

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.

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or tax year beginning

, and ending

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	Room/suite 201	B Telephone number 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) \$ 86,000,344.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	270,546.		N/A	
	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	869,086.	869,086.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-929,157.			
	b Gross sales price for all assets on line 6a 17,302,958.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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)					
11 Other income					
12 Total. Add lines 1 through 11	210,475.	869,086.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	48,000.	0.		48,000.
	14 Other employee salaries and wages	387,986.	81,240.		306,746.
	15 Pension plans, employee benefits	44,432.	9,304.		35,128.
	16a Legal fees STMT 2	1,581.	331.		1,250.
	b Accounting fees STMT 3	15,075.	7,538.		7,537.
	c Other professional fees STMT 4	244,500.	244,500.		0.
	17 Interest				
	18 Taxes STMT 5	80,047.	58,640.		19,855.
	19 Depreciation and depletion				
	20 Occupancy	27,896.	5,841.		22,055.
	21 Travel, conferences, and meetings	130,166.	0.		130,166.
	22 Printing and publications				
	23 Other expenses STMT 6	530,962.	423,558.		107,404.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,510,645.	830,952.		678,141.
	25 Contributions, gifts, grants paid	2,927,670.			2,927,670.
26 Total expenses and disbursements. Add lines 24 and 25	4,438,315.	830,952.		3,605,811.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-4,227,840.				
b Net investment income (if negative, enter -0-)		38,134.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	31,000.	18,645.	18,645.
	2 Savings and temporary cash investments	1,298,270.	200,543.	200,543.
	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			
	7 Other notes and loans receivable			
	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			
	b Investments - corporate stock	STMT 7 4,078,273.	4,264,075.	5,095,683.
	c Investments - corporate bonds	STMT 8 6,265,383.	6,046,852.	5,940,058.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 64,922,055.	74,352,543.	74,692,692.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)	STATEMENT 10 40,689.	52,723.	52,723.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	76,635,670.	84,935,381.	86,000,344.	
Liabilities	17 Accounts payable and accrued expenses	18,846.	2,665.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)	STATEMENT 11 633,673.	624,189.	
	23 Total liabilities (add lines 17 through 22)	652,519.	626,854.	
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	75,983,151.	84,308,527.	
	29 Total net assets or fund balances	75,983,151.	84,308,527.	
30 Total liabilities and net assets/fund balances	76,635,670.	84,935,381.		

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	75,983,151.
2 Enter amount from Part I, line 27a	2	-4,227,840.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN	3	12,553,216.
4 Add lines 1, 2, and 3	4	84,308,527.
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	84,308,527.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	SEE ATTACHED STATEMENT		
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			
b			
c			
d			
e	17,302,958.	18,232,115.	-929,157.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			-929,157.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-929,157.
3	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	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

2	Reserved	2	
3	Reserved	3	
4	Reserved	4	
5	Reserved	5	
6	Reserved	6	
7	Reserved	7	
8	Reserved	8	

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	530.
c All other domestic foundations enter 1.39% 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-)		2	0.
3 Add lines 1 and 2		3	530.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	530.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		34,084.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	34,084.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	33,554.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> 33,554. Refunded <input type="checkbox"/>		11	0.

Part VII-A Statements Regarding Activities

	Yes	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 any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
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.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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 remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. 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	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 year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) 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			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) 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			
(5) 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 If any answer is "Yes" to 5a(1)-(5), did any 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
c 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 checked="" type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d). N/A			
6a 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 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
7a 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			
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		48,000.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
HILARY KEELEY - 816 A1A NORTH, STE. 201, PONTE VEDRA BEACH, FL 32082	EXECUTIVE DIRECTOR 40.00	195,801.	0.	0.

Total number of other employees paid over \$50,000 0

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

3 Five highest-paid independent contractors for professional services. 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 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

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	71,285,482.
b	Average of monthly cash balances	1b	1,534,582.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	72,820,064.
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	72,820,064.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,092,301.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	71,727,763.
6	Minimum investment return. Enter 5% of line 5	6	3,586,388.

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	3,586,388.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	530.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	530.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,585,858.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,585,858.
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	3,585,858.

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	3,605,811.
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	3,605,811.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,605,811.

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				3,585,858.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015	397,331.			
b From 2016	376,215.			
c From 2017	58,267.			
d From 2018				
e From 2019				
f Total of lines 3a through e	831,813.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	3,605,811.			
a Applied to 2019, 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 2020 distributable amount				3,585,858.
e Remaining amount distributed out of corpus	19,953.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	851,766.			
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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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 2015 not applied on line 5 or line 7	397,331.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	454,435.			
10 Analysis of line 9:				
a Excess from 2016	376,215.			
b Excess from 2017	58,267.			
c Excess from 2018				
d Excess from 2019				
e Excess from 2020	19,953.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling

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

Table with 5 columns: (a) 2020, (b) 2019, (c) 2018, (d) 2017, (e) Total. Rows include: 2 a Enter the lesser of the adjusted net income...; 2 b 85% of line 2a; 2 c Qualifying distributions from Part XII...; 2 d Amounts included in line 2c not used directly for active conduct of exempt activities; 2 e Qualifying distributions made directly for active conduct of exempt activities; 3 Complete 3a, b, or c for the alternative test relied upon; 3 a 'Assets' alternative test - enter: (1) Value of all assets; (2) Value of assets qualifying under section 4942(j)(3)(B)(i); 3 b 'Endowment' alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed; 3 c 'Support' alternative test - enter: (1) Total support other than gross investment income; (2) Support from general public and 5 or more exempt organizations; (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.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 13

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

c Any submission deadlines:

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

Part 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 Paid during the year				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 60631	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	60,000.
BEACHES EMERGENCY ASSISTANCE MINISTRY 850 6TH AVE S #400 JACKSONVILLE BEACH, FL 32250	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	25,000.
BRIGHAM & WOMEN'S HOSPITAL 399 REVOLUTION DRIVE, STE 740 SOMERVILLE, MA 02145	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
CONQUER CANCER FOUNDATION 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	57,500.
CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
Total	SEE CONTINUATION SHEET(S)			2,927,670.
b Approved for future payment				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE STE 550 CHICAGO, IL 60631	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
BRAIN TUMOR NETWORK 816 A1A N STE 201 PONTE VEDRA BEACH, FL 32082	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
Total	SEE CONTINUATION SHEET(S)			3,361,000.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations


		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee 	Date _____	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRYAN REYES				P00905137
	Firm's name ▶ PIVOT CPAS PA	Firm's address ▶ 238 PONTE VEDRA PARK DR, ST 201			Firm's EIN ▶ 20-0708248
	Firm's address ▶ PONTE VEDRA BEACH, FL 32082			Phone no. 904-280-2053	

SONTAG FOUNDATION

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 MERRILL LYNCH #02190 ST COVERED	P		12/31/20
b MERRILL LYNCH #02190 ST NONCOVERED	P		12/31/20
c MERRILL LYNCH #02190 ST NONCOVERED	P		12/31/20
d MERRILL LYNCH #02190 LT COVERED	P		12/31/20
e US BANK ST COVERED	P		12/31/20
f US BANK LT COVERED	P		12/31/20
g FROM PARTNERSHIPS FLOW-THRU	P		12/31/20
h FROM PARTNERSHIPS FLOW-THRU	P		12/31/20
i 1256 FROM PARTNERSHIP FLOW-THRU	P		12/31/20
j 1256 FROM PARTNERSHIP FLOW-THRU	P		12/31/20
k CAPITAL GAIN DISTRIBUTIONS	P		12/31/20
l			
m			
n			
o			

(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 198,917.		205,761.	-6,844.
b 205.			205.
c 15.			15.
d 233,581.		272,150.	-38,569.
e 10,140,579.		9,536,232.	604,347.
f 6,567,120.		6,366,421.	200,699.
g		691,746.	-691,746.
h		1,159,805.	-1,159,805.
i 56,319.			56,319.
j 84,479.			84,479.
k 21,743.			21,743.
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(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			-6,844.
b			205.
c			15.
d			-38,569.
e			604,347.
f			200,699.
g			-691,746.
h			-1,159,805.
i			56,319.
j			84,479.
k			21,743.
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-929,157.
3 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). If (loss), enter "-0-" in Part I, line 8	3	N/A

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
HEALTH RESEARCH ALLIANCE 65 T.W. 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.
INTERNATIONAL BRAIN TUMOR ALLIANCE P.O. BOX 244 TADWORTH, SURREY, UNITED KINGDOM KT20 5WQ	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	6,000.
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	150,000.
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	200,000.
STANFORD UNIVERSITY SCHOOL OF MEDICINE 271 CAMPUS DRIVE STANFORD, CA 94305	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
UNIVERSITY OF MINNESOTA 2001 6TH ST SE MINNEAPOLIS, MN 55455	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
Total from continuation sheets				2,710,170.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	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
WEILL CORNELL 575 LEXINGTON AVE, 9TH FLOOR NEW YORK, NY 10022	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
WHITE OAK CONSERVATION 581705 WHITE OAK RD YULEE, FL 32097	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	5,000.
YALE UNIVERSITY 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	150,000.
ST. JUDE CHILDREN'S RESEARCH 262 DANNY THOMAS PL MEMPHIS, TN 38105	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	112,500.
SOCIETY FOR NEURO-ONCOLOGY P.O. BOX 890886 HOUSTON, TX 77289-0886	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	112,500.
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	5,000.
DUKE UNIVERSITY 2301 ERWIN RD DURHAM, NC 27710	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	-424.
SULZBACHER CENTER 611 E ADAMS ST JACKSONVILLE, FL 32202	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	379,594.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
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 from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	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
BRIGHAM & WOMEN'S HOSPITAL 399 REVOLUTION DRIVE, STE 740 SOMERVILLE, MA 02145	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
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	5,000.
COMMUNITY FOUNDATION OF NE FL 245 RIVERSIDE AVE #310 JACKSONVILLE, FL 32202	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	750,000.
CONQUER CANCER FOUNDATION 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	115,000.
CORNELL UNIVERSITY 341 PINE TREE RD ITHACA, NY 14850	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	150,000.
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
HOSPITAL FOR SICK CHILDREN 1731 BUNKER HILL RD NE WASHINGTON, DC 20017	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
INTERNATIONAL BRAIN TUMOR ALLIANCE P.O. BOX 244 TADWORTH, SURREY, UNITED KINGDOM KT20 5WQ	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	1,000.
JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE 1550 ORLEANS STREET BALTIMORE, MD 21231	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
Total from continuation sheets				3,223,500.

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	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
MASSACHUSETTS GENERAL HOSPITAL 149 13TH ST, BLDG 149 CHARLESTOWN, MA 02129	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST, STE 200 NEWTON, MA 02458	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
PEDIATRIC BRAIN TUMOR FOUNDATION 6065 ROSWELL RD NE, STE 105 ATLANTA, GA 30328	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
SOCIETY FOR NEURO-ONCOLOGY P.O. BOX 890886 HOUSTON, TX 77289-0886	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	40,000.
STANFORD UNIVERSITY SCHOOL OF MEDICINE 271 CAMPUS DRIVE STANFORD, CA 94305	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
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	112,500.
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 533 PARNASSUS AVE SAN FRANCISCO, CA 94143	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
UNIVERSITY OF MASSACHUSETTS AMHERST, MA AMHERST, MA 01003	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
UNIVERSITY OF MICHIGAN 2600 W. BIG BEAVER RD TROY, MI 48084	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	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
UNIVERSITY OF MINNESOTA 2001 6TH ST SE MINNEAPOLIS, MN 55455	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	112,500.
UNIVERSITY OF TEXAS SOUTHWESTERN 910 TRAVIS ST HOUSTON, TX 77002	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
WEILL CORNELL 575 LEXINGTON AVE, 9TH FLOOR NEW YORK, NY 10022	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
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.
YALE UNIVERSITY 850 WEST CAMPUS DR, ISTC 361 WEST HAVEN, CT 06516	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
Total from continuation sheets				

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	\$ 270,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
DIV FROM PARTNERSHIPS	638,221.	0.	638,221.	638,221.		
DIVIDENDS	221,918.	0.	221,918.	221,918.		
INT FROM PARTNERSHIPS	7,900.	0.	7,900.	7,900.		
INTEREST	1,047.	0.	1,047.	1,047.		
TO PART I, LINE 4	869,086.	0.	869,086.	869,086.		

FORM 990-PF	LEGAL FEES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL FEES	1,581.	331.		1,250.		
TO FM 990-PF, PG 1, LN 16A	1,581.	331.		1,250.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	15,075.	7,538.		7,537.		
TO FORM 990-PF, PG 1, LN 16B	15,075.	7,538.		7,537.		

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	232,500.	232,500.		0.
OTHER MANAGEMENT FEES	12,000.	12,000.		0.
TO FORM 990-PF, PG 1, LN 16C	244,500.	244,500.		0.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	53,381.	53,381.		0.
PAYROLL TAXES	25,114.	5,259.		19,855.
EXCISE TAXES	1,552.	0.		0.
TO FORM 990-PF, PG 1, LN 18	80,047.	58,640.		19,855.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY BOARD HONORARIUM	20,000.	0.		20,000.
COMPUTER EXPENSE	38,029.	7,963.		30,066.
DUES & SUBSCRIPTIONS	3,045.	0.		3,045.
EXPENSES FROM PARTNERSHIPS	462,258.	462,258.		0.
INSURANCE	700.	147.		553.
OFFICE EXPENSE	14,181.	2,829.		11,352.
PAYROLL EXPENSES	4,797.	1,005.		3,792.
TELEPHONE	4,497.	941.		3,556.
POSTAGE & MAILING	326.	0.		326.
OTHER INCOME/LOSS FROM PARTNERSHIPS	7,246.	7,246.		0.
OTHER ORDINARY INCOME/LOSS FROM PARTNERSHIPS	-61,970.	-61,970.		0.
WEBSITE & SOFTWARE	38,093.	3,454.		34,639.
OUTSIDE SERVICES	75.	0.		75.
BANK FEES	-315.	-315.		0.
TO FORM 990-PF, PG 1, LN 23	530,962.	423,558.		107,404.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		4,264,075.	5,095,683.
TOTAL TO FORM 990-PF, PART II, LINE 10B		4,264,075.	5,095,683.

FORM 990-PF	CORPORATE BONDS	STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		3,642,156.	3,593,213.
MUTUAL FUNDS		2,404,696.	2,346,845.
TOTAL TO FORM 990-PF, PART II, LINE 10C		6,046,852.	5,940,058.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE & SPECIALTY ASSETS	COST	74,352,543.	74,692,692.
TOTAL TO FORM 990-PF, PART II, LINE 13		74,352,543.	74,692,692.

FORM 990-PF	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SEMINAR DEPOSITS	20,000.	31,000.	31,000.
GLASS AWARDS	20,689.	20,689.	20,689.
DUE FROM INNOVATION FUND	0.	1,034.	1,034.
TO FORM 990-PF, PART II, LINE 15	40,689.	52,723.	52,723.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	11
DEFERRED COMPENSATION	633,673.	624,189.	
TOTAL TO FORM 990-PF, PART II, LINE 22	633,673.	624,189.	

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.

SONTAG FOUNDATION

59-3634325

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	8,000.	0.	0.
CAROLYN MATHIS 816 A1A NORTH, STE. 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	8,000.	0.	0.
KAY VERBLE 816 A1A NORTH, STE. 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>48,000.</u>	<u>0.</u>	<u>0.</u>

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 13
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

THE SONTAG FOUNDATION
816 A1A NORTH, SUITE 201
PONTE VEDRA BEACH, FL 32082

TELEPHONE NUMBER

904-273-8755

FORM AND CONTENT OF APPLICATIONS

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.

ANY SUBMISSION DEADLINES

VARIOUS

RESTRICTIONS AND LIMITATIONS ON AWARDS

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