

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**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.**  
 ▶ **Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**

OMB No 1545-0052  
**2017**  
**Open to Public Inspection**

**For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017**

Name of foundation THE BIEDENHARN FOUNDATION		<b>A Employer identification number</b> 72-1052971	
Number and street (or P O box number if mail is not delivered to street address) 435 SUMMIT DRIVE NO 347	Room/suite	<b>B Telephone number (see instructions)</b> (318) 742-5082	
City or town, state or province, country, and ZIP or foreign postal code BOSSIER CITY, LA 71111		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 8,367,683		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	154,893	154,893		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	327,887			
	<b>b</b> Gross sales price for all assets on line 6a	3,001,156			
	<b>7</b> Capital gain net income (from Part IV, line 2)		327,887		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	10,927	10,927			
<b>12 Total.</b> Add lines 1 through 11	493,707	493,707			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	16,500	16,500		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	1,840	1,840		0
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	2,688	2,688		0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	4,169	4,169		0
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	146,821	146,821		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	172,018	172,018		0
	<b>25</b> Contributions, gifts, grants paid	372,550			372,550
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	544,568	172,018		372,550	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-50,861				
<b>b Net investment income</b> (if negative, enter -0-)		321,689			
<b>c Adjusted net income</b> (if negative, enter -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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,932	5,032	5,032
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	7,750,180	7,721,605	8,345,643
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 9,403 Less accumulated depreciation (attach schedule) ▶ 9,403			
<b>15</b> Other assets (describe ▶ _____)	0	0	17,008	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	7,757,112	7,726,637	8,367,683	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	9,315,001	9,315,001	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	-1,557,889	-1,588,364		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	7,757,112	7,726,637		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	7,757,112	7,726,637		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	7,757,112
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-50,861
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	20,386
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	7,726,637
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	7,726,637

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b> STEPHENS	P		
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<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> 2,814,414		2,673,269	141,145
<b>b</b> 186,742			186,742
<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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			141,145
<b>b</b>			186,742
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	327,887
<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 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	432,000	7,828,274	0 055185
2015	424,000	8,019,365	0 052872
2014	419,833	8,228,997	0 051019
2013	409,750	8,786,861	0 046632
2012	410,354	8,656,231	0 047406

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 253114
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 050623
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	8,139,661
<b>5</b> Multiply line 4 by line 3	<b>5</b>	412,054
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	3,217
<b>7</b> Add lines 5 and 6	<b>7</b>	415,271
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	372,550

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

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

Table with 11 rows for excise tax calculation. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax due'. Total amount owed is 6,634.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include 'Did the foundation attempt to influence any national, state, or local legislation?' and 'Did the foundation have at least \$5,000 in assets?'. Includes 'Yes' and 'No' columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 3635 GREENACRES PLACE UNIT 347 BOSSIER CITY LA ZIP+4 71111

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-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			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<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>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			<input type="checkbox"/>
<b>c</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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
				<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<b>7b</b>

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

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

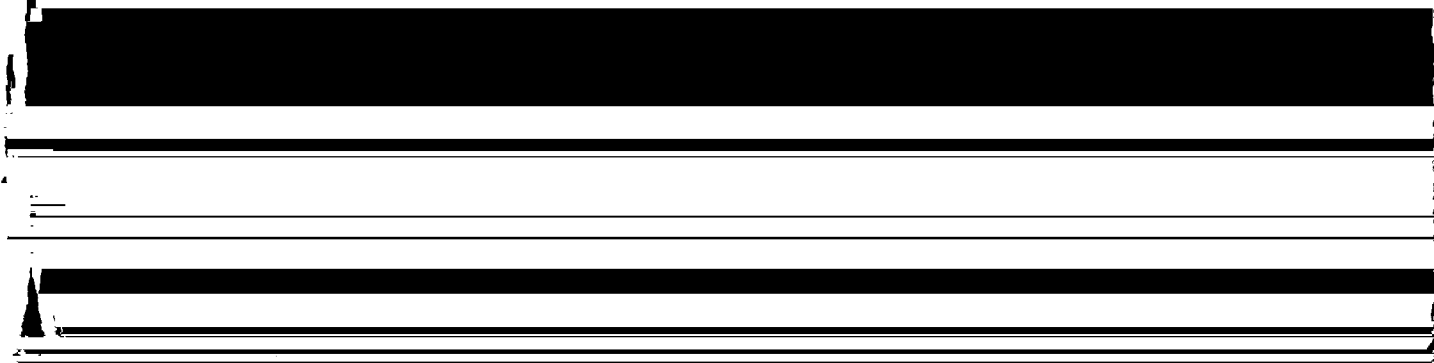
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**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.	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Part X 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>	8,183,933
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	5,982
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	73,700
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	8,263,615
<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>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	8,263,615



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)				
<b>a Paid during the year</b>				
BENTON HIGH SCHOOL TRACK TEAM 6136 HIGHWAY 3 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	1,000
BOSSIER PARISH SCHOOLS 2719 AIRLINE DRIVE BOSSIER CITY, LA 71111	NONE	PUBLIC	EDUCATIONAL	30,000
BULL BUTEAU FOUNDATION	NONE	PUBLIC	CHARITABLE	20,000



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				400,549
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			30,661	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>372,550</u>				
<b>a</b> Applied to 2016, but not more than line 2a			30,661	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				341,889
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> 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		
<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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				58,660
<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). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				



**Part XV** **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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				372,550
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0






**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
DAVID E TYRONE 3635 GREENACRES PLACE DR 347 BOSSIER CITY, LA 71111	BOARD MEMBER 8 00	0	0	0
ROSS WALKER 4102 LILLIAN ST UNIT B HOUSTON, TX 77007	BOARD MEMBER 2 00	0	0	0
MARY COBB THOMPSON 1468 OLD PLAIN DEALING ROAD BENTON, LA 71006	BOARD MEMBER 2 00	0	0	0
GIA MORGAN 3286 CALUMET DR SHREVEPORT, LA 71107	BOARD MEMBER 2 00	0	0	0
LINDA TYRONE 3635 GREENACRES PLACE DR 347 BOSSIER CITY, LA 71111	TRUSTEE 1 00	0	0	0
COLBY LORANT 706 ROBARDS ST SHREVEPORT, LA 71105	BOARD MEMBER 2 00	0	0	0

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMERS ASSOCIATION 910 PIERRMONT ROAD SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	10,000
AMERICAN RED CROSS NW LA CHAPTER 4221 LINWOOD SHREVEPORT, LA 71108	NONE	PUBLIC	CHARITABLE	5,000
ASSOCIATION OF FUNDRAISING PROFESSIONALS-NORTH 820 JORDAN ST STE 370 SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	300
BENTON HIGH CROSS COUNTRY 6136 HIGHWAY 3 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	1,000
BENTON HIGH SCHOOL GIRLS BASKETBALL 6136 HIGHWAY 3 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	1,000
<b>Total</b> . . . . . 				372,550
<b>3a</b>				

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
BENTON HIGH SCHOOL TRACK TEAM 6136 HIGHWAY 3 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	1,000
BOSSIER PARISH SCHOOLS 2719 AIRLINE DRIVE BOSSIER CITY, LA 71111	NONE	PUBLIC	EDUCATIONAL	30,000
BULL BUTEAU FOUNDATION 711 ONTARIO STREET SHREVEPORT, LA 71106	NONE	PUBLIC	CHARITABLE	20,000
CADDO COUNCIL ON AGING 1700 BUCKNER ST STE 240 SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	2,500
CENTENARY COLLEGE 2911 CENTENARY BLVD SHREVEPORT, LA 71104	NONE	PUBLIC	EDUCATIONAL	30,000
<b>Total . . . . . ▶</b> <b>3a</b>				372,550

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY RENEWAL INTERNATIONAL PO BOX 4678 SHREVEPORT, LA 71134	NONE	PUBLIC	CHARITABLE	25,000
COUNCIL ON ALCOHOLISH & DRUG ABUSE 2000 FAIRFIELD AVE SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	25,000
DAVID TOMS1111 ACADEMY DR SHREVEPORT, LA 71105	NONE	PUBLIC	CHARITABLE	5,000
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PUBLIC	CHARITABLE	15,000
EVERGREEN HOUSE 622 MISSISSIPPI AVE BEMIDJE, MN 56601	NONE	PUBLIC	CHARITABLE	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				372,550

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GATOR BAYOU PONY CLUB OF AMERICA 1301 FOREST LANE MANY, LA 71449	NONE	PUBLIC	CHARITABLE	2,000
GINGERBREAD HOUSE 1700 BUCKNER ST 101 SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	5,000
HOSPICE OF LOUISIANA 3829 GILBERT AVE SHREVEPORT, LA 71104	NONE	PUBLIC	CHARITABLE	5,000
JOY FUND222 LAKE ST SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	15,000
LOUISIANA ASSOCIATION FOR THE BLIND 1750 CLAIBORNE AVE SHREVEPORT, LA 71103	NONE	PUBLIC	CHARITABLE	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				372,550

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
LSU FOUNDATIONSKIP BERTMAN DR BATON ROUGE, LA 70803	NONE	EDUCATIONAL	CHARITABLE	5,000
NATURE CONSERVANCY OF LOUISIANA PO BOX 4125 BATON ROUGE, LA 70821	NONE	PUBLIC	CHARITABLE	10,000
NINA'S ROAD TO RESCUE 6 STERLING RANCH NORTH HAUGHTON, LA 71037	NONE	PUBLIC	CHARITABLE	7,500
NO LIMITS JUST FAITH 5KPO BOX 1418 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	1,000
NORTHWEST LOUISIANA DEVELOPMENT CORPORATION PO BOX 37314 SHREVEPORT, LA 71133	NONE	PUBLIC	CHARITABLE	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				372,550

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
PROVIDENCE HOUSE814 COTTON ST SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	5,000
RED RIVER REVEL ARTS FESTIVAL 101 CROCKETT ST C SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	10,000
RENESTING PROJECT 1303 DRIFTWOOD DR BOSSIER CITY, LA 71111	NONE	PUBLIC	CHARITABLE	6,250
SALAVATION ARMY200 EAST STONER SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	15,000
SCI-PORT DISCOVER CENTER 820 CLYDE FANT PKWY SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	7,500
<b>Total . . . . .</b> ▶ <b>3a</b>				372,550

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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)				
<b>a</b> <i>Paid during the year</i>				
SHREVEPORT-BOSSIER RESCUE MISSION 901 MCNEIL ST SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	10,000
SHINER'S HOSPITAL OF SHREVEPORT 3100 SAMFORD AVE SHREVEPORT, LA 71103	NONE	PUBLIC	MEDICAL RESEARCH	7,500
ST JUDE CHILDRENS HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PUBLIC	MEDICAL RESEARCH	5,000
STRAND THEATRE 619 LOUISIANA AVE SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	5,000
ULM FOUNDATION MEMORIAL NURSING AWARD 700 UNIVERSITY AVE MONROE, LA 71209	NONE	PUBLIC	EDUCATIONAL	5,000
<b>Total</b> . . . . . <b>3a</b>				372,550

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF NWLA 402 EDWARDS ST SHREVEPORT, LA 71101	NONE	PUBLIC	CHARITABLE	15,000
WERLAPO BOX 771 BENTON, LA 71006	NONE	PUBLIC	CHARITABLE	20,000
<b>Total . . . . .</b> ▶				372,550
<b>3a</b>				

**TY 2017 Accounting Fees Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	1,840	1,840		0

**TY 2017 Investments - Other Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MUTUAL FUNDS	FMV	7,721,605	8,345,643

**TY 2017 Other Assets Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OIL AND GAS MINERALS	0	0	17,008

**TY 2017 Other Expenses Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	2,229	2,229		0
INTEREST	9	9		0
MANAGEMENT FEE	57,833	57,833		0
INVESTMENT FEES	84,201	84,201		0
INSURANCE	2,549	2,549		0

**TY 2017 Other Income Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INCOME-NET	6,803	6,803	6,803
MISCELLANEOUS	4,124	4,124	4,124

**TY 2017 Other Increases Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971

<b>Description</b>	<b>Amount</b>
ACCUMULATED DEPLETION NOT RECORDED ON BOOKS	2,226
UNREALIZED GAIN AND LOSS ADJ	18,160

**TY 2017 Taxes Schedule****Name:** THE BIEDENHARN FOUNDATION**EIN:** 72-1052971

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL	2,629	2,629		0
PROPERTY	59	59		0