

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.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation SONTAG FOUNDATION		A Employer identification number 59-3634325	
Number and street (or P.O. box number if mail is not delivered to street address) 816 A1A NORTH NO 201	Room/suite	B Telephone number (see instructions) (904) 273-8755	
City or town, state or province, country, and ZIP or foreign postal code PONTE VEDRA BEACH, FL 32082		C If exemption application is pending, check here <input type="checkbox"/>	
G 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		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>77,514,255</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	264,445			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,221,657	1,221,657		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	311,111			
	b Gross sales price for all assets on line 6a	19,080,786			
	7 Capital gain net income (from Part IV, line 2)		311,111		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,797,213	1,532,768			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	44,000	0	44,000	
	14 Other employee salaries and wages	367,356	112,375	254,981	
	15 Pension plans, employee benefits	43,542	13,320	30,222	
	16a Legal fees (attach schedule)	3,191	1,120	2,071	
	b Accounting fees (attach schedule)	15,075	7,538	7,537	
	c Other professional fees (attach schedule)	250,151	250,151	0	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	172,893	77,926	15,685	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	26,938	8,240	18,698	
	21 Travel, conferences, and meetings	144,784	0	144,784	
	22 Printing and publications				
	23 Other expenses (attach schedule)	551,386	391,792	159,595	
	24 Total operating and administrative expenses. Add lines 13 through 23	1,619,316	862,462	677,573	
	25 Contributions, gifts, grants paid	2,370,411		2,370,411	
26 Total expenses and disbursements. Add lines 24 and 25	3,989,727	862,462	3,047,984		
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-2,192,514				
b Net investment income (if negative, enter -0-)		670,306			
c Adjusted net income (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
Assets	1 Cash—non-interest-bearing	94,958	31,000	31,000
	2 Savings and temporary cash investments	275,264	1,298,270	1,298,270
	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 other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	6,119,580	4,078,273	4,525,014
	c Investments—corporate bonds (attach schedule)	18,720,910	6,265,383	6,350,542
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	44,496,181	64,922,055	65,268,740
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	35,689	40,689	40,689	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	69,742,582	76,635,670	77,514,255	
Liabilities	17 Accounts payable and accrued expenses	830	18,846	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	498,769	633,673	
	23 Total liabilities (add lines 17 through 22)	499,599	652,519	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	69,242,983	75,983,151	
29 Total net assets or fund balances (see instructions)	69,242,983	75,983,151		
30 Total liabilities and net assets/fund balances (see instructions) .	69,742,582	76,635,670		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	69,242,983
2 Enter amount from Part I, line 27a	2	-2,192,514
3 Other increases not included in line 2 (itemize) ▶ _____	3	8,932,682
4 Add lines 1, 2, and 3	4	75,983,151
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	75,983,151

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.)
1a See Additional Data Table			
b			
c			
d			
e			

(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)
a See Additional Data Table			
b			
c			
d			
e			

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	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	311,111
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	3	
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

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))
2018	2,989,717	61,344,217	0.048737
2017	2,477,245	48,891,093	0.050669
2016	2,616,648	46,043,531	0.056830
2015	3,051,400	49,460,223	0.061694
2014	2,956,217	52,163,151	0.056673
2 Total of line 1, column (d)			0.274603
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.054921
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			72,418,626
5 Multiply line 4 by line 3			3,977,303
6 Enter 1% of net investment income (1% of Part I, line 27b)			6,703
7 Add lines 5 and 6			3,984,006
8 Enter qualifying distributions from Part XII, line 4			3,047,984

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 calculations. Includes sub-rows 6a-6d for credits and payments. Total amount owed is 230, and amount overpaid is 34,084.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Includes questions about political activities, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11-14.

Located at 816 A1A NORTH STE 201 PONTE VEDRA FL ZIP+4 32082

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 15-16.

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 for Part VII-B with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-4b.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 _____ _____	
2 _____ _____	
3 _____ _____	
4 _____ _____	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 _____ _____	
2 _____ _____	
All other program-related investments. See instructions. 3 _____ _____	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	72,672,225
b	Average of monthly cash balances.	1b	849,223
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	73,521,448
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	73,521,448
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,102,822
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	72,418,626
6	Minimum investment return. Enter 5% of line 5.	6	3,620,931

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

1	Minimum investment return from Part X, line 6.	1	3,620,931
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	13,406
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	13,406
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,607,525
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,607,525
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	3,607,525

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.	1a	3,047,984
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:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,047,984
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,047,984

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				3,607,525
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	365,675			
b From 2015.	591,197			
c From 2016.	376,215			
d From 2017.	58,267			
e From 2018.				
f Total of lines 3a through e.	1,391,354			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 3,047,984				
a Applied to 2018, but not more than line 2a			0	
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.				3,047,984
e Remaining amount distributed out of corpus				0
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	559,541			559,541
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	831,813			
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		
e 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	831,813			
10 Analysis of line 9:				
a Excess from 2015.	397,331			
b Excess from 2016.	376,215			
c Excess from 2017.	58,267			
d Excess from 2018.				
e Excess from 2019.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
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

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

FREDERICK B SONTAG

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

THE SONTAG FOUNDATION
816 A1A NORTH SUITE 201
PONTE VEDRA BEACH, FL 32082
(904) 273-8755

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

APPLICATIONS FOR BRAIN CANCER RESEARCH/CAREER DEVELOPMENT GRANTS SHOULD BE SUBMITTED ONLINE AT [HTTP://WWW.SONTAGFOUNDATION.ORG/ALL-GRANTS/BRAIN-CANCER/DSA-APPLICATION- INFO-REQUIREMENTS/](http://www.sontagfoundation.org/all-grants/brain-cancer/dsa-application-info-requirements/) IN RESPONSE TO PUBLISHED REQUESTS FOR APPLICATIONS.

c Any submission deadlines:

VARIOUS

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

GRANTS UP TO A MAXIMUM OF \$600,000 MAY BE AWARDED.

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	2,370,411
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	2,923,094

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
CLASS ACTION SETTLEMENT INCOME	P		2019-12-31
MERRILL LYNCH #02190 ST COVERED	P		2019-12-31
MERRILL LYNCH #02190 ST NONCOVERED	P		2019-12-31
MERRILL LYNCH #02190 LT COVERED	P		2019-12-31
US BANK ST COVERED	P		2019-12-31
US BANK LT COVERED	P		2019-12-31
FROM PARTNERSHIPS FLOW-THRU	P		2019-12-31
FROM PARTNERSHIPS FLOW-THRU	P		2019-12-31
1256 FROM PARTNERSHIP FLOW-THRU	P		2019-12-31
1256 FROM PARTNERSHIP FLOW-THRU	P		2019-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
84			84
350,616		331,461	19,155
1,262			1,262
206,299		186,529	19,770
3,079,414		3,049,215	30,199
14,969,133		15,085,271	-116,138
		117,199	-117,199
310,050			310,050
42,544			42,544
63,815			63,815

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			84
			19,155
			1,262
			19,770
			30,199
			-116,138
			-117,199
			310,050
			42,544
			63,815

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
CAPITAL GAIN DISTRIBUTIONS	P		2019-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
57,569			57,569

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			57,569

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

(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
FREDERICK B SONTAG 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0	0	0
FREDERICK T SONTAG 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0	0	0
BRADLEY D MOTTIER 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0	0	0
GRANT M CONWAY 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	8,000	0	0
JEFFREY W HUDGINS 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0	0	0
CINDY S HUDGINS 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0	0	0
DANIEL M RYAN 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	8,000	0	0
JENNIFER H LEVINSON 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	8,000	0	0
JEFFREY E BERNARDO 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	8,000	0	0
BEN CHATRAW 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	6,000	0	0
CAROLYN MATHIS 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	6,000	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)				
a <i>Paid during the year</i>				
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500
HEALTH RESEARCH ALLIANCE 65 TW ALEXANDER DRIVE UNIT 13605 RESEARCH TRIANGLE PARK, NC 27709	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	275,000
HOSPITAL FOR SICK CHILDREN 1731 BUNKER HILL RD NE WASHINGTON, DC 20017	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
Total				2,370,411

▶ 3a

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)				
a <i>Paid during the year</i>				
JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1550 ORLEANS STREET BALTIMORE, MD 21231	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
MASSACHUSETTS GENERAL HOSPITAL 149 13TH ST BLDG 149 CHARLESTOWN, MA 02129	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500
Total ▶ 3a				2,370,411

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)				
a <i>Paid during the year</i>				
STANFORD UNIVERSITY SCHOOL OF MEDICINE 271 CAMPUS DRIVE STANFORD, CA 94305	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500
YALE COMPREHENSIVE CANCER CENTER 850 WEST CAMPUS DR ISTC 361 WEST HAVEN, CT 06516	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
DANA FARBER CANCER INSTITUTE INC 44 BINNEY ST SUITE BP 60 BOSTON, MA 02115	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500
Total ▶ 3a				2,370,411

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)				
a <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH 262 DANNY THOMAS PL MEMPHIS, TN 38105	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
SOCIETY FOR NEURO-ONCOLOGY PO BOX 890886 HOUSTON, TX 772890886	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	40,000
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
Total ▶ 3a				2,370,411

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)				
a <i>Paid during the year</i>				
CENTRAL BRAIN TUMOR REGISTRY OF THE USA 244 E OGDEN AVE SUITE 116 HINSDALE, IL 60521	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	35,000
DUKE UNIVERSITY 2301 ERWIN RD DURHAM, NC 27710	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	225,000
SULZBACHER CENTER 611 E ADAMS ST JACKSONVILLE, FL 32202	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	393,201
Total				2,370,411

▶ 3a

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)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH OUTREACH 5126 TIMUQUANA RD JACKSONVILLE, FL 32210	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	52,210
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 2600 W BIG BEAVER RD TROY, MI 48084	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 910 TRAVIS ST HOUSTON, TX 77002	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
Total ▶ 3a				2,370,411

TY 2019 Accounting Fees Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	15,075	7,538		7,537

TY 2019 Investments Corporate Bonds Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	4,197,758	4,236,388
MUTUAL FUNDS	2,067,625	2,114,154

TY 2019 Investments Corporate Stock Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	4,078,273	4,525,014

TY 2019 Investments - Other Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE & SPECIALTY ASSETS	AT COST	64,922,055	65,268,740

TY 2019 Legal Fees Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,191	1,120		2,071

TY 2019 Other Assets Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SEMINAR DEPOSITS	15,000	20,000	20,000
GLASS AWARDS	20,689	20,689	20,689

TY 2019 Other Expenses Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVISORY BOARD HONORARIUM	20,000	0		20,000
COMPUTER EXPENSE	36,275	11,097		25,178
DUES & SUBSCRIPTIONS	8,176	0		8,176
EXPENSES FROM PARTNERSHIPS	320,696	320,696		0
INSURANCE	599	183		416
OFFICE EXPENSE	22,837	5,882		16,955
PAYROLL EXPENSES	4,870	1,490		3,381
TELEPHONE	4,522	1,383		3,139
POSTAGE & MAILING	290	0		290
UTILITIES	172	53		119

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER INCOME/LOSS FROM PARTNERSHIPS	17,231	17,231		0
WEBSITE & SOFTWARE	25,905	5,330		20,575
OUTSIDE SERVICES	89,813	28,447		61,366

TY 2019 Other Increases Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Description	Amount
UNREALIZED GAIN	8,932,682

TY 2019 Other Liabilities Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED COMPENSATION	498,769	633,673

TY 2019 Other Professional Fees Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	238,151	238,151		0
OTHER MANAGEMENT FEES	12,000	12,000		0

TY 2019 Taxes Schedule**Name:** SONTAG FOUNDATION**EIN:** 59-3634325

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	71,013	71,013		0
PAYROLL TAXES	22,598	6,913		15,685
EXCISE TAXES	79,282	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Name of the organization
SONTAG FOUNDATION

Employer identification number
59-3634325

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 SONTAG FOUNDATION

Employer identification number
 59-3634325

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	FREDERICK SONTAG 816 A1A NORTH STE 201 PONTE VEDRA BEACH, FL 32082	\$ 264,445	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization SONTAG FOUNDATION	Employer identification number 59-3634325
-------------------------------------------	----------------------------------------------

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
 SONTAG FOUNDATION

Employer identification number
 59-3634325

Part III 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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	