-MS-W TN District of Kiwanis Intl	10000 Celtic Drive, Ste 706, Baton Rouge, LA 70809	SO III FI	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): <b>Key Leaders South Scholarship</b>					
13	Kiwanis Club of Martin	P.O. Box 583, Martin, TN 38237	SO III FI	\$4,000	\$4,000
Purpose of grant or contribution (Class of Activity): <b>Key Leader North Scholarship</b>					
14	Kiwanis Club of Cortana	929 Government Street, Baton Rouge, LA 70802	SO III FI	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>District Grant, AED</b>					
15	Kiwanis Club of Pontchartrain	PO Box 871885, New Orleans, LA 70187	SO III FI	\$500	\$500
Purpose of grant or contribution (Class of Activity): <b>District Grant, AED</b>					
16	Kiwanis Club of Union City	PO Box 521, Union City, TN 38261	SO III FI	\$1,000	\$1,000
Purpose of grant or contribution (Class of Activity): <b>District Grant, Operation Park Bench</b>					

17	Kiwanis Club of Greater Ouachita	PO Box 14746, Monroe, LA 71207	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): SLP Grant					
18	Kiwanis Club of Columbus	PO Box 5, Columbus, MS 38257	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): SLP Grant					
19	Weakley County Backpack Program	PO Box 804, Dresden, TN 38225	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): Annual Community Awards Grant					
20	Madonna Learning Center	7007 Poplar Ave, Germantown, TN 38138	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): Annual Community Awards Grant					
21	Volunteer Ascension	908 N Airline Hwy, Gonzales, LA 70737	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): Annual Community Awards Grant					
22	Women of Vision	740 Turner Lane, Shreveport, LA 71106	SO III FI	\$300	\$300
Purpose of grant or contribution (Class of Activity): Annual Community Awards Grant					
23	Kiwanis Club of Lucedale	PO Box 1274, Lucedale, MS 39452	SO III FI	\$5,225	\$5,225
Purpose of grant or contribution (Class of Activity): SLP Grant & Community Service Grant					
24	Kiwanis Club of Acadiana-Lafayette	407 Marguerite Blvd, Lafayette, LA 70503	SO III FI	\$5,000	\$5,000
Purpose of grant or contribution (Class of Activity): Community Service Grant					
25	Kiwanis Club of Dyersburg	PO Box 22, Dyersburg, TN 38025	SO III FI	\$5,000	\$5,000
Purpose of grant or contribution (Class of Activity): Community Service Grant					
26	Kiwanis Club of Germantown	PO Box 38383, Germantown, TN 38139	SO III FI	\$6,000	\$6,000
Purpose of grant or contribution (Class of Activity): District Grant, AED (\$1,000) and Community Service Grant (\$5,000)					
27	Kiwanis Club of Tupelo	PO Box 365, Tupelo, MS 38802	SO III FI	\$5,000	\$5,000
Purpose of grant or contribution (Class of Activity): Community Service Grant					
28	Kiwanis Club of New Orleans	PO Box 11075, New Orleans, LA 70181	SO III FI	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): Community Service Grant					
29	Kiwanis Club of Red Stick	15240 Memorial Tower Dr, Baton Rouge, LA 70810	SO III FI	\$2,000	\$2,000
Purpose of grant or contribution (Class of Activity): Community Service Grant					
30	Kiwanis Club of Third District	4427 Markham Ave, Jefferson, LA 70121	SO III FI	\$1,673	\$1,673
Purpose of grant or contribution (Class of Activity): Community Service Grant					
31	Kiwanis Club of Zachary	PO Box 121, Zachary, LA 70791	SO III FI	\$450	\$450
Purpose of grant or contribution (Class of Activity): Community Service Grant					
32	Kiwanis Club of Rayne	PO Box 632, Rayne, LA 70578	SO III FI	\$935	\$935
Purpose of grant or contribution (Class of Activity): Community Service Grant					
33	Kiwanis Club of Tri Parishes	PO Box 4051, LaPlace, LA 70069	SO III FI	\$281	\$281
Purpose of grant or contribution (Class of Activity): New Club Community Service Grant					
34	Kiwanis Club of Leesville	PO Box 1873, Leesville, LA 71496	SO III FI	\$743	\$743
Purpose of grant or contribution (Class of Activity): New Club Community Service Grant					
35	LA-MS-W TN District of Key Club	10000 Celtic Drive, Ste 706, Baton Rouge, LA 70809	SO III FI	\$3,060	\$3,060

Purpose of grant or contribution (Class of Activity): **Key Club District Convention Assistance Grant**

36	Kiwanis Club of Twin Cities	PO Box 5081, South Fulton, TN 38257	SO III FI	\$9,816	\$9,816
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Purpose of grant or contribution (Class of Activity): **Super Grant**

**Tax Exempt Entity Declaration and Signature for E-file**

For calendar year 2024, or tax year beginning October 01, 2024, and ending September 30, 2025

**2024**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.

**Open to Public Inspection**

Name of filer **LOUISIANA-MISSISSIPPI-WEST TENNESSEE DISTRICT FOUNDATION INC** EIN or SSN **72-0905792**

**Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete** more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	298
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration of Officer or Person Subject to Tax**

11a  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b  If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named entity or  I am the person subject to tax with respect to (name of entity) **LOUISIANA-MISSISSIPPI-WEST TENNESSEE DISTRICT FOUNDATION INC** (EIN) **72-0905792**, and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here	Jennifer Robertson	02/11/2026	Executive Director
	Signature of officer or person subject to tax	Date	Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if selfemployed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if selfemployed <input type="checkbox"/>	PTIN
	Firm's name Firm's address				Firm's EIN Phone no.