

**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](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2021 or tax year beginning

, and ending

Name of foundation <b>SONTAG FOUNDATION</b>		<b>A Employer identification number</b> 59-3634325
Number and street (or P.O. box number if mail is not delivered to street address) <b>816 A1A NORTH</b>	Room/suite <b>201</b>	<b>B Telephone number</b> 904-273-8755
City or town, state or province, country, and ZIP or foreign postal code <b>PONTE VEDRA BEACH, FL 32082</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>97,486,384.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received	269,306.		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	884,519.	884,519.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,802,236.			
	b Gross sales price for all assets on line 6a <b>12,465,806.</b>				
	7 Capital gain net income (from Part IV, line 2)		5,802,236.		
	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 <b>Total.</b> Add lines 1 through 11	6,956,061.	6,686,755.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	64,000.	0.		64,000.
	14 Other employee salaries and wages	418,534.	114,513.		304,021.
	15 Pension plans, employee benefits	53,725.	14,700.		39,025.
	16a Legal fees <b>STMT 2</b>	10,444.	1,878.		8,566.
	b Accounting fees <b>STMT 3</b>	15,075.	7,538.		7,538.
	c Other professional fees <b>STMT 4</b>	243,250.	243,250.		0.
	17 Interest				
	18 Taxes <b>STMT 5</b>	108,373.	88,369.		20,004.
	19 Depreciation and depletion				
	20 Occupancy	29,150.	7,977.		21,173.
	21 Travel, conferences, and meetings	71,609.	0.		71,609.
	22 Printing and publications				
	23 Other expenses <b>STMT 6</b>	682,983.	538,950.		144,033.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	1,697,143.	1,017,175.		679,969.
	25 Contributions, gifts, grants paid	3,341,422.			3,341,422.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	5,038,565.	1,017,175.		4,021,391.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	1,917,496.				
b <b>Net investment income</b> (if negative, enter -0-)		5,669,580.			
c <b>Adjusted net income</b> (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	(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	18,645.	112,897.	112,897.			
	2	Savings and temporary cash investments	200,543.	1,548,181.	1,548,181.			
	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	4,264,075.	1,200,243.	1,443,947.		
	c	Investments - corporate bonds	STMT 8	6,046,852.	3,133,370.	3,063,789.		
	11	Investments - land, buildings, and equipment: basis						
	Less: accumulated depreciation							
12	Investments - mortgage loans							
13	Investments - other	STMT 9	74,352,543.	90,923,334.	91,263,136.			
14	Land, buildings, and equipment: basis							
	Less: accumulated depreciation							
15	Other assets (describe)	STATEMENT 10	52,723.	54,434.	54,434.			
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		84,935,381.	96,972,459.	97,486,384.			
Liabilities	17	Accounts payable and accrued expenses	2,665.	7,271.				
	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	624,189.	464,470.			
	23	<b>Total liabilities</b> (add lines 17 through 22)		626,854.	471,741.			
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		84,308,527.	96,500,718.			
	29	<b>Total net assets or fund balances</b>		84,308,527.	96,500,718.			
30	<b>Total liabilities and net assets/fund balances</b>		84,935,381.	96,972,459.				

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	84,308,527.
2	Enter amount from Part I, line 27a	2	1,917,496.
3	Other increases not included in line 2 (itemize) <b>UNREALIZED GAIN</b>	3	10,274,695.
4	Add lines 1, 2, and 3	4	96,500,718.
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	96,500,718.

**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	<b>SEE ATTACHED STATEMENT</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				
b				
c				
d				
e	<b>12,465,806.</b>		<b>6,663,570.</b>	<b>5,802,236.</b>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			<b>5,802,236.</b>

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	<b>5,802,236.</b>
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	<b>N/A</b>

**Part V 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)	1	<b>78,807.</b>
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	<b>0.</b>
3	Add lines 1 and 2 .....	3	<b>78,807.</b>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	<b>0.</b>
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- .....	5	<b>78,807.</b>
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a	<b>33,554.</b>
b	Exempt foreign organizations - tax withheld at source .....	6b	<b>0.</b>
c	Tax paid with application for extension of time to file (Form 8868) .....	6c	<b>50,000.</b>
d	Backup withholding erroneously withheld .....	6d	<b>0.</b>
7	Total credits and payments. Add lines 6a through 6d .....	7	<b>83,554.</b>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	<b>852.</b>
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b> .....	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .....	10	<b>3,895.</b>
11	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <b>3,895.</b>   <b>Refunded</b> .....	11	<b>0.</b>

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>1b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
<b>3</b> 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
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> 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	
<b>7</b> 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 XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>FL</u>		
<b>b</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 <i>General Instruction G</i> ? If "No," attach explanation .....	X	
<b>9</b> 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>HTTP://WWW.SONTAGFOUNDATION.ORG/</u>		
<b>14</b> The books are in care of ▶ <u>FREDERICK SONTAG</u> Telephone no. ▶ <u>904-273-8755</u> Located at ▶ <u>816 A1A NORTH, STE 201, PONTE VEDRA, FL</u> ZIP+4 ▶ <u>32082</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	15	N/A
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VI-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.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

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

	Yes	No
<b>5a</b> 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</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	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> 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?		X

**Part VII** 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		64,000.	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	210,000.	13,400.	0.

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

**Part VII 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 VIII-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 VIII-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 IX 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	89,830,103.
b	Average of monthly cash balances .....	1b	1,360,514.
c	Fair market value of all other assets (see instructions) .....	1c	0.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	91,190,617.
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	91,190,617.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	1,367,859.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	89,822,758.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	4,491,138.

**Part X 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 IX, line 6 .....	1	4,491,138.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	78,807.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	78,807.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	4,412,331.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	4,412,331.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	4,412,331.

**Part XI 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	4,021,391.
b	Program-related investments - total from Part VIII-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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	4,021,391.

Form 990-PF (2021)



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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				4,412,331.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	376,215.			
b From 2017	58,267.			
c From 2018				
d From 2019				
e From 2020	19,953.			
f Total of lines 3a through e	454,435.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	4,021,391.			
a Applied to 2020, 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 2021 distributable amount				4,021,391.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	390,940.			390,940.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	63,495.			
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 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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 2016 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	63,495.			
10 Analysis of line 9:				
a Excess from 2017	43,542.			
b Excess from 2018				
c Excess from 2019				
d Excess from 2020	19,953.			
e Excess from 2021				

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2021, 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)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV 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 XIV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
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.
BRIGHAM & WOMEN'S HOSPITAL 399 REVOLUTION DRIVE, STE 740 SOMERVILLE, MA 02145	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
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.
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA, GA 30322	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3,341,422.</b>
<b>b Approved for future payment</b>				
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.
CONQUER CANCER FOUNDATION 2318 MILL ROAD, SUITE 800 ALEXANDRIA, VA 22314	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	57,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>2,841,398.</b>



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

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, and d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains '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. Signature of officer or trustee: [Signature] Date: [Date] Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes [ ] No

Table for Preparer Information. Includes fields for Print/Type preparer's name (BRYAN REYES), Preparer's signature, Date, Check self-employed, PTIN (P00905137), Firm's name (PIVOT CPAS PA), Firm's EIN (20-0708248), Firm's address (238 PONTE VEDRA PARK DR, ST 201, PONTE VEDRA BEACH, FL 32082), and 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 #02216 LT COVERED	P		12/31/21
b FROM PARTNERSHIPS FLOW-THRU	P		12/31/21
c FROM PARTNERSHIPS FLOW-THRU	P		12/31/21
d 1256 FROM PARTNERSHIP FLOW-THRU	P		12/31/21
e 1256 FROM PARTNERSHIP FLOW-THRU	P		12/31/21
f CAPITAL GAIN DISTRIBUTIONS	P		12/31/21
g MERRILL LYNCH #02190 ST COVERED	P		12/31/21
h MERRILL LYNCH #02190 LT COVERED	P		12/31/21
i US BANK ST COVERED	P		12/31/21
j US BANK LT COVERED	P		12/31/21
k			
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 260,309.		20,096.	240,213.
b 11,288.			11,288.
c 4,315,742.			4,315,742.
d 9,480.			9,480.
e 14,219.			14,219.
f 5,388.			5,388.
g 597,090.		514,732.	82,358.
h 243,606.		191,423.	52,183.
i 4,971,208.		4,573,001.	398,207.
j 2,037,476.		1,364,318.	673,158.
k			
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			240,213.
b			11,288.
c			4,315,742.
d			9,480.
e			14,219.
f			5,388.
g			82,358.
h			52,183.
i			398,207.
j			673,158.
k			
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	5,802,236.
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 XIV** 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
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.
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.
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	150,000.
WEILL CORNELL 575 LEXINGTON AVE, 9TH FLOOR NEW YORK, NY 10022	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	187,500.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
<b>Total from continuation sheets</b>				<b>2,726,422.</b>

**Part XIV** 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
BRAIN TUMOR NETWORK 816 A1A N STE 201 PONTE VEDRA BEACH, FL 32082	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	32,549.
COMMUNITY FOUNDATION OF NE FL 245 RIVERSIDE AVE #310 JACKSONVILLE, FL 32202	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	750,000.
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST, STE 200 NEWTON, MA 02458	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
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.
UNIVERSITY OF MASSACHUSETTS AMHERST, MA AMHERST, MA 01003	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
UNIVERSITY OF TEXAS SOUTHWESTERN 910 TRAVIS ST HOUSTON, TX 77002	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
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.
REGENTS OF UNIVERSITY OF CALIFORNIA - SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	37,500.
SOCIETY FOR NEURO-ONCOLOGY P.O. BOX 890886 HOUSTON, TX 77289-0886	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	40,000.
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.
<b>Total from continuation sheets</b> .....				



**Part XIV** 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
DUKE UNIVERSITY 2301 ERWIN RD DURHAM, NC 27710	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	-2,127.
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	112,500.
<b>Total from continuation sheets</b> .....				

**Part XIV** 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
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	112,500.
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	112,500.
MASSACHUSETTS GENERAL HOSPITAL 149 13TH ST, BLDG 149 CHARLESTOWN, MA 02129	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	112,500.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
SOCIETY FOR NEURO-ONCOLOGY P.O. BOX 890886 HOUSTON, TX 77289-0886	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	172,113.
STANFORD UNIVERSITY SCHOOL OF MEDICINE 271 CAMPUS DRIVE STANFORD, CA 94305	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
<b>Total from continuation sheets</b>				<b>2,628,898.</b>

**Part XIV** 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 CALIFORNIA SAN FRANCISCO 533 PARNASSUS AVE SAN FRANCISCO, CA 94143	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
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 MINNESOTA 2001 6TH ST SE MINNEAPOLIS, MN 55455	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
WEILL CORNELL 575 LEXINGTON AVE, 9TH FLOOR NEW YORK, NY 10022	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	75,000.
YALE UNIVERSITY 850 WEST CAMPUS DR, ISTC 361 WEST HAVEN, CT 06516	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	262,500.
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	225,000.
COMMUNITY FOUNDATION OF NE FL 245 RIVERSIDE AVE #310 JACKSONVILLE, FL 32202	NONE	EXEMPT ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	17,451.
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL ST, STE 200 NEWTON, MA 02458	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	33,334.
UNIVERSITY OF MASSACHUSETTS AMHERST, MA AMHERST, MA 01003	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
UNIVERSITY OF TEXAS SOUTHWESTERN 910 TRAVIS ST HOUSTON, TX 77002	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
<b>Total from continuation sheets</b>				

**Part XIV 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 FLORIDA FOUNDATION, INC. P.O. BOX 14425 GAINESVILLE, FL 32604	NONE	PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	5,000.
<b>Total from continuation sheets</b> .....				

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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), 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).

Name of organization  <b>SONTAG FOUNDATION</b>	Employer identification number  <b>59-3634325</b>
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**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	\$ 269,306.	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  <b>SONTAG FOUNDATION</b>	Employer identification number  <b>59-3634325</b>
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**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 <b>SONTAG FOUNDATION</b>	Employer identification number <b>59-3634325</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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	725,817.	0.	725,817.	725,817.		
DIVIDENDS	147,047.	0.	147,047.	147,047.		
INT FROM PARTNERSHIPS	11,444.	0.	11,444.	11,444.		
INTEREST	211.	0.	211.	211.		
TO PART I, LINE 4	884,519.	0.	884,519.	884,519.		

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	10,444.	1,878.		8,566.		
TO FM 990-PF, PG 1, LN 16A	10,444.	1,878.		8,566.		

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.		7,538.		
TO FORM 990-PF, PG 1, LN 16B	15,075.	7,538.		7,538.		

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	231,250.	231,250.		0.
OTHER MANAGEMENT FEES	12,000.	12,000.		0.
TO FORM 990-PF, PG 1, LN 16C	243,250.	243,250.		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	80,834.	80,834.		0.
PAYROLL TAXES	27,539.	7,535.		20,004.
TO FORM 990-PF, PG 1, LN 18	108,373.	88,369.		20,004.

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	22,500.	0.		22,500.
COMPUTER EXPENSE	24,986.	6,837.		18,149.
DUES & SUBSCRIPTIONS	10,501.	0.		10,501.
EXPENSES FROM PARTNERSHIPS	526,391.	526,391.		0.
INSURANCE	680.	186.		494.
OFFICE EXPENSE	20,046.	4,064.		15,982.
PAYROLL EXPENSES	5,650.	1,546.		4,104.
TELEPHONE	4,621.	1,265.		3,356.
POSTAGE & MAILING	867.	0.		867.
OTHER INCOME/LOSS FROM PARTNERSHIPS & 1099S	-60,972.	-60,972.		0.
OTHER ORDINARY INCOME/LOSS FROM PARTNERSHIPS	52,055.	52,055.		0.
WEBSITE & SOFTWARE	66,577.	4,549.		62,028.
OUTSIDE SERVICES	9,081.	3,029.		6,052.
TO FORM 990-PF, PG 1, LN 23	682,983.	538,950.		144,033.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		1,200,243.	1,443,947.
TOTAL TO FORM 990-PF, PART II, LINE 10B		1,200,243.	1,443,947.

FORM 990-PF	CORPORATE BONDS	STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIXED INCOME		701,298.	686,391.
MUTUAL FUNDS		2,432,072.	2,377,398.
TOTAL TO FORM 990-PF, PART II, LINE 10C		3,133,370.	3,063,789.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
REAL ESTATE & SPECIALTY ASSETS	COST	90,923,334.	91,263,136.
TOTAL TO FORM 990-PF, PART II, LINE 13		90,923,334.	91,263,136.

FORM 990-PF	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SEMINAR DEPOSITS	31,000.	33,745.	33,745.
GLASS AWARDS	20,689.	20,689.	20,689.
DUE FROM INNOVATION FUND	1,034.	0.	0.
TO FORM 990-PF, PART II, LINE 15	52,723.	54,434.	54,434.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	11
DEFERRED COMPENSATION	624,189.	464,081.	
PAYROLL LIABILITIES	0.	389.	
TOTAL TO FORM 990-PF, PART II, LINE 22	624,189.	464,470.	

FORM 990-PF                      PART VII - 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.

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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.
KATHERINE VERBLE 816 A1A NORTH, STE. 201 PONTE VEDRA BEACH, FL 32082	DIRECTOR 1.00	16,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>64,000.</u>	<u>0.</u>	<u>0.</u>

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

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

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904-273-8755

FORM AND CONTENT OF APPLICATIONS

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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

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VARIOUS

RESTRICTIONS AND LIMITATIONS ON AWARDS

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