Form **990-PF** 

# Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury

► 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.

Internal F	Revenue Service	90111 0111100011 101 1110		Open to Fubile hispection
For cal	endar year 2019 or tax year beginning 1	. 2/20 , <b>2019</b> ,	and ending 12	/31 , 2019
סטומ	ETT C AND CODNETTE C			A Employer identification number 84-4081561
HTRR	ELL C AND CORNELIE G ELER FOUNDATION			B Telephone number (see instructions)
	SHANNON ROAD			
	YETTE, LA 70503			C If exemption application is pending, check here
				C If exemption application is pending, check here $\triangleright$ $X$
<b>G</b> Che	eck all that apply $oxed{X}$ Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations, check here
	Final return	Amended return		C Fare a construction marking the SEO/ test check
	Address change	Name change		2 Foreign organizations meeting the 85% test, check here and attach computation
H Che	eck type of organization X Section 501	(c)(3) exempt private for	oundation	· · · · · ·
	Section 4947(a)(1) nonexempt charitable tr		private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here
		counting method X C	ash Accrual	under section 307(5)(1)(7), uncon hord
(1101 > \$	m Part II, column (c), line 16)	Other (specify)	,	F If the foundation is in a 60-month termination
	3/002/733: 10 34.4	column (d), must be or	n cash basis )	under section 507(b)(1)(B), check here
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investmer	nt (c) Adjusted net (d) Disbursements
	columns (b), (c), and (d) may not	expenses per books	income	for charitable purposes
	necessarily equal the amounts in			(cash basis only)
	column (a) (see instructions) )  1 Contributions, gifts, grants, etc., received (attach schedule)	3,082,793.		
	2 Check Inf the foundation is not required to attach Sch B	3,084,793.		
	and non-market is not required to attach son b			RECEIVED
	3 Interest on savings and temporary cash investments			
	4 Dividends and interest from securities			MAR 1 8 2020   S
	5 a Gross rents b Net rental income			
	or (loss)		<del></del>	
<b>0 0</b>	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all			L OGDEN IT
<b>0 6</b> 2020 Revenue	assets on line 6a 7 Capital gain net income (from Part IV, line 2)			
~ §	8 Net short-term capital gain			
Re C	9 Income modifications	·		\ \.
	10 a Gross sales less returns and			1
007	allowances b Less Cost of			
	goods sold		····	
	c Gross profit or (loss) (attach schedule).  11 Other income (attach schedule)			
ž	11 Other income (attach schedule)			
Z	12 Total. Add lines 1 through 11	3,082,793.		0. 0.
SCANNED S	13 Compensation of officers, directors, trustees, etc	0.		<u> </u>
(g) (g)	14 Other employee salaries and wages			
S penses	15 Pension plans, employee benefits			
	16 a Legal fees (attach schedule)			
Ã	<b>b</b> Accounting fees (attach sch)			
é	c Other professional fees (attach sch).			
É	17 Interest			
Ę	18 Taxes (attach schedule)(see instrs). 19 Depreciation (attach			
÷≅	schedule) and depletion			
Ē	20 Occupancy			
₹	21 Travel, conferences, and meetings.			
9	22 Printing and publications			
ä	23 Other expenses (attach schedule)			
<b>D</b>	24 Total anaration and administrative		····	
遠	24 Total operating and administrative expenses Add lines 13 through 23			
Operating and Administrative Ex	25 Contributions, gifts, grants paid.		· · · · · · · · · · · · · · · · · · ·	
ğ	26 Total expenses and disbursements.			
	Add lines 24 and 25	0.		0. 0. 0.
	27 Subtract line 26 from line 12 a Excess of revenue over expenses			
	and disbursements	3,082,793.		
	<b>b</b> Net investment income (if negative, enter -0-)			0.
	C Adjusted net income (if negative, enter -0-)			0

, **f** 

Day		Balance Sheets  Attached schedules and amoun column should be for end-of-ye	ts in the description	Beginning of year		End of	r year
Par	l II	Balance Sheets column should be for end-of-ye (See instructions )	ar amounts only	(a) Book Value	(b) Book Valu	ıe	(c) Fair Market Value
	1	Cash - non-interest-bearing	<del></del>		3,082,	793.	3,082,793.
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less allowance for doubtful accounts					
	4	Pledges receivable					
		Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and oth disqualified persons (attach schedule) (see instructions)	er				
	7	Other notes and loans receivable (attach sch)					
		Less allowance for doubtful accounts					
	8	Inventories for sale or use	- <b></b>				
	9	Prepaid expenses and deferred charges					
Assets	10 a	Investments – U.S. and state government obligations (attach schedule)					
SS	l t	Investments — corporate stock (attach schedule)			T		
⋖	0	: Investments — corporate bonds (attach schedule)					
	11	Investments — land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach schedule)	<b></b>				
	12	Investments – mortgage loans	<del>-</del> -				
	13	Investments - other (attach schedule)					
	14	Land, buildings, and equipment basis ►					
		Less accumulated depreciation (attach schedule)					
		Other assets (describe > Total assets (to be completed by all filers —					
		see the instructions. Also, see page 1, item I	)	0.	3,082,	<u> 193.</u>	3,082,793.
	17	Accounts payable and accrued expenses			-		
	18	Grants payable	· ·				
<u>8</u>	19	Deferred revenue					
Ħ	20	Loans from officers, directors, trustees, & other disqualifi	ed persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)	,				
	22	Other liabilities (describe	<b></b> '				
	23	Total liabilities (add lines 17 through 22)		0.		0.	
8		Foundations that follow FASB ASC 958, chec	k here				
lanc	24	and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions	<del>-</del>				
Ba	- '						
7	25	Net assets with donor restrictions	_				
Net Assets or Fund Balance		Foundations that do not follow FASB ASC 95 and complete lines 26 through 30.	i8, check here X				
ō	26	Capital stock, trust principal, or current funds					
es.	27	Paid-in or capital surplus, or land, bldg, and equipment					
SS	28	Retained earnings, accumulated income, endowment, or o			3,082,	793.	
ŧΑ	29	Total net assets or fund balances (see instruc	ctions)	0.	3,082,		
Ž	30	Total liabilities and net assets/fund balances (see instructions)	_	0.	3,082,		
Parl		Analysis of Changes in Net Assets o	or Fund Balanc	ces			
1	Total end-	net assets or fund balances at beginning of your figure reported on prior year's return)	ear – Part II, colur	mn (a), line 29 (must aç	ree with	1	0.
2		r amount from Part I, line 27a				2	3,082,793.
		increases not included in line 2 (itemize)				3	
		lines 1, 2, and 3				4	3,082,793.
5		ises not included in line 2 (itemize)				5	
6		net assets or fund balances at end of year (lir	ne 4 minus line 5)	- Part II, column (b), li	ne 29	6	3,082,793.

(a) List and desc 2-story brick	ribe the kind(s) of property sold (for ex k warehouse; or common stock, 200 st	rample, real estate, ns MLC Co)	(b) How acqui P — Purchas D — Donatio	se (mo, day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
b					
С			_		
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) r	
а					
b					
С					<u> </u>
d					
е					
Complete only for assets sl	howing gain in column (h) and owned t	by the foundation on 12/31/6	9	(I) Gains (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		gain minus col (k), I than -0-) or Losses (fi	but not less
a					
b					
С					
d					
e					
2 Capital gain net income or	(net capital loss). If gain, also	o enter in Part I, line 7 nter -0- in Part I, line 7	_	2	
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	) and (6)			
ın Part I, line 8	line 8, column (c) See instructions. If			3	
	nder Section 4940(e) for Reductivate foundations subject to the section				
	ve this part blank section 4942 tax on the distributable a ualify under section 4940(e) Do not co	<del>-</del> -	se period?	Yes	No
1 Enter the appropriate amou	unt in each column for each year, see t	the instructions before maki	ng any entri	es	
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
2018					<u> </u>
2017					
2016					
2015	<del></del>				
2014					
				2	-
2014  2 Total of line 1, column (d)  3 Average distribution ratio for	or the 5-year base period – divide the ation has been in existence if less than	total on line 2 by 5 0, or by 5 years	the	2 3	
<ul> <li>2014</li> <li>2 Total of line 1, column (d)</li> <li>3 Average distribution ratio for number of years the foundation</li> </ul>	or the 5-year base period — divide the ation has been in existence if less than that the charitable-use assets for 2019 from Par	s 5 years	-		
<ul> <li>2 Total of line 1, column (d)</li> <li>3 Average distribution ratio for number of years the foundation</li> </ul>	ation has been in existence if less than	s 5 years	-	3	
<ul> <li>2014</li> <li>2 Total of line 1, column (d)</li> <li>3 Average distribution ratio for number of years the foundard</li> <li>4 Enter the net value of nonc</li> <li>5 Multiply line 4 by line 3</li> </ul>	ation has been in existence if less than	s 5 years	-	3	
2014  2 Total of line 1, column (d)  3 Average distribution ratio for number of years the foundate  4 Enter the net value of nonce  5 Multiply line 4 by line 3	ation has been in existence if less than charitable-use assets for 2019 from Par	s 5 years	-	3 4 5	
2014  2 Total of line 1, column (d)  3 Average distribution ratio for number of years the founda  4 Enter the net value of nonc  5 Multiply line 4 by line 3  6 Enter 1% of net investment	ation has been in existence if less than that the less than the less than that the less than the les	s 5 years	-	3 4 5 6	

$\sim$	
• • •	
Z.	

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)	)		
$\overline{}$	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)	-		
Ł	Domestic foundations that meet the section 4940(e) requirements in Part V,			0.
_	check here ► and enter 1% of Part I, line 27b.			
(	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			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments			
a	2019 estimated tax pymts and 2018 overpayment credited to 2019			
	Exempt foreign organizations — tax withheld at source 6 b			
(	Tax paid with application for extension of time to file (Form 8868)  6 c			
C	Backup withholding erroneously withheld 6 d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_11	Enter the amount of line 10 to be Credited to 2020 estimated tax			
Par	t VII-A   Statements Regarding Activities		. ,	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		<u>X</u>
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b		X
	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			
•	Did the foundation file Form 1120-POL for this year?	1 c		Х
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ļ	1
	(1) On the foundation \$\ 0. (2) On foundation managers \$\ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			Ì
•	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Χ_
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	
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			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	ł		
	<ul> <li>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?</li> </ul>	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes,' complete Part II, col (c), and Part XV	7	Х	<del></del>
8 a	Enter the states to which the foundation reports or with which it is registered. See instructions	1		
	N/A	j		
t	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  SEE STATEMENT 1	8 b		<u>X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If 'Yes,' complete Part XIV	9		<u></u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 2	10	х	
BAA	For	m <b>99</b> 0	)-PF (	2019)

Par	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	Yes	No X
12	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	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address • N/A			- <b>-</b> -
14	The books are in care of ► RUSSELL C HIBBELER Telephone no ►			. <b></b> -
	Located at ► 149 SHANNON ROAD LAFAYETTE LA ZIP + 4 ► 70503	N/2		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here and enter the amount of tax-exempt interest received or accrued during the year	14/ 2	, -	∐ N/A
			Yes	No
16	At any time during calendar year 2019, 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?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	Γ
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	-	Yes	No
ıa	During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes $X$	No.		, !
		•		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes	No	}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No OF		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	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)?  Yes X	Мо		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X	No		
b	olf 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	<u> </u>	<del> </del>	(3
		1 6	N	A
	Organizations relying on a current notice regarding disaster assistance, check here			
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 2019?	1 c	;	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?  Yes X	No		}
	If 'Yes,' list the years ► 20 , 20 , 20 , 20			
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 all years listed, answer 'No' and attach statement – see instructions.)	2 b	N N	/A
,	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here		<u> </u>	A
•	► 20 , 20 , 20			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No		
b	olf 'Yes,' did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019)	3 b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
			+	-
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			<u> </u>
	the tax year beginning in 2019?	4 5		Х

Part VII-B Statements Regarding Activity		n 4720 May Be Red	uired (continued)	)		
5a During the year, did the foundation pay or inci		<b>,</b>	,		Yes	No
(1) Carry on propaganda, or otherwise attemp		(section 4945(e))?	Yes	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955), or to carry	— — — Yes X	No	į	
(3) Provide a grant to an individual for travel,		ourposes?	Yes X	1 1		
(4) Provide a grant to an organization other th	-			_		
in section 4945(d)(4)(A)? See instructions	ian a chamable, etc., e.	garnzaneri adderibed	Yes	No		
(5) Provide for any purpose other than religio educational purposes, or for the preventio	n of cruelty to children o	or animals?		] No		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in See instructions	the transactions fail to d a current notice regard	qualify under the except ing disaster assistance?	ions	5	b N	/A
Organizations relying on a current notice rega	rding disaster assistance	e, check here	▶ [			
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response If 'Yes,' attach the statement required by Region	sibility for the grant?	•	N/A Yes	] No		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or indir	rectly, to pay premiums	∏Yes X	No		
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirect	ly, on a personal benefi	t contract?	6	b	Х
7 a At any time during the tax year, was the found	dation a party to a prohit	oited tax shelter transac	tion? Yes X	No		
<b>b</b> If 'Yes,' did the foundation receive any procee				N/A 7	b	
8 Is the foundation subject to the section 4960 to	ax on payment(s) of mor	re than \$1,000,000 in re		7		
or excess parachute payment(s) during the ye	ar?		∐Yes ⊠	No		
Part VIII Information About Officers, Dirand Contractors	ectors, Trustees, Fo	oundation Managers	, Highly Paid Emp	oyees,		
1 List all officers, directors, trustees, and found	ation managers and the	ir compensation. See in	structions.			
(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) Exper	nse acco allowar	
RUSSELL C_HIBBELER	TRUSTEE	0.	0.			0
149 SHANNON ROAD	2.00					
LAFAYETTE, LA 70503				<del>                                     </del>		
CORNELIE G HIBBELER  149 SHANNON ROAD  LAFAYETTE, LA 70503	TRUSTEE 2.00	0.	0.			0 .
					<u>_</u>	
	1					
2 Compensation of five highest-paid employees	(other than those inclu (b) Title, and average	ded on line 1 – see ins	tructions). If none, ent (d)Contributions to			
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Exper	allowar	ount, ices
NONE						
				ļ		
Total number of other employees and over \$50,000			<u> </u>		<del></del>	
Total number of other employees paid over \$50,000						

3 Five highest-paid independent contractors for professional services. See ins		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	***	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	(
RartilX:A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
2		
		·
3		
4		
"		
PartilX:BI Summary of Program-Related Investments (see Instru	uctions)	<del></del>
Describe the two largest program-related investments made by the foundation dur		Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.
BAA		Form <b>990-PF</b> (2019)
		1 OTTH 220-11 (2012)

Form 990-PF (2019) RUSSELL C AND CORNELIE G	84-4081561	Page 8
Part X   Minimum Investment Return (All domestic foundations must complete this part see instructions.)	rt. Foreign founda	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	·
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
1c (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
	3	
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 0.164	1 - 1	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of		
and certain foreign organizations, check here ► □ and do not complete this pa		10113
1 Minimum investment return from Part X, line 6.	11	<del></del>
2 a Tax on investment income for 2019 from Part VI, line 5		
b Income tax for 2019 (This does not include the tax from Part VI ) 2 b	<b>—</b>	
c Add lines 2a and 2b.	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	. 7	0.
Part XII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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 See instructions	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years		
BAA	Form 9	90-PF (2019)

84-4081561

## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2018	<b>(c)</b> 2018	<b>(d)</b> 2019
Distributable amount for 2019 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2019		-		<u> </u>
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		<del> </del>
3 Excess distributions carryover, if any, to 2019				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016				
<b>d</b> From 2017			ľ	
e From 2018				
f Total of lines 3a through e	Ö.			
4 Qualifying distributions for 2019 from Part		-		
XII, line 4 > \$				
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2019 distributable amount	0.		<del></del>	0.
e Remaining amount distributed out of corpus	0.	<del></del>		
5 Excess distributions carryover applied to 2019	· · · · · · · · · · · · · · · · · · ·			
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	_			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount — see instructions		0.		
Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0.
7 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)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			-
10 Analysis of line 9				
a Excess from 2015				
<b>b</b> Excess from 2016				ļ
c Excess from 2017			ŀ	
d Excess from 2018			İ	į
e Excess from 2019				
BAA				Form <b>990-PF</b> (2019)

Form 990-PF (2019) RUSSELL C AND CO				84-408156	
PartiXIV Private Operating Founda	<u>`</u>				N/A
1 a If the foundation has received a ruling or d is effective for 2019, enter the date of the	ruling		-		
<b>b</b> Check box to indicate whether the foundat	ion is a private oper	ating foundation de		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	<u> </u>
each year listed <b>b</b> 85% of line 2a		· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
c Qualifying distributions from Part XII,					
line 4, for each year listed  d Amounts included in line 2c not used directly					
for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter		/ \	}		
(1) Value of all assets		<u></u>	<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		<u></u>			
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ni)				_	
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					1
RartXVI Supplementary Information assets at any time during the	(Complete this e year — see in	part only if the structions.)	foundation ha	d \$5,000 or mo	re in 、
Information Regarding Foundation Managera List any managers of the foundation who had close of any tax year (but only if they have SEE STATEMENT 3	ave contributed mor	e than 2% of the to an \$5,000) (See so	tal contributions rec ection 507(d)(2) )	eived by the found	lation before the
b List any managers of the foundation who o a partnership or other entity) of which the f NONE	wn 10% or more of oundation has a 10%	the stock of a corpo % or greater interes	oration (or an equall it	y large portion of t	he ownership of
2 Information Regarding Contribution, Grant Check here  ☐ If the foundation only makes requests for funds If the foundation makes 2a, b, c, and d See instructions	nakes contributions to gifts, grants, etc., t	o preselected charr o individuals or org	table organizations anizations under ot	her conditions, cor	pt unsolicited nplete items
a The name, address, and telephone numbe	r or email address o	f the person to who	om applications sho	uld be addressed	
<b>b</b> The form in which applications should be s	ubmitted and inform	ation and materials	they should include	2	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	uch as by geographi	cal areas, charitabl	le fields, kinds of ins	stitutions, or other	factors
BAA	TFF	A0310L 08/22/19	**************************************	<del></del>	Form <b>990-PF</b> (2019)

Grants and Contributions Paid During the	Transcription of the			N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
		1		
	ļ			
	į.			
	1	1		
	Į	1		
	1			
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				}
				}
				:
	į	}		
		<u> </u>		ļ.,
Total			► 3 a	1
Approved for future payment				
		1		
	ł			
				1
		<u> </u>	······································	
Total			► 3 t	si.

	I-A   Analysis of Income-Producing is amounts unless otherwise indicated	<del></del>	business income	Excluded	by section 512, 513, or 514	(e)
1 Dec		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
_	gram service revenue		<del></del>	code		
а Ь		+ +	·			
- c		<del>†·                                      </del>	<del> · · ·</del>	- <del> </del>		
ď		+		+		
ĕ—		<del>                                     </del>				
ř		<del>                                     </del>				
a Fees	s and contracts from government agencies	1				<u> </u>
	bership dues and assessments			1	<del></del>	
3 Intere	est on savings and temporary cash investments		<del></del>			
4 Divid	dends and interest from securities					
5 Net	rental income or (loss) from real estate.					
a Debt	t-financed property					
<b>b</b> Not	debt-financed property					
6 Net re	ental income or (loss) from personal property					, , ,
<b>7</b> Othe	er investment income					
8 Gain e	or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events					
10 Gros	ss profit or (loss) from sales of inventory					
11 Othe	er revenue					
a						
ь						
c		ļ				
d		<b>.</b>	<del></del>			
е						
12 0.14	1-1-1 A-1-11 (L) (-1) (A)	1	<del></del> :			
	total Add columns (b), (d), and (e)				12	<u> </u>
13 Tota	il. Add line 12, columns (b), (d), and (e)	ns )			13	0
13 Tota (See work	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation		shment of Exemp	ot Purpo		0
13 Tota (See work Part XV	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation   Relationship of Activities to the	Accomplis			eses	
13 Tota (See work	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
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13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the
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13 Tota (See work Part XV Line No.	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation.  I-B Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ed in column (e) of Pa	art XVI-A c	eses	o the

# Form 990-PF (2019) RUSSELL C AND CORNELIE G 84-4081561 Partixvill Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	Excilipt organiz								
describer relating t	organization directly of d in section 501(c) (of o political organization	other than sections?	on 501(c)(3) orga	anizations) or ir	section 527,	tion		Yes	No
a Transfers	s from the reporting	foundation to a	noncharitable ex	empt organiza	tion of				
<b>(1)</b> Cash	1						1 a (1)		<u>X</u>
(2) Othe	r assets						1 a (2)		<u>X</u>
<b>b</b> Other tra									
\ · /	s of assets to a none		. •				1 b (1)		<u>X</u>
<b>\_</b> /	hases of assets from			zation			1 b (2)		<u> </u>
• •	al of facilities, equip		assets				1 b (3)		<u>X</u>
` '	nbursement arranger						1 b (4)		<u>X</u>
` '	is or loan guarantees						1 b (5)		X
<b>\</b> -,	ormance of services	•	•				1 b (6)		<u>X</u>
c Sharing o	of facilities, equipme	ent, mailing lists	, other assets, or	r paid employe	es		1 c		
<b>d</b> If the and the good any trans	swer to any of the at s, other assets, or s saction or sharing ar	pove is 'Yes,' co ervices given by rangement, sho	omplete the follow y the reporting follow ow in column (d)	wing schedule oundation. If the the value of the	Column <b>(b)</b> should a foundation receive goods, other asse	always show the failed less than fair mar ts, or services recei	r market value ket value in ved	of	
<del></del>	(b) Amount involved		noncharitable exempt			f transfers, transactions,		gements	
N/A	<u> </u>								
						· · · · · · · · · · · · · · · · · · ·			
	·								
						·			
							. <u> </u>		
						. <u> </u>			
described	undation directly or ii d in section 501(c) (c	other than section	ed with, or relate on 501(c)(3)) or i	d to, one or mo n section 527?	ore tax-exempt orga	nızatıons	Yes	X	No
	complete the following	<del></del>	(1) T		<del></del>	(-) December of	rolationship		
	Name of organization	on	<b>(b)</b> Type (	of organization		(c) Description of	Telationship		
N/A					<del></del>	_			
			-				<u></u>		
						<del> </del>			
Linder ne	nalties of perjury, I declare the	hat I have examined ti	his return, including acc	ompanying schedule	and statements, and to the	best of my knowledge and	belief, it is true.		
Sign Correct.	and complete Declaration	of preparer (other the	lan taxpayer) is based	op all information  3/11/28	of which preparer has any  TRUSTEE  Tige	knowledge	May the this return preparer see instr	n with th shown bel	e
J	Print/Type preparer's nan	ne	Preparer's sig	anatura T	- O Manata	Check	rf PTIN	. 03	1.40
N-:-I	'' ' '			JVW	3-10		"    P00177	7425	
Paid	JAMES R FAUL			R FAULK	1 2-10			433	
Preparer		ARTIENS &	FAULK CPAS			Firm's EIN ► 72	-1156322		
Jse Only		24 HEYMANI		E 101		Phone no 33	7-232-80	9.1	
24.4	ســـــــــــــــــــــــــــــــــــــ	AFAYETTE,	LA 70503			Frione no 33	7-232-89		2010
BAA							Form <b>99</b>	U-PF (	2019)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization RUSSELL C AND CORNELIE G

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

HIBBELER FOUNDATION 84-4081561 Organization type (check one) Filers of: Section: 501(c)( (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

RUSSELL C AND CORNELIE G

84-4081561

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	RUSSELL C AND CORNELIE G HIBBELER  149 SHANNON ROAD  LAFAYETTE, LA 70503	\$ <u>3,082,793.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Omnicash Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ <b>-</b>	Person Payroll Noncash  (Complete Part II for noncash contributions)			
		L	<u> </u>			

Employer identification number

RUSSELL C AND CORNELIE G

84-4081561

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	ace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·	N/A		
	<u></u>		
		\$	
(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
			-
	<u></u>		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		İs	
		'	
BAA	Sch Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2019)

Name of organization

Employer identification number

84-4081561 RUSSELL C AND CORNELIE G Partill Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions.) Use duplicate copies of Part III if additional space is needed (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (a) No. from Part I N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (d)
Description of how gift is held (a) No. from (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

2019

### FEDERAL STATEMENTS

PAGE 1

RUSSELL C AND CORNELIE G HIBBELER FOUNDATION

84-4081561

3/10/20

10 18AM

STATEMENT 1 FORM 990-PF, PART VII-A, LINE 8B COPIES OF FORM 990-PF TO STATE OFFICIALS

THE FOUNDATION IS NOT REQUIRED TO FILE FORM 990-PF WITH THE STATE OF LOUISIANA.

STATEMENT 2 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

RUSSELL C & CORNELIE G HIBBELER

149 SHANNON ROAD LAFAYETTE, LA 70503

STATEMENT 3
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

RUSSELL C HIBBELER CORNELIE G HIBBELER