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Form **990-PF**

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 separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

For	cale	ndar year 2016 or tax year beginning DEC	23, 2016	, and ending	DEC 31, 2016	
Na	me c	of foundation			A Employer identification	number
_				04 4500455		
		ONER FAMILY FOUNDATION, and street (or PO box number if mail is not delivered to street	INC	Room/suite	81-4793475	
		B S BAYSIDE DR	address)	Roomvsuite	B Telephone number 813-541-81	5.2
		town, state or province, country, and ZIP or foreign p	octal anda		-	
		IPA, FL 33609	ostai code		C If exemption application is p	ending, check here
S 0 1		k all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	ormor public ditarily		
,` @		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
	Chec	k type of organization: X Section 501(c)(3) ex	empt private foundation		1 IE If private foundation sta	tus was terminated
	<u>] s</u>	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
Fi Fi	air m	arket value of all assets at end of year J Account	-	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1)	(B), check here
		5,015,474. (Part I, colu	mn (d) must be on cash			
	art	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
<u>-6</u>	<u>,</u>	necessarily equal the amounts in column (a)		income		(cash basis only)
(P.	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B	5,023,786.		N/A	
	2	Interest on savings and temporary				
	1	cash investments Dividends and interest from securities	17.	17.		STATEMENT 1
	5,	a Gross rents				
	Ι.	Net rental income or (loss)				
4	6:	Net gain or (loss) from sale of assets not on line 10				
a e	1	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
<u>~</u>	8	Net short-term capital gain		<u> </u>		
	9	Income modifications Gross sales less returns				
	10:	and allowances				
		Less Cost of goods sold				
	1	c Gross profit or (loss) Other income				
	11 12		5,023,803.	17.		
	13	Compensation of officers, directors, trustees, etc	0.	ő.		0.
	14	Other employee salaries and wages		_ _		
	15	Pension plans, employee benefits				
ses		a Legal fees				
Den]	b Accounting fees				
й		c Other professional fees				
Administrative Expens	17	_		RECEIVED -		
stra	18	• •	 		RS.	
Ë	19	-	920	MAY 2 2 75.47	6	
Ž L	20	Occupancy Travel, conferences, and meetings		WINT 2 - 1	<u> </u>	
and /	22	Printing and publications	<u>_</u>	OGDEN, UT	? 	
9	23	•		UGDEN, UT		
atin	24					
Operating		expenses Add lines 13 through 23	0.	0.	<u> </u>	0.
Ō	25	_ · · · · · · · · · · · · · · · · · · ·	0.			0.
	26	Total expenses and disbursements.	_			
	↓_	Add lines 24 and 25		0.	ļ	0.
	27	Subtract line 26 from line 12:				
	1	Excess of revenue over expenses and disbursements	5,023,803.			
	1	b Net investment income (if negative, enter -0-)		17.	37/3	ļ
_	لسل	c Adjusted net income (if negative, enter -0-)	l	<u> </u>	N/A	

Fo	rm 99	0-PF (2016) REDNER FAMILY FOUNDATIO		81-	4793475 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u> </u>	<u> </u>	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		500,000.	500,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
	1	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	j	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		·	
⋖	10a	Investments - U.S. and state government obligations			<u></u> _
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment. basis			
	}	Less accumulated depreciation			
	12	Investments - mortgage loans			······································
	13	Investments - other .			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe STATEMENT 2)	0.	4,523,803.	4,515,474.
	16	Total assets (to be completed by all filers - see the	_		
	↓ _	instructions. Also, see page 1, item I)	0.	5,023,803.	5,015,474.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jak	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			!
					,
_	23_	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
Ŋ	1_	and complete lines 24 through 26 and lines 30 and 31.			
nce	24	Unrestricted			
ala	25	Temporarily restricted			
9	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
ě		and complete lines 27 through 31	0	,	
sts	27	Capital stock, trust principal, or current funds	0.	0.	
SSI	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
et A	29	Retained earnings, accumulated income, endowment, or other funds	0.	5,023,803.	
ž	30	Total net assets or fund balances	U •	5,023,803.	
		Takal liabilitation and not accept through believed	0.	5,023,803.	
_	[3]	Total liabilities and net assets/fund balances		5,025,005.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
-	Total	not accept or fund halaness at haginging of year. Part II polyme (a) line	20		
1		net assets or fund balances at beginning of year - Part II, column (a), line	JU		0.
o		it agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a			5,023,803.
		r increases not included in line 2 (itemize)		2 3	5,023,803.
		lines 1, 2, and 3		- 3	5,023,803.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b) line 30	6	5,023,803.
<u>-</u>	<u>. o.u.</u>	Tatting of Talling Salaring State of South Aming State of Tatting of	10/1		Form 990-PF (2016)

	n 990-PF (2016) REDNER FAMILY FOUNDATION, INC 81 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948		93475 e instru		Page 4 ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter N/A on line 1.	T			<u> </u>
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				0.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	┷			<u>0.</u>
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-)	ᆚ			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:				
a	2016 estimated tax payments and 2015 overpayment credited to 2016				
	Exempt foreign organizations - tax withheld at source				1
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 6d				_
	Total credits and payments. Add lines 6a through 6d	┷			<u>0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	 - -			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	—			
	rt VII-A Statements Regarding Activities			Vaa	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	r			
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1 <u>c</u>		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				l
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •				,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
0	managers. \$ 0.				x -
2	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.		2	-	<u>~</u>
9	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
Áο	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
•	If "Yes," attach the statement required by General Instruction T.		<u> </u>		_ _
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				1
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		_		l
	FL		_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation SEE STATEMEN	т 3	8b		X
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			i	1
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STM		10	<u> </u>	
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4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	s X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); of	er to carry on, directly or indire			
any voter registration drive?			s 🔀 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Ye	s 🗶 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		
the prevention of cruelty to children or animals?			es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A 5	ь
Organizations relying on a current notice regarding disaster assistance check h			▶□ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined		
expenditure responsibility for the grant?		/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494		.,] }
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			į	
a personal benefit contract?	pay promiums on	□ v _e	s X No	1 1
•	oreanal honofit contract?			b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870.	ier Soniai Denenii Contracti		- <u>-</u> -	
·	.haltas transastinas		s X No	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y6		
b If Yes, did the foundation receive any proceeds or have any net income attributed the foundation About Officers. Directors. Trust		المامال مسموم	N/A 7	<u> </u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	magers, nigni	,	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, business, four dation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	account, other
TOGERNI I DERVER	to position	enter -0-)	compensation	allowances
JOSEPH J REDNER	DIRECTOR/PRES	TDEMTATE	ASURER	
823 S BAYSIDE DR	2 00			0
TAMPA, FL 33609	2.00	0.	0.	0.
JENNIFER REDNER	DIRECTOR/VP/S	ECRETARY		
823 S BAYSIDE DR				•
TAMPA, FL 33609	2.00	0.	0.	0.
DARIO DIAZ	DIRECTOR			
1101 N ARMENIA AVE		1		
TAMPA, FL 33607	2.00	0.	0.	0.
		1		
	L	<u> </u>	ll	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4.15
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	devoted to position	(c) component	compensation	allowances
NONE]	ļ		
	1	1		
]	
	}		_	
	1	1		
Total number of other employees paid over \$50,000		<u> </u>	D	0
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions)
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	1a	2,257,737.
Ь	Average of monthly cash balances	1b	250,000.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,507,737.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	2,507,737.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	37,616.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,470,121.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,046.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here \(\rightarrow\) and do not complete this part.)	nd certain	
- 1	Minimum investment return from Part X, line 6	1	3,046.
	Tax on investment income for 2016 from Part VI, line 5	- + -	3,010.
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,046.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,046.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,046.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
a	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	_
	income. Enter 1% of Part I, line 27b	5	<u>0</u> .
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 whether the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.		

Page 9 Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) Years prior to 2015 2015 2016 Corpus 1 Distributable amount for 2016 from Part XI. 3,046. line 7 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: a From 2011 **b** From 2012 c From 2013 d From 2014 e From 2015 0 f Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 0 a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 0. d Applied to 2016 distributable amount 0 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 0 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 3,046. be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 0 not applied on line 5 or line 7 Excess distributions carryover to 2017. 0 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 b Excess from 2013

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c Excess from 2014 d Excess from 2015 e Excess from 2016

	FAMILY FOUN				93475 Page 1
Part XIV Private Operating	Foundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f	or 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the four		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	1	1			}
each year listed		<u> </u>			
b 85% of line 2a					
e Qualifying distributions from Part XII,					
line 4 for each year listed	1	ĺ			}
d Amounts included in line 2c not					
used directly for active conduct of	1				
exempt activities					
e Qualifying distributions made directly			 	 	
for active conduct of exempt activities.	}	į		}	
Subtract line 2d from line 2c				1	1
3 Complete 3a, b, or c for the		 	 	+	
alternative test relied upon:					1
a "Assets" alternative test - enter:			1	}	
(1) Value of all assets		 	 	 	
(2) Value of assets qualifying	1				1
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter		 	 	 	
2/3 of minimum investment return		1		1	}
shown in Part X, line 6 for each year	1	j			1
listed		ļ	 	 	
c "Support" alternative test - enter:					l .
(1) Total support other than gross	1			1	1
investment income (interest, dividends, rents, payments on		}			1
securities loans (section					1
512(a)(5)), or royalties)		l			<u> </u>
(2) Support from general public		T			†
and 5 or more exempt organizations as provided in		1			İ
section 4942(j)(3)(B)(iii)				}	}
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV · Supplementary Inf	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundati	on Managers:		 		
a List any managers of the foundation w	•	than 2% of the total cor	stributions received by th	e foundation before the cir	se of any tax
year (but only if they have contributed			inibations received by th	o louillation belove the old	iso of any tax
JOSEPH J REDNER					
b List any managers of the foundation w	the own 10% or more of the	e stock of a cornoration	(or an equally large port	ion of the ownership of a r	artnershin or
other entity) of which the foundation h			i (or air equally large port	ion of the ownership of a p	a thoromp or
NONE	-				
	tion Grant Gift Loan	Sahalarahin ata E	Programe:	 	
2 Information Regarding Contribution Check here ► In the foundation				not accept uppelleded rea	unata for funda. If
the foundation makes gifts, grants, etc					
					
a The name, address, and telephone nul		tne person to whom app	olications should be addre	essea:	
JOSEPH J REDNER, 81					
823 S BAYSIDE DR, T.					
b The form in which applications should					
WRITTEN APPLICATION	WITH EXPLANA	TION OF CH	AKITABLE FU	NCTION	
c Any submission deadlines:					
NONE				 	
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable field:	s, kinds of institutions, or	other factors:	
NONE					
					
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3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
NONE				
			 	
				<u> </u>
	_			
				1
		L		
Total b Approved for future payment	<u> </u>		<u>▶ 3a</u>	0.
NONE				
NONE				
		 		
				}
		ļ		
				}
		ì		1
Total			<u>▶ 3b</u>	0.
			 	orm 990-PF (2016)

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	------------

nter gross amounts unless otherwise indicated.		d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- slon code	(d) Amount	Related or exempt function income
	Code		1		
a	-		+-+		
·	1 1		+-+		
d			+		
<u> </u>	l i		+		
4	-		+-+		·
	- 		+		
g Fees and contracts from government agencies	<u> </u>		+		
Membership dues and assessments			+		
Interest on savings and temporary cash	- }]]	j	
investments			14	17.	
Dividends and interest from securities	}		14	1/•	
Net rental income or (loss) from real estate:	 		+		
a Debt-financed property	 		+		
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income			1		
Gain or (loss) from sales of assets other				1	
than inventory					
Net income or (loss) from special events	ļ		\bot		
Gross profit or (loss) from sales of inventory					
Other revenue:			1 1		
a					
b					
C	l l		_ [_]		
d	i i				
e					
Subtotal. Add columns (b), (d), and (e)		0		17.	
Total. Add line 12, columns (b), (d), and (e)					1
See worksheet in line 13 instructions to verify calculations.)				
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contrib	uted importantly to the accom	plishment of

ın	the foundation directly or indirectly affiliated with, section 501(c) of the Code (other than section 50	, , ,	zations described [Yes X No
<u> b</u> ir	Yes," complete the following schedule.	(h) Tugo of organization	(a) Decernation of relation	nhin
	(a) Name of organization	(b) Type of organization	(c) Description of relation	211th
	N/A			
				
	Under penalties of perjuni, I degrare that I have examine	d this return, including accompanying schedules and	statements, and to the best of my knowledge	
Sign Here	and belief, it is true, brech and complete Declaration of	of preparer (other than taxpayer) is based on all inform	PRESIDENT	ay the IRS discuss this furn with the preparer nown below (see instr.)? Yes No
	Signature of officer of trustee	Date	Title Check if PTIN	
Paid Prep	KOBEKI BRIDKEE	Preparer's signature Diff Diff	5/16/19 self- employed	0746379
•	Only	THC .	THINISLIN P Z I = 3	.003703

623622 11-23-16

Firm's address ► 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762

Phone no. (727)572-1400

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

R	EDNER FAMILY FOUNDATION, INC	81-4793475					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt chantable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 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							
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor						
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.							
year, total contrit	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.						
year, contribution is checked, enter purpose. Don't c	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).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

REDNER FAMILY FOUNDATION, INC

81-4793475

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	JOSEPH J REDNER 823 S BAYSIDE DR TAMPA, FL 33609	\$ 5,023,786.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person 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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
822452 10.		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

REDNER FAMILY FOUNDATION, INC

81-4793475

(a)		1	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	, , , , ,	(See instructions)	
	PUBLICLY TRADED SECURITIES		
1			
1		{	
1		\$ 4,500,507.	12/23/17
			
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I			
ļ			
		\$	
(a)	· · · · · · · · · · · · · · · · · · ·		
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I 📗		(See instructions)	
{			
ł			
1		\$	
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of floridasir property given	(See instructions)	Date received
			
ł		\$	
			
(a)	a >	(c)	1.3
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
raiti			
		 }	
		 1	

Employer identification number

REDNER	FAMILY FOUNDATION, INC	<u> </u>		81-4793475		
Part III	Exclusively religious, charitable, etc., contributer from any one contributor. Complete completing Part III, enter the total of exclusively religious	Olumns (a) through (e) and the follow o, chantable, etc., contributions of \$1,000 or	WIND TIME ENTRY. For organizations			
(a) No. from Part I	Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of g		(d) Descri	cription of how gift is held		
		(e) Transfer of gif	t			
	Transferee's name, address, an	nd ZIP + 4	Relationship of trans	sferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
}-	(e) Transfer of gift					
	Transferee's name, address, ar	ad ZIP + 4	Relationship of trans	sferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
	(e) Transfer of Transferee's name, address, and ZIP + 4		gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held		
Part I						
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of trans	sferor to transferee		
1						

DIVIDENDS A	AND INTEREST	FROM SE	ECURIT	IES	STATEMENT	1
GROSS AMOUNT	CAPITAL GAINS DIVIDENDS					
17.	0.		17.	17	1.	
17.	0.	=======	17.	17	7.	
	OTHER ASS	ETS			STATEMENT	2
					FAIR MARKET VALUE	Ī
CORPORATE STOCKS CORPORATE BONDS MUTUAL FUNDS		0. 3,185,299. 0. 463,948. 0. 874,556.		63,948.		
		0.	0	74,550.	860,28	3.
	GROSS AMOUNT	CAPITAL GROSS GAINS DIVIDENDS 17. 0. 17. 0. OTHER ASSE	CAPITAL (A) GROSS GAINS REVENUMENT DIVIDENDS PER BOOK 17. 0. 17. 0. OTHER ASSETS BEGINNING OF INTERPREDENT PROBLEM OF THE	GROSS GAINS REVENUE NAMOUNT DIVIDENDS PER BOOKS METERS 17. 0. 17. 17. 0. 17. OTHER ASSETS BEGINNING OF END OF YR BOOK VALUE BOOK 0. 3,1	GROSS GAINS REVENUE NET INVESTA AMOUNT DIVIDENDS PER BOOKS MENT INCOM 17. 0. 17. 17 17. 0. 17. 17 OTHER ASSETS BEGINNING OF END OF YEAR YR BOOK VALUE BOOK VALUE 0. 3,185,299.	CAPITAL (A) (B) (C) GROSS GAINS REVENUE NET INVEST- ADJUSTE AMOUNT DIVIDENDS PER BOOKS MENT INCOME NET INCO 17. 0. 17. 17. 17. 0. 17. 17. OTHER ASSETS STATEMENT BEGINNING OF END OF YEAR FAIR MARKET YR BOOK VALUE BOOK VALUE VALUE 0. 3,185,299. 3,208,54

EXPLANATION

THE ATTORNEY GENERAL OF THE STATE OF FLORIDA DOES NOT REQUIRE THE FILING OF A COPY OF THE FORM 990-PF IF THE EXEMPT ORGANIZATION DOES NOT SOLICIT DONATIONS OR CONTRIBUTIONS.

REDNER FAMILY FOUNDATION, INC

FORM: 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

JOSEPH J REDNER

ADDRESS

823 S BAYSIDE DR TAMPA, FL 33609