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Form	9	9	0	_	P	F	
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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

		nt of the Treasury	lote.	The foundation may b	e abl	reated a	as a Priva	te Foundatio	n sfv state rep	ortino	requirements	2010
For calendar year 2010, or tax year beginning , 2010, and ending									, 20			
		ck all that apply	1	Initial return		Init	al return o	of a former pu				Final return
				Amended return		٣	_	s change		- 1	ame change	
N	ame o	f foundation	<u></u>				7.00.0				A Employer identi	fication number
S	ONT	AG FOUNDATION									59	-3634325
_		and street (or P O box	c num	ber if mail is not delivered	to str	eet addres	<u> </u>		Room/suit	e		(see page 10 of the instructions)
							-,		1100110011	`	D resopriorio nambor	(out page 10 of the histacoloris)
8	16	A1A NORTH							201		19	04) 273-8755
_		own, state, and ZIP co	de	··					201	- ,	C If exemption application	
		,,									pending, check her	• • • • • • • • • • • • • • • • • • • •
P	ONT	E VEDRA BEACH	দ	т. 32082							D 1. Foreign organiza	· —
_		ck type of organizat			2)/2)	overnt	navoto fo	undation.		\dashv	2 Foreign organiza 85% test, check	
ï	_	٠. ٠			2)(3)						computation .	▶ □
1		ection 4947(a)(1) none market value of all		· _ · · · · · · · · · · · · · · · · · ·				vate foundation			E If private foundation	n status was terminated
'						_	d XC	ash Acc	ruai	l	under section 507(b)(1)(A), check here . D
	_	ear (from Part II, col. ▶ \$ 56,57		541 (Part I	COL	(specify)	nust he or	cash basis)				in a 60-month termination
		Analysis of Rever	_			(a) i	nust be or	Casii basis)	1		under section 507(b)(1)(B), check here
	4114	total of amounts in c	olum	ns (b), (c), and (d)	(a) Reven		(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for chantable
		may not necessanly	equa	al the amounts in		expense book		ıncom	e		ıncome	purposes
_	T _	column (a) (see page					0.					(cash basis only)
	1	Contributions, gifts, grants, e		ceived (attach schedule) . Ition is not required to	\vdash							
	2	Check Attach			-				-			
	3	Interest on savings and t		-		60	94,076.	60	4,076.			7 morr 1
	4	Dividends and interes	st moi	n secuniies		0:	74,076.	69	4,0/6.		_	ATCH 1
	ı	Gross rents	D	たかに11/10.								
	ı	Net rental income or (los			1.2)E 01E				·-	
Revenue	6a b	Net gain or (loss) from sa Gross sales price for all	ale of	assets not on line 10	သွ	-5:	95,815.					
Ver		assets on line flat 🕟 1.	- 11	$\sigma = \sigma + \sigma + \sigma + \sigma$	sq-			-				
8	7	Capital gain ne incon			SE							
	8	Net short-term capital	-	2								
	9 10 a	Income modifications Gross sales less returns		SUEN, UI								
		and allowances	٠ . ١									
	l	Less Cost of goods sold			-							
	l	Gross profit or (loss)		•	-		3,157.		3,157.			A TO CLI 2
	11	Other income (attach			 	1 (01,418.	69	7,233.			ATCH 2
-	12	Total. Add lines 1 thm					14,000.	0,9	1,233.			
	13	Compensation of officers Other employee salar	s, aire	ciors, trustees, etc			39,077.					
S.	14					<u> </u>	33,011.				-	
Operating and Administrative Expenses	15 16 a	Pension plans, emplo			\vdash				+			
ē	" "	Legal fees (attach sch Accounting fees (attach										
Щ	"	Other professional fee				1 (52,105.	15	2,105.			
ĭ×e	17	Interest						13	2,100.			
trat	18	Taxes (attach schedule)			\vdash				+			
nis.	19	Depreciation (attach s		•	\vdash				+			
Ē	20	•					-					
A	21	Occupancy			\vdash		35,627.					
Ē	22	Printing and publication					,					
Ď	23	Other expenses (attac				-	69,141.	-	2,225.			
atin	24	Total operating and a			\vdash	<u> </u>	,	<u> </u>				
36.7		Add lines 13 through:		-		41	09,950.	21	4,330.			
ō	25	Contributions, gifts, gi		paid	<u> </u>		74,197.		-, 550.			5,774,197.
	26	Total expenses and disbur			<u> </u>		34,147.	21	4,330.			5,774,197.
_	27	Subtract line 26 from				-/-			-,			3, 1,13, 131.
	ł	Excess of revenue over ex			1	-6.08	32,729.					
	ı	Net investment incor		• •			,,	ΔΩ	2,903.			
		Adjusted net income						-10	2,,,,,,,		·	
_	<u> </u>		<u> </u>					l				į.

For Paperwork Reduction Act Notice, see page 30 of the instructions. 79832G 3513

*ATCH 3 JSA

P	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Į	1	Cash - non-interest-bearing	9,638.	11,263.	11,263.
-	2	Savings and temporary cash investments	766,049.	6,837,090.	6,837,090.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	l		
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts ▶			
	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
SS	-	Investments - U S and state government obligations (attach schedule) **	26,774,066.	10,337,192.	14,514,514.
•	10 a	Investments - corporate stock (attach schedule) ATCH 6	11,306,954.	12,815,037.	16,633,509.
		Investments - corporate bonds (attach schedule) ATCH 7.	15,812,803.	16,982,518.	17,149,366.
	11	Investments - land, buildings	13,012,003.	10, 902, 510.	17,145,500.
		and equipment basis			
		(attach schedule)			
	12	Investments - mortgage loans Investments - other (attach schedule) ATCH 8	4 540	1 222 020	1 426 700
	13 14	Investments - other (attach schedule)	4,549.	1,322,920.	1,426,799.
		equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ATCH 9)	5,900.	0.	<u>_</u>
	16	Total assets (to be completed by all filers - see the			
_		instructions Also, see page 1, item l)	54,679,959.		56,572,541.
	17	Accounts payable and accrued expenses	4,200.	6,874.	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
J	22	Other liabilities (describe ATCH 10)	99,670.	128,145.	
			· · ·		
_	23	Total liabilities (add lines 17 through 22)	103,870.	135,019.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
ances	25	Temporanly restricted			
=	26	Permanently restricted			
or Fund Ba		Foundations that do not follow SFAS 117,			
Š		check here and complete lines 27 through 31.			
¥	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund	-		
Net Assets	29		54,576,089.	48,171,001.	
Ą	l	Retained earnings, accumulated income, endowment, or other funds	31/3/0/0031	10/1/1/001.	
<u>e</u>	30	Total net assets or fund balances (see page 17 of the	54,576,089.	48,171,001.	
Z		Instructions) Total liabilities and net assets/fund balances (see page 17	34,370,003.	40,171,001.	
	31	` ' '	E4 670 050	40 306 030	
		of the instructions)	54,679,959.	48,306,020.	
		Analysis of Changes in Net Assets or Fund			
1		I net assets or fund balances at beginning of year - Part		4	E4 E7C 000
					54,576,089.
_					-6,082,729.
3					
4		lines 1, 2, and 3		4	48,493,360.
5		reases not included in line 2 (itemize)	MENT 11	5	322,359.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), li	ne 30 6	48,171,001.
		**ATCH 5			Form 990-PF (2010)

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
	describe the kind(s) of property sold (enck warehouse, or common stock, 200 s	- : •	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE			Donavon		
b					
<u>c</u>					
<u>d</u>					
<u>e</u>				<u></u>	<u> </u>
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>			ļ		
<u>b</u>					
<u>C</u>					
<u>d</u>			 		
Complete anti-fer consts o	have a second and are all the	. the ferrodeline on 40 M 160	 		
Complete only for assets s	howing gain in column (h) and owned by			Gains (Col. (h) g (k), but not less t	
(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		Losses (from or	
<u>a</u>			ļ		
<u>b</u>			 		
<u>c</u>			 		
<u>d</u>			 		
<u>e</u>	18	gain, also enter in Part I, line 7	+	 	
2 Capital gain net income or	(net capital loss)	(loss), enter -0- in Part I, line 7	2		595,815.
	or (loss) as defined in sections 1222				
	line 8, column (c) (see pages 13 and		1 .		
If (loss), enter -0- in Part I,	ine 8		3		
	Jnder Section 4940(e) for Reduprivate foundations subject to the si				
	he section 4942 tax on the distributa not qualify under section 4940(e). Do	- ·	penod?		Yes X No
1 Enter the appropriate amo	unt in each column for each year, s	ee page 18 of the instructions before	e makıng	any entries.	
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
2009	4,465,854.	52,041,631.			0.085813
2008	2,736,074.	62,201,716.			0.043987
2007	2,308,991.	65,938,711.			0.035017
2006	2,392,503.	60,348,656.			0.039645
2005	2,410,718.	57,725,822.	 		0.041762
2 Total of line 1, column (d)			2		0.246224
3 Average distribution ratio	for the 5-year base репоd - divide th	ne total on line 2 by 5, or by the			
number of years the found	lation has been in existence if less t	han 5 years	3		0.049245
4 Enter the net value of non	chantable-use assets for 2010 from	Part X, line 5	4	53,	613,383.
5 Multiply line 4 by line 3			5	2,	640,191.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		4,829.
7 Add lines 5 and 6			1 1		
			7	2,	645,020.
8 Enter qualifying distributio			8	5,	774,197.

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)_	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,8	29.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		4,8	29.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		4,8	29.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 111,052.			
	Exempt foreign organizations-tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	1	11,0	52.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	06,2	23.
11	Enter the amount of line 10 to be Credited to 2011 estimated tax 106, 223. Refunded			
Pa	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d				
	(1) On the foundation >\$ (2) On foundation managers >\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
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	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T			
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?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	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	8b	Х	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	_9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			١
	names and addresses	10	L	Х
			O DE	

11	At any time duning the year, did the foundation, directly or indirectly, own a controlled entity within the			l
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u> </u>	L
	Website address HTTP://WWW.SONTAGFOUNDATION.COM/			-
14	The books are in care of ► CHUCK GREGORY -SPRING BAY CAPI Telephone no ► 904-273	-8/5	5	
	Located at ▶816 A1A NORTH, STE 201, PONTE VEDRA, FL ZIP+4 ▶ 32082			т-т
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • •	• • •	• 📖
40	and enter the amount of tax-exempt interest received or accrued during the year		T.,	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	١	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter_ the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
		Г	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	NO
ıa	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? Yes X No			ŀ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		,	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	İ		
	the benefit or use of a disqualified person)?		ŀ	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a penod after		İ	
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any 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 page 22 of the instructions)?	1b		х
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2010?	1c		Х
2	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))			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2010? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not 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			
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2b	<u> </u>	
c	If the provisions of section 4942(a)(2) are being applied to- any of the years listed in 2a, list the years here		1	
	>	1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			ĺ
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 28, 1969, (2) the lapse of the 5-year penod (or longer penod 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 penod? (Use Schedule C, Form 4720, to determine if the	١		
_	foundation had excess business holdings in 2010)	3b	+-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a	\vdash	 ^
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4.		x
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	O-DE	

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Par	t VII-B Statements Regarding Activities fo	Which Form 47	20 May Be Require	d (continued)	
5 a	Ourning the year did the foundation pay or incur any amount (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public election (s	e legislation (section 4		Yes X No	,
	diseable as reduced by a service to a secretarity of the	• • • • • • • • • •		Yes X No	
	(4) Provide a grant to an organization other than a chantal section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	ole, etc , organization (described in	Yes X No	
	(5) Provide for any purpose other than religious, chantable purposes, or for the prevention of cruelty to children or	, scientific, literary, or	educational		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans				'
_	Regulations section 53 4945 or in a current notice regard	•	•		5b
	Organizations relying on a current notice regarding disaste		•		
¢	If the answer is "Yes" to question 5a(4), does the foundation	n claim exemption from	m the tax		
	because it maintained expenditure responsibility for the gra If "Yes," attach the statement required by Regulations sect			Yes No	
6 a	Did the foundation, during the year, receive any funds, dire	•	• •	□ □	
_	on a personal benefit contract?			Yes X No	,.
D	Did the foundation, during the year, pay premiums, directly If "Yes" to 6b, file Form 8870	or indirectly, on a per	sonal benefit contract?		6b X
7 a	At any time during the tax year, was the foundation a party	to a prohibited tax shi	elter transaction?	Yes X No	,
	If "Yes," did the foundation receive any proceeds or have a	•	• •		7b
Par	rt VIII Information About Officers, Director	s, Trustees, Four	ndation Managers,	Highly Paid Emp	loyees,
1	and Contractors List all officers, directors, trustees, foundation ma	nagers and their co	mpensation (see page	e 22 of the instruct	ions).
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense account, other allowances
		devoted to position	-0-)	and deferred compensation	
	TACHMENT 12	devoted to position	14,000.	and deferred compensation 0	-0-
A <u>T</u>		devoted to position	-0-)		-0-
	TACHMENT 12	devoted to position	-0-)		-0-
	TACHMENT 12		14,000.	-0-	
	TACHMENT 12		14,000.	-0-	
2	TACHMENT 12 Compensation of five highest-paid employees (oth		14,000.	-0-	
2 (a	TACHMENT 12 Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those inclu (b) Title, and average hours per week	14,000.	-0- (d) Contributions to employee benefit plans and deferred	ctions).
2 (a	Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those inclu (b) Title, and average hours per week	ded on line 1 - see pa	-0- (d) Contributions to employee benefit plans and deferred compensation	ctions). (e) Expense account, other allowances
2 (a	Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those inclu (b) Title, and average hours per week	ded on line 1 - see pa	-0- (d) Contributions to employee benefit plans and deferred compensation	ctions). (e) Expense account, other allowances
2 (a	Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those inclu (b) Title, and average hours per week	ded on line 1 - see pa	-0- (d) Contributions to employee benefit plans and deferred compensation	ctions). (e) Expense account, other allowances
2 (a	Compensation of five highest-paid employees (oth If none, enter "NONE."	er than those inclu (b) Title, and average hours per week	ded on line 1 - see pa	-0- (d) Contributions to employee benefit plans and deferred compensation	ctions). (e) Expense account, other allowances

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Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional service	s (see page 23 of the instructions). If no	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services .		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year include rele organizations and other beneficiaries served, conferences convened, research papers produced.	vant statistical information such as the number of etc	Expenses
1 N/A		
2		
3		
·		
		<u> </u>
4		
Part IX-B Summary of Program-Related Investments (see page	24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3 NONE -		

Pal	see page 24 of the instructions.)	i ioundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	54,429,830.
b	Average of monthly cash balances	1b	
С	Average of monthly cash balances Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	54,429,830.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	54,429,830.
4	Cash deemed held for chantable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	816,447.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	53,613,383.
6	Minimum investment return. Enter 5% of line 5	6	2,680,669.
Par	Minimum investment return. Enter 5% of line 5 t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	operating	
	foundations and certain foreign organizations check here > and do not complete this pa	ırt.)	
1	Minimum investment return from Part X, line 6	1	2,680,669.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 4,829.		
b	Income tax for 2010. (This does not include the tax from Part VI) 2b		
С		2c	4,829.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	2,675,840.
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,675,840.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,675,840.
Do.	rt XII Qualifying Distributions(see page 25 of the instructions)	<u> </u>	<u> </u>
Га	TAIL Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,774,197.
b	Drogram related investments, total from Dart IV D	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,774,197.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	_ 4,829.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,769,368.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years.	culating wh	ether the foundation

Pa	Undistributed Income (see page	20 of the instruction	<u> </u>		
1	Distributable amount for 2010 from D. V.	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
1	Distributable amount for 2010 from Part XI,	Corpus	r sars prior to 2003	2009	
_	line 7				2,675,840.
2	Undistributed income, if any, as of the end of 2010			202 22:	
	Enter amount for 2009 only			209,294.	
b	Total for prior years 20 08, 20 07, 20 06		·	ļļ.	
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
b	From 2006				
C	From 2007				
d	From 20080.				
8	From 2009				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$5,774,197.				
a	Applied to 2009, but not more than line 2a			209,294.	
	Applied to undistributed income of prior years (Election		-		
u	required - see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
C	required - see page 26 of the instructions)				
,,	Applied to 2010 distributable amount				2,675,840.
	Remaining amount distributed out of corpus	2,889,063.			
5	Excess distributions carryover applied to 2010	<u> </u>			
_	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,889,063.			
	· · · · · · · · · · · · · · · · · · ·	_,			·
þ	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of pnor years' undistributed				<u></u>
-	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
e	amount - see page 27 of the instructions Undistributed income for 2009 Subtract line			 	
_	4a from line 2a Taxable amount - see page				
	27 of the instructions				· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				
7	distributed in 2011 Amounts treated as distributions out of corpus	<u> </u>	-		
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	applied on line 5 or line 7 (see page 27 of the)		
	instructions)				
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	2,889,063.			
10	Analysis of line 9]		
a					
b]	
C	Excess from 2008				
d	Excess from 2009				
_е	Excess from 2010 2,889,063.		<u> </u>		

				t it is a private ope	<u>, </u>	
	foundation, and the ruling i					
D	Check box to indicate whe		nvate operating foundation		4942()(3) or 4942(j)(
a I	Enter the lesser of the ad-	Tax year		Pnor 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
- 1	return from Part X for each					
	year listed					
י כ	85% of line 2a	·	 	<u> </u>		
	Qualifying distributions from Part					
	XII, line 4 for each year listed Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities				 	
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the					
	alternative test relied upon					
	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed			<u></u>		
	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					1
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income	1 1 11 10	<u> </u>			_
a			complete this part e page 28 of the in		dation had \$5,000	or more in as:
	Information Regarding					
	List any managers of	_		e than 2% of the tot	tal contributions recei	ved by the foundat
	before the close of any					
	FREDERICK E	SONTAG				
	List any managers of		own 10% or more o	f the stock of a corr	poration (or an equal)	v large portion of
	ownership of a partner					, .a.g. po o.
	, ,	, ,,		G		
	NONE					
	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ X If t	he foundation only	makes contributions	to preselected cha	ritable organizations	and does not acc
	unsolicited requests f				ge 28 of the instruction	ons) to individuals
_	organizations under of	her conditions, compl	ete items 2a, b, c, and	l d.		
a	The name, address, an	d telephone number o	f the person to whom a	pplications should be	addressed	
	ATTACHME					
Þ	The form in which appli	cations should be sub	mitted and information	and materials they sh	nould include	
	N7 / B					
_	N/A					
C	Any submission deadlir	nes				
	N/A					
	Any restrictions or li	mitations on awards	such as by geogra	aphical areas chang	table fields kinds of	institutions or of
ď		VII QWQIUS	, Jami as by geogra	-priival diedo, Ulail	word include, Allius Of	
d	factors					
d						

3 Grants and Contributions Paid Durin	ontinueu)	oved for F	Lutura Payment	_
Recipient	If recipient is an individual.		i	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 15				
ATTACHMENT 15				
	:			
Total				5,774,197.
b Approved for future payment				
,,				
				<u> </u>
Total			▶ 3b	

	mounts unless otherwise indicated	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
,		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
-	service revenue					ule instructions)
			 			
-						
•		. ,				
'						
-	nd contracts from government agencies	<u>-</u> .				
	hip dues and assessments					
nterest on	savings and temporary cash investments					
	and interest from securities			14	693,884.	
	Income or (loss) from real estate					
	inanced property					
Not de	ebt-financed property					
	ncome or (loss) from personal property					
Other inve	estment income					
	ss) from sales of assets other than inventory			18	-595,815.	· · · · · · · · · · · · · · · · · · ·
let incom	ne or (loss) from special events					
	ofit or (loss) from sales of inventory					
•	enue a					
					·	
)	· ·					
Subtotal Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to	venfy calcula	itions)			98,00
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activities	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	ited importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
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otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
ubtotal otal. Add workshe t XVI-E	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
Total. Add	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-	d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities Explain below how each activity accomplishment of the foundations.	venfy calcula to the Ac	ntions) complishment of l	Exempt Purp	Doses e) of Part XVI-A contribu	uted importantly to

Form 990-PF (20	10)			5	9-3634325	5		Pa	age 13
Part XVII	Information Exempt Orga		nsfers To and Transa	ctions a	ind Relation	onships With	Nonc	harit	able
1 Did the	organization directly	y or indirectly eng	age in any of the following	g with an	ny other orga	nization described		Yes	No
		ode (other than se	ection 501(c)(3) organizations) or in se	ection 527, r	elating to political	ļ		
organiza									
	· · · · · ·		table exempt organization of				4-44		v
									X
b Other tra					• • • • • • •	• • • • • • • • • •	. 1a(2)	 	<u> </u>
		antable exempt oman	zation				1b(1)		x
			ot organization						Х
									Х
									Х
(5) Loai	ns or loan guarantees						. 1b(5)		Х
			aising solicitations						X
			sets, or paid employees						X
			," complete the following						
			given by the reporting for						
(a) Line no	(b) Amount involved		ent, show in column (d) that the column description to the column description to the column description						
(a) Cille 110	N/A	(c) Name of Hono	Tantable exempt organization	N/A	ilpuoli oi transier	s, transactions, and sha	ung arai	igeniei	
				11/11					
_									
								-	
			<u> </u>						
				<u> </u>					
									
				ļ <u>.</u>	<u> </u>				
				<u> </u>					
				 			_		
								_	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
2a Is the	foundation directly	or indirectly affilia	ted with, or related to, or	ne or mo	re tax-exemp	t organizations			
describe	ed in section 501(c) of	the Code (other than	section 501(c)(3)) or in section	n 527?	·		Y	es 🗌	X No
	complete the following								
	(a) Name of organizatio	n	(b) Type of organization			Description of relation	nship		
-									
						_			
		-							
Unde	r penalties of penury, I o	declare that I have exar	nined this return, including accom	panying sche	edules and state	ments, and to the bes	t of my l	knowle	dge an
			reparer (other than taxpayer or fidu						
Here	Charle E.	Muyon (1 1	1/15/20	11	TREASURE	2		
	gnature of officer or truste	. 100	Date	· · · · · · · · · · · · · · · · · · ·	Tit	e			
	Print/Type preparer's	name	Preparer's signature		Date		PTIN		
Paid	Molly K Armstro	na	Wollyk. armstrong	_	11/11/201	Check III if		10000	07
	Hony IX Amistro	'' '		<u> </u>	11/11/20	self-employed	I PO	10832	U/
Preparer		RICEWATERHOUS				Firm's EIN ▶13-	40083	24	
Use Only			., SUITE 3000				n= -		
	J	ACKSONVILLE,	FL	322	202	Phone no 904-	<u>354-0</u>		
							Form 99	90-PF	(2010

SCHEDULE D (Form 1041)

Capital Gains and Losses ▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Employer identification number

	ONTAG FOUNDATION				59-36343	25	
	Form 5227 filers need to complete only F						
Par	Short-Term Capital Gains and L	<u>.osses - Asset</u>	Held One Y	ear or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
		ļ- -		<u> </u>			
					Ì		
		 			 		
_							
		<u> </u>		l		Υ	
b	Enter the short-term gain or (loss), if any, fi	rom Schedule D-1	l line 1h			1b	
b	Litter the Short-term gain or (1055), if any, if	om Scriedule D-	i, iiile 10	• • • • • • • • • • • • • • • • • • • •		10	
2	Short-term capital gain or (loss) from Form	s 4684, 6252, 678	31, and 8824			2	
	, ,						
3	Net short-term gain or (loss) from partnersh	• •	•			3_	280,563.
4	Short-term capital loss carryover. Enter the	_		•			
_	Carryover Worksheet					4_	()
5	column (3) on the back	-	• • •			5	280,563.
Par		es - Assets Held	More Than One	e Year	· · · · · · · · · · · · · · · · · · ·	<u> </u>	200,303.
	(a) Description of property	(b) Date acquired		(d) Sales price	(e) Cost or other	basis	(f) Gain or (loss) for the entire year
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(u) Sales price	(see instructio	ns)	Subtract (e) from (d)
6a							
							<u> </u>
			ļ				<u> </u>
							
					<u> </u>		
	-				-		-
						1	
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-1	. line 6b			6b	
			,				
7	Long-term capital gain or (loss) from Form	s 2439, 4684, 62	52, 6781, and 8	824		7	ļ.,
8	Net long-term gain or (loss) from partnersh	ips, S corporation	ns, and other e	states or trusts		8	-876,378.
•	Canital gain distributions					9	
9	Capital gain distributions					-	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter the	amount, if any, f	rom line 14 of t	he 2009 Capital Loss			
	Carryover Worksheet					11	(
12	Net long-term gain or (loss). Combine lin	es 6a through 11	ın column (f) E	Enter here and on line	14a,		
	column (3) on the back	<u> </u>	<u> </u>	<u></u>			
For F	aperwork Reduction Act Notice, see the Instru	ctions for Form 104	I 1.		Sc	hedul	e D (Form 1041) 2010

_	ule D (Form 1041) 2010		(4) D 5	(0) 5:1:1:1	Page 2
Par	Summary of Parts I and II Caution: Read the instructions before completing this parts.	art	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			280,563.
14	Net long-term gain or (loss):	- · · ·	-		
	-	14a			-876,378.
		14b			
С	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15			-595,815.
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form it V, and do not complete Part IV If line 15, column (3), is a net loss, complete Pa				
Par	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I, In	ne 4c, if a trust) , the si	maller of	
а	The loss on line 15, column (3) or b \$3,000: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page			16 (3,000.)
Carry	vovetWorksheeton page 7 of the instructions to figure your capital loss carryover	<u> </u>	e 22 (or Form 990-T, I	ine 34), is a loss, comp	olete the Capital Loss
Par					
	1041 filers. Complete this part only if both lines 14a and 15 in colur			mount is entered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more ion: Skip this part and complete the worksheet on page 8 of the instruction.				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	וו פוונ			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Form	990-T trusts. Complete this part only if both lines 14a and 15 are	e gair	ns, or qualified divid	ends are included i	in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and	complete the work	sheet on page 8 of	f the instructions if
eithe	r line 14b, col. (2) or line 14c, col. (2) is more than zero				
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,300		24		
24 25	Is the amount on line 23 equal to or more than the amount on line 24?	• • •	• • 24		
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box		l i		
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?		20		
~•.	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line	-	27	- -	
	Transition of the file of the		-		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	Outline the confirmation of				
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (.15)		adula for Fatata :	and Tausts	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate				
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	

(see the Schedule Ginstructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Schedule D (Form 1041) 2010

32

33

G, line 1a (or Form 990-T, line 36) .

Form **8868**

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

internarkevenue	Service File a	separate ap	plication for each return.					
	filing for an Automatic 3-Month Extension, co				▶ X			
	filing for an Additional (Not Automatic) 3-Mor olete Part II unles p ou have already been gran			•	5 8			
			·	•				
a corporation	l ing (e-file) You can electronically file Form in required to file Form 990-T), or an addition	oooo iiyo al(notau	u need a 3-month automatic extension of time	sion of time to the You can electron	e (6 months for			
8868 to req	uest an extension of time to file any of the	forms liste	ed in Part I or Part II with the excer	otion of Form 887	70. Information			
Return for 1	Fransfers Associated With Certain Persona	l Benefit (Contracts, which must be sent to	the IRS in pap	er format (see			
	For more details on the electronic filing of the			ile for Chanties &	Nonprofits .			
	tomatic 3-Month Extension of Time. On							
	required to file Form 990-T and requesting an							
Part I only .					▶ 🔲			
All other corp	orations (including 1120-C filers), partnerships	s, REMICs,	and trusts must use Form 7004 to re-	quest an extensioi	n of time			
to file income								
Type or	Name of exempt organization			Employer identific	ation number			
print	SONTAG FOUNDATION			59-3634	325			
File by the	Number, street, and room or suite no If a P O. box	, see instruc	tions					
due date for filing your	816 A1A NORTH SUITE 201							
return See	City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions					
instructions	PONTE VEDRA BEACH, FL 32082							
Enter the Ret	turn code for the return that this application is f	or (file a se	parate application for each return)		04			
				.				
Application		Return	Application		Return			
ls For		Code	Is For		Code			
Form 990		01	Form 990-T (corporation)		07			
Form 990-BL		02	Form 1041-A		80			
Form 990-EZ		03	Form 4720		09			
Form 990-PF		04	Form 5227	n 5227 10				
	sec_401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-T (trust other than above)	06	Form 8870		12			
The books	s are in the care of CHUCK GREGORY	-SPRING	BAY CAPI					
Tolonbono	No b 004 272-0755		EAV.N. 5 004 072 0745					
•	No. ► 904 273-8755		FAX No ▶ 904 273-8745		. \Box			
	nization does not have an office or place of bi				▶□			
	r a Group Return, enter the organization's foul	•	· · · · · · /		If this is			
	group, check this box		rt of the group, check this box	▶ [] an	d attach			
	names and EINs of all members the extension							
	st an automatic 3-month (6 months for a corpo							
until	organization's return for	exempt orga	anization return for the organization n	amed above The	extension is			
	calendar year 20 10 or							
		20		20				
	tax year beginning	, <u></u>	, and ending	, 20	 ·			
2 If the te	w upper partored in line 4 in facilities than 40 man	باممتام ممالا		First actions				
	x year entered in line 1 is for less than 12 mon	itns, check	reason Initial return	Final return				
	hange in accounting period							
3a If this	application is for Form 990-BL, 990-PF, 99	00 T 4720	or 6060 anter the tentative toy	loss say				
	indable credits Seeinstructions	30-1, 4 <i>12</i> 0	, or bobs, enter the tentative tax	· •	0			
	application is for Form 990-PF, 990-T,	4720 0	COCO enter any refundable an	3a \$	0.			
				1 1	111 050			
	ed tax payments made. Include any prior yea e Due. Subtract line 3b from line 3a Include			3b \$	111,052.			
			ent with this form, it required, by us	·	^			
	onic Federal Tax Payment System). See instruction of the result of the r		with this Form 9969 and Farm 6	3c \$	0.			
payment inst		williurawat	willi tills Form 6505, see Form 8	433-EU and For	m 88/9-EU 101			
	Reduction Act Notice, see Instructions				868 (Pov. 1.2011)			

JSA 0F8054 4 000

Form 88	188 (Rev 1-2011)				Page 2					
	ou are filing for an Additional (Not Automatic) 3-Mo	nth Extens	ion, complete only Part II and checi	k this box						
	Only complete Part II if you have already been grant									
	ou are filing for an Automatic 3-Month Extension, c			•						
Part				opies needed).						
Туре				Employer identification	number					
print	SONTAG FOUNDATION									
File by 1		Number, street, and room or suite no If a P O box, see instructions.								
extende due dat										
filing yo	ur City, town or post office, state, and ZIP code For	a foreign add	ress, see instructions							
neturn (
										
Enter	the Return code for the return that this application is	for (file a se	parate application for each return)		0 4					
A _ m !!		I p.4	LA series de la constante de l		T = 4					
	cation	Return	Application		Return					
ls For		Code	is For		Code					
Form		01			 					
	990-BL	02	Form 1041-A		08					
	990-EZ	03	Form 4720		09					
_	990-PF	04	Form 5227		10					
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
	990-T (trust other than above)	06	Form 8870	 	12					
	Do not complete Part II if you were not already gr			viously filed Form 8	868					
	books are in the care of CHUCK GREGORY									
	ephone No. ▶ 904 273-8755		FAX No. ► 904 273-8745							
	ne organization does not have an office or place of t				▶□					
	nis is for a Group Return, enter the organization's for			If t	nis is					
	e whole group, check this box ▶ 🛄 .		rt of the group, check this box	▶	tach a					
	th the names and EINs of all members the extension			 -						
	I request an additional 3-month extension of time unt		11/15_, 2	20 11						
	For calendar year $\ \underline{2010}$, or other tax year beginni		, 20 , and ending	,,	20					
6	If the tax year entered in line 5 is for less than 12 mo	nths, check	reason Initial return	Fınal return						
	Change in accounting period									
	.,	TIONAL T	IME IS NEEDED IN ORDER TO	FILE A						
4	COMPLETE AND ACCURATE RETURN.	<u> </u>								
		 								
	If this application is for Form 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the tentative tax,	·	_					
	nonrefundable credits. See instructions.			8a \$	0.					
	If this application is for Form 990-PF, 990-T,			W / /						
	estimated tax payments made Include any p	nor year o	overpayment allowed as a credit	· 🛏						
	amount paid previously with Form 8868				<u>111,052.</u>					
C	Balance Due. Subtract line 8b from line 8a Include		ent with this form, if required, by usi	ing EFTPS						
	(Electronic Federal Tax Payment System). See instri			8c \$	0.					
	Sig	nature ar	nd Verification							
	penalties of perjury, I declare that I have examined this form,		companying schedules and statements, and to	o the best of my knowle	dge and belief,					
ii is tru	e, correct, and complete, and that I am authorized to prepare this i	orm								
	Muhal Muldown			00/44	/2011					
Signati	ire >		Title	Date ► 08/11	72011					
	()			Form 8868	(Rev 1-2011)					

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of	Property		Desc	nption		or	Date acquired	Date so
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	<u>ט</u>	Gain or	
expenses of sale	allowable	PARTNERSHIE ESTATES OR TOTAL LONG-	I 12/31/69 I-TERM COMMODE, S CORPORA TRUST GAIN -TERM COMMON	FION, AND O' OR LOSS TRUST FUND	THER		(loss) 280,563.	
			P, S CORPORA TRUST GAIN		THER		-876,378.	
OTAL GAIN (LOSS)				••••		-595,815.	
		_	-	-				
54 1000 79832G 3								

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	299, 446. 394, 438. 192.	694,076.
REVENUE AND EXPENSES PER BOOKS	299, 446. 394, 438. 192.	694,076.
		TOTAL
	4PT QP FUND INTEREST	-
DESCRIPTION	DIVIDENDS INTEREST ENDOWMENT EXEMPT	

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME 3,157.

3,157.

TOTALS

DESCRIPTION OTHER

3,157.

PAGE 17

ATTACHMENT 3

II
FEES
PROFESSIONAL
OTHER
_ ⊦∥
H
PART
990PF,
FORM

NET S INVESTMENT KS INCOME	150,387. 150,387. 1,718. 1,718.	105 105
REVENUE AND EXPENSES DESCRIPTION PER BOOKS	INVESTMENT MANAGEMENT FEES LEGAL & PROFESSIONAL	TOTATOT

ATTACHMENT 4

OTHER EXPENSES	
- 1	ľ
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PART	
990PF,	
FORM	

SONTAG FOUNDATION

	NET	NE.	INCOME	6,916.	1,272.	39,547.	320.	13,655.	515.	
REVENUE	AND	EXPENSES IN	PER BOOKS	13,832.	1,272.	39,547.	320.	13,655.	515.	
			DESCRIPTION	BUSINESS MEALS	OFFICE EXPENSE	OUTSIDE SERVICES	TELEPHONE	RETIREMENT BENEFIT	DUES AND SUBSCRIPTIONS	

62,225.

69,141.

TOTALS

79832G 3513

OBLIGATIONS
STATE
AND
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990PF,
FORM

ATTACHMENT 5	ENDING BOOK VALUE
111111111111111111111111111111111111111	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DESCRIPTION

US OBLIGATIONS TOTAL

BONDS & NOTES

ER	
ᆈ	
BOOK VALUE	

ENDING	14,514,514.	14,514,514.
ENDING BOOK VALUE	10,337,192.	10,337,192.

STOCK	
CORPORATE	
l	
II	
PART	
990PF,	
FORM	-

DESCRIPTION	

EQUITIES

ENDING BOOK VALUE

ENDING FMV

16,633,509.

TOTALS

12,815,037.

12,815,037.

16,633,509.

PAGE 21

ATTACHMENT 6

FORM 990PF,

PART II - CORPORATE BONDS

DESCRIPTION

MUTUAL FUNDS

ENDING BOOK VALUE

ENDING FMV

16, 982, 518.

17,149,366.

TOTALS

16,982,518.

17,149,366.

ATTACHMENT 8

79832G 3513

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

REAL ESTATE & SPECIALTY ASSETS

TOTALS

ENDING BOOK VALUE

ENDING FMV

1,426,799.

1,426,799.

1,322,920.

1,322,920.

PAGE 23

59-3634325

FORM 990PE, PART II - OTHER ASSETS

DESCRIPTION

BOOKS

TOTALS

ENDING BOOK VALUE

ENDING FMV

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PAGE 24

102	$JT\Delta G$	FOU	MDA	TTC	M
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ATTACHMENT 10

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

DUE TO SPRING BAY MANAGEMENT DEFERRED COMPENSATION

10,634. 117,511.

TOTALS

128,145.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

FV TO BASIS ADJUSTMENT

322,359.

TOTAL

322,359.

ATTACHMENT 12

	COMPENSATION	2,000.	4,000.	2,000.	4,000.	2,000.	14,000.
- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	VICE PRESIDENT	VICE PRESIDENT	VICE PRESIDENT	VICE PRESIDENT	VICE PRESIDENT	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF (NAME AND ADDRESS	CINDY L. HUDGINS 816 AIA NORTH, STE 201 PONTE VEDRA BEACH, FL 32082	FREDERICK T SONTAG 816 A1A NORTH, STE 201 PONTE VEDRA BEACH, FL 32082	BRADLEY D. MOTTIER 816 A1A NORTH, STE 201 PONTE VEDRA BEACH, FL 32082	JOHN STROM 816 AlA NORTH, STE 201 PONTE VEDRA BEACH, FL 32082	JEFF HUDGINS 816 AIA NORTH, STE 201 PONTE VEDRA BEACH, FL 32082	

79832G 3513

D EMPLOYEES	
T PAI	
HIGHES	
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F THE	
COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES	
PART VIII -	
990PF,	

COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOIED TO POSITION NAME AND ADDRESS

EXECUTIVE 40.00 KAY W. VERBLE 816 A1A NORTH, STE 201 PONTE VEDRA BEACH, FL 32082

139,077.

TOTAL COMPENSATION

139,077.

ATTACHMENT 13

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DANA FARBER CANCER INSTITUTE, INC 44 BINNEY ST, SUITE BP 60 BOSTON, MA 02115	NONE PÜBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	187,500.
THE SOCIETY FOR NEURO-ONCOLOGY P.O.BOX 890886 HOUSTON, IX 77289-0886	NONE PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	40,000.
REGENTS OF UNIVERSITY OF CALIFORNIA 1111 FRANKLIN STREEET OAKLAND CA 94607	NONE PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	300,000.
MEMORIAL SLOAN-KETTERING 1275 YORK AVENUE NEW YORK, NY 10021	NONE PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	168,750.
BARNABAS CENTER 413-B SOUTH SHARON AMITY ROAD CHARLOTTE, NC 28211	NONE PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	54,840.
PRESIDENT AND FELLOWS (HARVARD UNIVERSITY) HOLYOKE CENTER 3RD FLOOR 1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	NONE PUBLIC CHARITY	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	131,250.

ATTACHMENT 15 (CONT'D)

DMOTING	AMOONI	34,400	110N 25,000.	30,000.	110N 20,000	.ion 52,800.	35, 000.
PURPOSE OF GRANT OR CONTRIBUTION	FURFUSE OF GRANT OR CONTRIBUTION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	FOUNDALION STATUS OF RECIFIENT	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY	NONE PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	RECIFIENT NAME AND ADDRESS	THE ARC JACKSONVILLE 1050 N. DAVIS ST JACKSONVILLE, FL 32209-6808	BEACHES EMERGENCY ASSISTANCE MINISTRY 850 6TH AVE S SUITE 400 JACKSONVILLE, FL 32250	BETTY GRIFFIN HOUSE 1375 ARAPAHO AVE ST AUGUSTINE, FL 32084	CLARA WHITE MISSION 613 W. ASHLEY ST. JACKSONVILLE, FL 32202	PINE CASTLE, INC 4911 SPRING PARK RD JACKSONVILLE, FL 32207	VOLUNTEERS IN MEDICINE 41 E. DUVAL ST. JACKSONVILLE, FL 32202

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		ATTACHMENT 15 (CONT'D)	5_(CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DUKE UNIVERSITY	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
DURHAM, NC 27708	PUBLIC CHARITY		
THE PHILANTHROPIC INITIATIVE	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	250,000.
121 W FORSYTH ST	PUBLIC CHARITY		
SUITE 900			
JACKSONVILLE, FL 32202			
ANRF	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	75,000.
200 OCEANGATE, SUITE 830	PUBLIC CHARITY		
LONG BEACH, CA 90802			
HOSPITAL FOR SICK CHILDREN	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	131,250
1731 BUNKER HILL RD NE	PUBLIC CHARITY		
WASHINGTON, DC 20017			
BRIGHAM & WOMEN'S HOSPITAL	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000
75 FRANCIS ST.	EXEMPT ORGANIZATION		
BOSTON, MA 02115			
HUBBARD HOUSE	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	79,895.
PO BOX 4909	EXEMPT ORG		
JACKSONVILLE, FL 32201			

ATTACHMENT 15 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		`
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LEE CONIEE HOUSE PO BOX 2558 PALATKA, FL 32178-2558	NONE EXEMPT ORG.	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	25,000.
MICAH'S PLACE PO BOX 16287 FERNANDINA BEACH, FL 32035	NONE EXEMPT ORG.	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	10,000.
NORTHWEST JACKSONVILLE COMMUNITY DEVELOPMENT CORP. 1122 GOLFAIR BLVD JACKSONVILLE, FL 32209-4038	NONE EXEMPT ORG	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	50,000.
POMONA COLLEGE 333 NORTH COLLEGE WAY CLAREMONT, CA 91711	NONE EXEMPT ORG	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION 3,	3, 000, 000
ST. JOHNS CO COUNCIL ON AGING 180 MARINE STREET ST. AUGUSTINE, FL 32084	NONE EXEMPT ORG.	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	35, 000.
THE BOSELLI FOUNDATION PO BOX 16385 JACKSONVILLE, FL 32245-6385	NONE EXEMPT ORG	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	15,000.

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		ATTACHMENT 15 (CONT'D)	5. (CONT'D)
	CAMPACTUMENT TETRICAL OF CTITOLOGICAL		
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE SALK INSTITUTE	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION	150,000.
PO BOX 85800	EXEMPT ORG		
SAN DIEGO, CA 92186-5800			
VISTON IS PRICEIESS	ANCH	FOR THE EXEMPT BUBDOSES OF THIS OBCANIZATION	22 000
3 CHIDCITE GAV			
SILL 546			
JACKSONVILLE, FL 32204			
COMMUNITY HOSPICE	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION.	60, 650.
4266 SUNBEAM ROAD	EXEMPT ORG		
JACKSONVILLE, FL 32257			
ELDERSOURCE	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION.	55,000.
4160 WOODCOCK DR # 200	EXEMPT ORG		
JACKSONVILLE, FL 32207			
FAMILY FOUNDATIONS	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION.	45,000
1639 ATLANTIC BOULEVARD	EXEMPT ORG		
JACKSONVILLE, FL 32207			
GLEANERS DISPATCH INC.	NONE	FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION.	.000,05
8207 103RD STREET	EXEMPT ORG		
JACKSONVILLE, FL 32210			

ATTACHMENT 15 (CONT'D)

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RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

45,000

FOR THE EXEMPT PURPOSES OF THIS ORGANIZATION.

AMOUNT

ATTACHMENT 15 (CONT'D)

70 WASHINGTON ST ST AUGUSTINE, FL 32084

ST FRANCIS HOUSE

RECIPIENT NAME AND ADDRESS

NONE EXEMPT ORG

TOTAL CONTRIBUTIONS PAID

5,774,197

ATTACHMENT 15 PAGE 36