### 29491016003051

### Form 990-PF

### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1645-0047

2019

Open to Public Inspection

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	me of fou		and ending		A Emple	oyer Identification number	<del></del>
. 10	0, 102				~ =	byer rachimoston manipo.	
C	HRT:	S LONG FOUNDATION			47	-6329563	
	Number and street (or P O box number if mail is not delivered to street address)  Room/suite			-	hone number (see instructions	s)	
		S. BRENTWOOD BLVD.			31	4-726-2300	
		, state or province, country, and ZIP or foreign postal code	-		C If exer	nption application is pending,	check here
<u> </u>	T. 1	LOUIS MO 63105			U II GAE	ription application is periong,	CHECK HEIC
∠G C	check a	all that apply 🔲 Initial return 🔲 Initial return	n of a former public cha	arity	D 1 Fo	reign organizations, check he	ere ► _
15/		Final return Amended	return		2 Fo	reign organizations meeting t	he
		Address change Name char	nge		85	% test, check here and attach	computation •
нс	heck t	ype of organization X Section 501(c)(3) exempt private f	oundation	ΔH	E If priva	ate foundation status was tern	ninated under
	Section		e private foundation	04	sectio	n 507(b)(1)(A), check here	▶ _
I Fa	air marl	ket value of all assets at J Accounting method	X Cash Acc	rual	F If the f	foundation is in a 60-month te	rmination
er	nd of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere ► X
lın	e 16) 🕽	\$ 1,667,091 (Part I, column (d), must I	be on cash basis )				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	netment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	inco		income	purposes
	1 4		2,104,949				(cash basis only)
•	1	Contributions, gifts, grants, etc., received (attach schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch. B	2,104,949				
	3	. 🕒	7,140	······	1,140		
1	4	Interest on savings and temporary cash investments  Dividends and interest from securities	13,700	<del>                                     </del>	1,140		
ı	5a	Gross rents	13,700				
	b	Net rental income or (loss)	<del></del>		······		***************************************
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10 STMT 1	-17,386	<del> </del>			
<b>Revenue</b>	b	Gross sales price for all assets on line 6a 234, 124	-17,300			THE REAL PROPERTY.	V/EI)
ख्न	7	Capital gain net income (from Part IV, line 2)			······		181
	8	Net short-term capital gain				B NOV CO	2220 Ϋ
80	9	Income modifications				B NOV QU	
<del></del>	10a	Gross sales less returns and allowances	<del></del>			- L	
83	ь	Less Cost of goods sold			***************************************	<b>UGDE</b>	N, U
11	c	Gross profit or (loss) (attach schedule)		<u> </u>	······································	<del>-</del>	<del></del>
त्र		Other income (attach schedule)					, ·
ZECT.	12	Total. Add lines 1 through 11	2,108,403		1,140	0	
Perses	13	Compensation of officers, directors, trustees, etc	24,221		<i></i>		24,221
ai.	14	Other employee salaries and wages	42,371				42,371
(E)	15	Pension plans, employee benefits	6,146				6,146
LIX.	16a	Legal fees (attach schedule)					·
Λ",	Ь	Accounting fees (attach schedule)					
<b>⋖</b> ⅀.	, c	Other professional fees (attach schedule) STMT 2	179,281				179,281
<b>グ</b> 語 /	17	Interest					
<u>~`≅</u>	18	Taxes (attach schedule) (see instructions)					
J	19	Depreciation (attach schedule) and depletion					
and Administrative Exp	20	Occupancy					
, S	21	Travel, conferences, and meetings	63,260				63,260
a)	22	Printing and publications					
ğ	23	Other expenses (att sch ) STMT 3	492,887				492,887
Ë	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	808,166	1	. 0	0	
Ğ	25	Contributions, gifts, grants paid	1,044,210				1,044,210
) <u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	1,852,376		0	0	1,852,376
_	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	256,027	<b></b>			
	b	Net investment income (if negative, enter -0-)			1,140		
	c	Adjusted net income (if negative, enter -0-)		1		0	

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	Faiti	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			<u> </u>
	2	Savings and temporary cash investments	1,169,234	1,613,463	1,613,463
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			<u> </u>
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments – U S and state government obligations (attach schedule) STMT 4	206,974	53,628	53,628
	b	Investments – corporate stock (attach schedule)			
	С	investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch )			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
_		instructions Also, see page 1, item I)	1,376,208	1,667,091	1,667,091
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ties	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			<del></del>
ial.	21	Mortgages and other notes payable (attach schedule)			
1	22	Other liabilities (describe ► SEE STATEMENT 5 )		19,716	
	23	Total liabilities (add lines 17 through 22)	0	19,716	
		Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
	24	Net assets without donor restrictions			
3al	25	Net assets with donor restrictions			
Net Assets or Fund Balan		Foundations that do not follow FASB ASC 958, check here			
Ë		and complete lines 26 through 30.			
ř	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
se	28	Retained earnings, accumulated income, endowment, or other funds	1,376,208	1,647,375	
As	29 1.	Total net assets or fund balances (see instructions)	1,376,208	1,647,375	
let	30	Total liabilities and net assets/fund balances (see			
_	Ph	instructions)	1,376,208	1,667,091	
_	Part II				
1		net assets or fund balances at beginning of year – Part II, column (a), line 29 (must ac	gree with		1 276 265
_		f-year figure reported on prior year's return)		1	1,376,208
		amount from Part I, line 27a		2	256,027
		increases not included in line 2 (itemize) ► SEE STATEMENT 6		3	15,140
		nes 1, 2, and 3		4	1,647,375
5		rases not included in line 2 (itemize)	00	5	1 647 275
<u>0</u>	ı o(a)	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), li	ne 29	6	1,647,375

TOTAL SOUTH (EDIS) CITALED	HONG FOUNDITION		17 0023000		<u> </u>
Part IV Capital Gains	and Losses for Tax on Investm	nent Income			
	oe the kınd(s) of property sold (for example, real estate, warehouse, or common stock, 200 shs MLC Co)	,	(b) How acquired P – Purchase D – Donation	(c) Date ad (mo , day	
1a N/A					
b					
С					
d		-			
e					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	1 17	or other basis ense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))
a					
b					
с					
d		<u> </u>			
<u>e</u>		l			
Complete only for assets showing	g gain in column (h) and owned by the four	ndation on 12/31/69		(1) (	Gains (Col. (h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	ss of col (i) I (j), if any	col	(k), but not less than -0-) or Losses (from col. (h))
_a					
b					
<u>c</u>					
d		ļ <u>-</u> -			
е		L			
2 Capital gain net income or (net c	apital loss)				
	if (loss), enter -0- in	Part I, line 7		2	
, - ,	ss) as defined in sections 1222(5) and (6). , column (c) See instructions If (loss), enti	er -0- ın			
Part I, line 8				3	
Part V Qualification (	<u> Jnder Section 4940(e) for Redu</u>	iced Tax on Ne	t Investment Inc	<u>ome</u>	
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investmen	nt income.)		
If section 4940(d)(2) applies, leave the	ns part blank				
					☐ Yes [X]
	tion 4942 tax on the distributable amount of		e period /		∐ Yes ∧
<u> </u>	y under section 4940(e) Do not complete t	<u>`</u>			
<del></del>	each column for each year, see the instruct	tions before making a	iny entries	<u> </u>	
(a) Base penod years	(b)	a Nationalis	(c)		(d) Distribution ratio
Calendar year (or tax year beginning			e of nonchantable-use asset		(col (b) divided by col (c))
2018	2,353		1,138,		2.0667
2017	•	112	346,		2.5832
2016	•	,112	294,		1.3434
2015		,999	472,		0.6811
2014	129	,159	475,	014	0.0613
					( 7350
2 Total of line 1, column (d)				2	6.7358
<del>-</del>	5-year base period – divide the total on line				1 2471
the number of years the foundati	on has been in existence if less than 5 year	rs		3	1.3471
4 Enter the net value of noncharita	ble-use assets for 2019 from Part X, line 5			4	1,501,3
5 Multiply line 4 by line 3				5	2,022,6
,					
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	2,022,6
8 Enter qualifying distributions from	•			8	1,852,3
If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line 1b, ai	na complete that part	using a 1% tax rate S	ee tne	

Form	990-PF (2019) CHRIS LONG FOUNDATION 47-6329563				age 4
PE	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in:	struct	ions	)
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 letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			0
	here ▶ ☐ and enter 1% of Part I, line 27b				*******
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	Į			
	Part I, line 12, col (b)				
2		2			0
3		3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			<u> </u>
5		5			<del></del> 0
6	Credits/Payments Credits/Payments/Paym	1			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 211	1			
b	Exempt foreign organizations – tax withheld at source	1			
С	Tax paid with application for extension of time to file (Form 8868)  6c	<b>‡</b>			
d	Backup withholding erroneously withheld 6d	Ī			
7	Total credits and payments Add lines 6a through 6d	7		2	211
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		2	211
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 0 Refunded ▶ 1	11		- 2	211
Pa	rt VII-A Statements Regarding Activities				
1a	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	$\longrightarrow$	<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			ŀ	
C	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation.  \$ (2) On foundation managers  \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		[		
2	on foundation managers \$		,	F	Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities		2	-	
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	Ì	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	-+	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	$\neg$	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		X
	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 instructions  SEE STATEMENT 7				
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 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"				ラ
	complete Part XIV		9_	ightharpoonup	<u>x</u> 2
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		<u>X</u>
		F	orm <b>99</b> 0	U-PF	(2019)

Forn	1990-PF(2019) CHRIS LONG FOUNDATION 47-6329	9563			Р	age :
p	art'VII-A Statements Regarding Activities (continued)	-				
					Yes	No
11	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			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				l	
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	Х	
	Website address ► CHRISLONGFOUNDATION.ORG					
14	The books are in care of ▶ GUS GAST	Telephone no ▶	314-7	26-	230	0
	100 S BRENTWOOD BLVD					
	Located at ▶ ST. LOUIS MO	ZIP+4 ▶	63105	· •		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here					▶│
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	_	•		Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				•	
	the foreign country					
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	ired				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a	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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		_			
	disqualified person?	Yes	X No			
	(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?	Yes	X No			
	(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)?	Yes	X No			
	(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 period after					
	termination of government service, if terminating within 90 days)	Yes	X No			
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 instructions		N/A	1b		
	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 2019?			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 2019, did the foundation have any undistributed income (Part XIII, lines					
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
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					
	all years listed, answer "No" and attach statement – see instructions )		N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	<b>▶</b> 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_	_			
	at any time during the year?	☐ Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 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	f				
	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 2019 )		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	s?		4a	<u> </u>	X
h	Did the foundation make any investment in a prior year (but after December 31, 1969) that could repeatize its	•		I	t	

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

	THE Statements Boggredi	ng Activities for Which For	m 4720 May Bo F	Poquirod (con	tinuod)		-	
			III 4/20 Way De F	tequileu (COII	iiriueu)		Yes	No
5a		•	045/->>0		es X No		res	IAO
	(1) Carry on propaganda, or otherwise atte	, ,	• • •		es 🔀 No			
	(2) Influence the outcome of any specific	•	o carry on,		es X No			
	directly or indirectly, any voter registrat			<del></del>				
	(3) Provide a grant to an individual for trav	· · · · ·	danasihasi sa		es X No			
	(4) Provide a grant to an organization other	·	jescribed in		es X No			
	section 4945(d)(4)(A)? See instruction		adaat.aaal	T	es 🔀 No			
	(5) Provide for any purpose other than reli	· ·	educational		es X No			
	purposes, or for the prevention of crue	•			es X No			
b	If any answer is "Yes" to 5a(1)–(5), did any	· · · · · ·	•	ibea	N/A	5b		
	in Regulations section 53 4945 or in a curr				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	30		
	Organizations relying on a current notice re							
С	If the answer is "Yes" to question 5a(4), do	·	m the tax	N/A 🗌 Y				
	because it maintained expenditure respons	•		N/A [] Y	es 📙 No			
	If "Yes," attach the statement required by F	•						
6a	Did the foundation, during the year, receive	e any tunds, directly or indirectly, to pa	y premiums		es X No			
	on a personal benefit contract?			T	es 🔀 No	ر ا ا		Х
Ь	Did the foundation, during the year, pay pro	emiums, directly or indirectly, on a pers	sonal benefit contract?			6b		<del>-</del>
	If "Yes" to 6b, file Form 8870		lhan huama anh am 0		es X No			
7a	At any time during the tax year, was the for				es X No N/A	-L		
ь	If "Yes," did the foundation receive any pro				N/A	7b		
8	Is the foundation subject to the section 496		บบบ <sub>เ</sub> บบบ in	□ •	es X No			
¥4.	remuneration or excess parachute paymen	ficers, Directors, Trustees,	Foundation Man					
r	art ₩₩ Information About Of and Contractors	incers, Directors, Trustees,	Foundation Man	agers, mgmy	raid Emplo	yees,	,	
1 1	List all officers, directors, trustees, and f	oundation managers and their com	neneation See instru	ıctions				
• •	cist an omeers, unectors, trustees, and r	odridation managers and their com	periodicion: occ mone		(d) Contributions to			
	(a) Name and a	ddroon	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense ad	
	(a) Name and a	uuless	devoted to position	enter -0-)	plans and deferred compensation	othe	r allowa	nces
	IDICTORUED II LONG	CATUT LOUIC	TRUCTER		compensation		_	
	RISTOPHER H. LONG	SAINT LOUIS	TRUSTEE	٥	0			0
	00 S BRENTWOOD BLVD.	MO 63105	1.00 TRUSTEE					
	EGAN O'MALLEY LONG	SAINT LOUIS		o	0			0
	00 S BRENTWOOD BLVD.	MO 63105	1.00 EXECUTIVE DI	<u>_</u>	0			
	ICOLE D. WOODIE	HUNTINGTON BEACH		24 221	0			0
14	107 CALIFORNIA ST. APT. 4	CA 92648	40.00	24,221				- 0
2	Compensation of five highest-paid emp	ployees (other than those included	on line 1 – see instru	ctions). If none. e	nter	<b></b>		
_	"NONE."	,						
			(b) Title and supress		(d) Contributions to			
	(a) Name and address of each ampleyee	oald more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		oense ad r allowa	
	(a) Name and address of each employee (		devoted to position		plans and deferred compensation	oune	r allowa	ices
	(a) Name and address of each employee		devoted to position					
NC			GOVERNO TO POSITION			-		
NC	ONE		devoted to position					
NC			gottod a position					
NC								
NC								
NC								
NC								
NC								
NC								
NO								
		000						0

Part VIII Information About Officers and Contractors (continued	, Directors, Trustees, Foundation	n Managers, Highly Paid Er	nployees,
3 Five highest-paid independent contractors for		f none, enter "NONE."	
(a) Name and address of each per	son paid more than \$50,000	(b) Type of service	(c) Compensation
FRUITION STRATEGIES, LLC	HUNTINGTON BEACH		
1407 CALIFORNIA ST APT 4	CA 92648	CONSULTANT	72,519
Total number of others receiving over \$50,000 for profes	ssional services		<b>▶</b> 0
Part IX-A Summary of Direct Charit	able Activities		
List the foundation's four largest direct chantable activities during the organizations and other beneficiaries served, conferences convened,		e number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B Summary of Program-Rel	ated Investments (see instructions		
Describe the two largest program-related investments made by the fo		·	Amount
1 N/A	,		Amount
2			
All other program-related investments. See instructions 3			
Total. Add lines 1 through 3		•	

Form 990-PF (2019)

1,852,

3a

3b

4

5

6

3

5

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b, See instructions

Cash distribution test (attach the required schedule)

P	art XIII Undistributed Incom	e (see instructions	)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part >	<b>(</b> 1,	Corpus	Years pnor to 2018	2018	2019
	line 7					75,070
2	Undistributed income, if any, as of the end	d of 2019:				
а	Enter amount for 2018 only					
b	Total for prior years: 20, 20	, 20				
3	Excess distributions carryover, if any, to 2			=		
a	From 2014	5,982		:		
b	From 2015	298,546				
C	From 2016	380,411				
d	From 2017	876,619				
е	From 2018	2,297,049				
f	Total of lines 3a through e		3,858,607	-		
4	Qualifying distributions for 2019 from Par	t XII,				
	line 4: ▶ \$ 1,852,376					
a	Applied to 2018, but not more than line 2a	1				1,;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
b	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)				111111111111111111111111111111111111111	<del></del>
C	Treated as distributions out of corpus (Ele	ection				
	required – see instructions)		,.,.,			
d	Applied to 2019 distributable amount					75,070
е	Remaining amount distributed out of corp	us	1,777,306			
5	Excess distributions carryover applied to	2019				
	(If an amount appears in column (d), the s	same				
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
	Indicated below:					
a	Corpus Add lines 3f, 4c, and 4e. Subtrac	t line 5	5,635,913			
þ	Prior years' undistributed income Subtract	ot				
	line 4b from line 2b					
C	Enter the amount of prior years' undistribu	ıted				
	income for which a notice of deficiency ha	as				
	been issued, or on which the section 4942	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount - see instructions					
e	Undistributed income for 2018 Subtract I	ine				
	4a from line 2a Taxable amount - see					
	Instructions					
f	Undistributed income for 2019 Subtract I	ines				
	4d and 5 from line 1. This amount must b	<del>e</del>				
	distributed in 2020					0
7	Amounts treated as distributions out of co	•				
	to satisfy requirements imposed by section	n				
	170(b)(1)(F) or 4942(g)(3) (Election may	be		-		
	required—see instructions)			:	<u></u>	
8	Excess distributions carryover from 2014	not				
	applied on line 5 or line 7 (see instructions	·	5,982			
9	Excess distributions carryover to 2020	0.		†		
	Subtract lines 7 and 8 from line 6a		5,629,931	- ************************************		
10	Analysis of line 9	,				
a	Excess from 2015	298,546				
b	Excess from 2016	380,411				
С	Excess from 2017	876,619		1		
d	Excess from 2018	2,297,049		=		
е	Excess from 2019	1,777,306			l	

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

factors: N/A

Any submission deadlines

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		·	<del>                                     </del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor		<del>                                     </del>	
a Paid during the year WORLDSERVE INTERNATIONAL P.O. BOX 3437 SPRINGFIELD MO 65808	NONE	PUB CHARITY	GENERAL	796,300
FIRST BOOK 1319 F STREET NW WASHINGTON DC 20004	NONE	PUB CHARITY	GENERAL	115,869
BOYS & GIRLS CLUB OF FLATHE 62579 US-93 RONAN MT 59864	AD RES NONE	PUB CHARITY	GENERAL	25,000
UNITED WAY OF GREATER PHILA JOHN F KENNEDY BLVD. PHILADELPHIA PA 19103	DELPHIA NONE	PUB CHARITY	GENERAL	40,000
BOYS & GIRLS CLUBS OF CENTF 1000 CHERRY AVE CHARLOTTESVILLE VA 22903	AL VA NONE	PUB CHARITY	GENERAL	5,000
ST. ANNE'S-BELFIELD SCHOOL 2132 IVY ROAD CHARLOTTESVILLE VA 22903	NONE	PUB CHARITY	GENERAL	54,650
TEAM GLEASON FOUNDATION P.O. BOX 24493 NEW ORLEANS LA 70184	NONE	PUB CHARITY	GENERAL	2,600
CLARK ELEMENTARY SCHOOL 1000 BELMONT AVENUE CHARLOTTESVILLE VA 22902	NONE	PUB CHARITY	GENERAL	4,791
Total			<b>▶</b> 3a	1,044,210
b Approved for future payment N/A				
Total			<b>▶</b> 3b	

Ent	er gross amo	unts unless otherwise indicated	Unrelate	ed business income	Excluded	1 by section 512, 513, or 514	(-)
1	Program ser	vice revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	-				18		
	<u> </u>						
			·				
						<del>-  </del>	
	e f			<del></del>			
		d contracts from anyonement account					
_	-	d contracts from government agencies	-				
		dues and assessments			1.4	7 140	
		avings and temporary cash investments			14	7,140	<del></del> .
		nd interest from securities			14	13,700	
5		come or (loss) from real estate					
	a Debt-fina	anced property					<del> </del>
	b Not debt	-financed property					
6	Net rental ind	come or (loss) from personal property					
7	Other investr	ment income					
8	Gain or (loss	) from sales of assets other than inventory			14	-17,386	
9	Net income of	or (loss) from special events					
0	Gross profit	or (loss) from sales of inventory					
1	Other revenu	de a					
	b						
				,			
	e						
2		d columns (b), (d), and (e)		0		3,454	0
		ne 12, columns (b), (d), and (e)		<u> </u>		13	3,454
		n line 13 instructions to verify calculations )				'S	3, 131
	ari XVI-B	Relationship of Activities to the Ac	complishe	nent of Evernt B	urnos	<u> </u>	
	ine No.	Explain below how each activity for which income is r					<del></del> -
•	THE NO.	accomplishment of the foundation's exempt purposes					
	N/A	accomplishment of the foundation's exempt purposes	s (other than by	providing funds for suc	on purpos	ses) (See instructions.)	
	N/A						
							·
						···	
					<del></del>	·	
			-		-		
				<del> </del>		, <u>-</u> .,	
		· · · · · · · · · · · · · · · · · · ·					

Form 990-PF (2019)

P00274814

27-1133780

314-968-5341

PTIN

Firm's EIN 🕨

Радле по

**Use Only** 

Firm's name 🕨

Firm's address

HUTSON GOBBLE LLC

20 ALLEN AVE STE 341

ST. LOUIS, MO 63119

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

Department of the Treasury Internal Revenue Service

Name of the organization Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

**Employer identification number** 

CHRIS LONG FOUNDATION 47-6329563 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** |X| 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **▶** \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

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

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Name of organization

Employer identification number 47-6329563

CHRIS LONG FOUNDATION

Part 1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) <u>No.</u>	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
1	CHRIS LONG 100 S. BRENTWOOD BLVD SAINT LOUIS	MO 63105	\$ 30,240	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
2	GREG LEDFORD 17 RITZ COVE DRIVE DANA POINT	CA 92629	\$ 56,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
3	JUSTIN WREN FOUNDATION 13208 MAYBERRY PLOCKLAHOMA CITY	* **	\$ 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
4	PHIL WENDEL 1701 BENTIVAR DRIVE CHARLOTTESVILLE	VA 22911	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
5	NFL FOUNDATION 345 PARK AVENUE NEW YORK	NY 10154	<b>\$</b> 35,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and Z	P+4	(c) Total contributions	(d) Type of contribution
6	UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA	VA 22314	<b>\$</b> 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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<sup>2</sup>'age

Name of organization
CHRIS LONG FOUNDATION

Employer identification number

47-6329563

Pari I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DISNEY WORLDWIDE SERVICES INC PO BOX 10120 LAKE BUENA VISTA FL 32830	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
8	Name, address, and ZIP + 4  TONY AND LAUREL BENNETT  NOT AVAILABLE	Total contributions  \$ 56,447	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MALCOLM BROGDON NOT AVAILABLE	<b>\$</b> 56,250	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ALLISON PARK CHURCH 2326 DUNCAN AVE ALLISON PARK PA 15101	\$ 50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FOX SPORTS 1 1440 S SEPULVEDA BLVD LOS ANGELES CA 90025	\$ 50,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DEAN RIESEN TANZANIA WATER FUND PO BOX 25040 SCOTTSDALE AZ 85255	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

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Name of organization
CHRIS LONG FOUNDATION

Employer identification number

47-6329563

Pari I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	CHARLES BARKLEY NOT AVAILABLE	<b>\$</b> 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	DREW MCKNIGHT 55 WALNUT AVE  LARKSPUR CA 94939	\$ 36,000	Person X Payroll  Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	NICK FOLES NOT AVAILABLE	<b>\$</b> 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16	JOE HARRIS 388 BRIDGE ST BROOKLYN NY 11201	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	BRUCE AND MARTHA KARSH 1201 TOWER GROVE DR BEVERLY HILLS CA 90210	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	STARPOWER LLC 915 BROADWAY NEW YORK NY 10010	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CHRIS LONG FOUNDATION

**Employer identification number** 

47-6329563 Pari I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 19 UNITED WAY OF GREATER MILWAUKEE Person 225 W VINE ST Pavroll 25,000 \$ Noncash MILWAUKEE WI 53212 (Complete Part II for noncash contributions) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 ANDREW WHITWORTH Person NOT AVAILABLE **Payroll** 25,000 \$ Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NATIONAL BASKETBALL PLAYERS 21 ASSOCIATION FOUNDATION X Person 1133 AVENUE OF THE AMERICAS Pavroli 30,000 Noncash NEW YORK NY 10036 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 LOS ANGELS RAMS Person 29899 AGOURA HILLS RD **Payroll** 20,000 Noncash AGOURA HILLS CA 91301 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 MARK MUSIC Person 1700 MAGNAVOX WAY SUITE 220 **Pavroll** 19,400 Noncash \$ FORT WAYNE IN 46804 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 24 LAMARR HOUSTON Person NOT AVAILABLE Payroli 15,000 \$ Noncash (Complete Part II for noncash contributions)

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Page 2

Name of organization

Employer identification number

CHRIS LONG FOUNDATION 47-6329563

Part 1 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
25	JASON KELCE NOT AVAILABLE	\$ 15,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	HALOTI NGATE FAMILY FOUNDATION 101 S 200 E SALT LAKE CITY UT 84111	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	CORTLAND FINNEGAN NOT AVAILABLE	\$ 14,595	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS OH 43210	\$ 13,752	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA PA 19103	\$ 13,202	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	CHARLOTTE'S WEB INC 1720 S BELLAIRE STREET SUITE 700 DENVER CO 80222	\$ 12,447	Person X Payroll Noncash (Complete Part II for noncash contributions)

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Name of organization

Employer identification number

CHRIS LONG FOUNDATION 47-6329563

Pari I	Contributors (see instruction	ns). Use duplicate copies of	f Part I if add	ditional space is n	eeded.
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) I contributions	(d) Type of contribution
31	CHRIS LONG ENTERPRI 100 S BRENTWOOD BLV SAINT LOUIS		\$	10,311	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
32	HERSHA HOSPITALITY 44 HERSHA DRIVE HARRISBURG	MANAGEMENT LP PA 17102	\$	20,704	Person X Payroll
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
33	EDMONDS FAMILY FOUN 85 FARMINGTON DRIVE CHARLOTTESVILLE		\$	10,000	Person X Payroll
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) (d) Total contributions Type of con	
34	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI	FUND OH 45277	\$	10,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
35	GLOBAL ENVIRONMENT TECHNOLOGY FOUNDATI 2900 S QUINCY ST ARLINGTON	AND	\$	10,000	Person X Payroll
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c)	(d) Type of contribution
36	NFL VENTURES LP 345 PARK AVE NEW YORK	NY 10154	\$	10,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

CHRIS LONG FOUNDATION 47-6329563 Pari I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 JIMMY REX Person 1465 N 1200 W **Payroll** 10,000 \$ Noncash OREM UT 84057 (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 JOE THOMAS Person NOT AVAILABLE **Pavroll** 10,000 \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 THE NETS FOUNDATION Person 15 METROTECH CENTER **Payroll** 8,152 Noncash BROOKLYN NY 11201 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 DOWNINGTOWN AREA SCHOOL DISTRICT Person 540 TRESTLE PLACE **Payroll** 8,000 \$ Noncash DOWNINGTOWN PA 19335 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 STEVE SHAWLEY Person NOT AVAILABLE **Payroll** 7,500 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 DEANDRE YEDLIN Person NOT AVAILABLE **Payroll** 12,000 \$ Noncash (Complete Part II for noncash contributions)

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Page 2

Name of organization
CHRIS LONG FOUNDATION

Employer identification number

47-6329563

Pari I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, ar	d ZIP + 4	Total	(c) contributions	(d) Type of contribution	
43	CHAMPION BREWING 610 CAMI LANE CHARLOTTESVILLE	VA 22902	\$	5,868	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, an	d 7IP + 4	Total	(c) contributions	(d) Type of contribution	
44	RUBIN BROWN ONE NORTH BRENTWOOD ST, LOUIS	MO 63105	\$	5,300	Person X Payroll	
(a) No.	(b) Name, address, an	d 7IP + 4	Total	(c) contributions	(d) Type of contribution	
45	CITYLIFE CHURCH PO BOX 54924 PHILADELPHIA	PA 19148	\$	10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, an	d ZIP + 4	(c) (d) Total contributions Type of contribut		(d) Type of contribution	
46	HUNTER CRAIG 1900 ARLINGTON BLVD CHARLOTTESVILLE	SUITE A VA 22903	\$	5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, an	d ZIP + 4	Total	(c) contributions	(d) Type of contribution	
47	DANA EMERY 3450 SACRAMENTO STRI SAN FRANCISCO	EET BOX 330 CA 94118	\$	5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, an	d ZIP + 4	Total	(c)	(d) Type of contribution	
48	TIM FRAZIER NOT AVAILABLE		\$	5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	

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Name of organization

Employer identification number

CHRIS LONG FOUNDATION 47-6329563

Pari I	Contributors (see instructions	s). Use duplicate copies of	Part I if additional space is n	eeded.
(a)	(b)	J 71D 4	(c) Total contributions	(d)
<b>No.</b> 49	Mame, address, an  MARK GAMBINO 3020 N LABARRE RD  METAIRIE	LA 70002	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b)		(c)	(d)
50	Name, address, and JOHN GELBER 176 BROADWAY NEW YORK	NY 10038	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, an	d ZIP + 4	(c) Total contributions	(d) Type of contribution
51	CHRISTINE GOLIC 108 WESTLAND RD AVON	CT 06001	\$ 5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, an	d ZIP + 4	(c) (d)  Total contributions Type of contribution	
52	KARTER SPORTS INC 101 MONTGOMERY STREE - SAN FRANCISCO	CA 94104	\$ 5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and	d ZIP + 4	(c) Total contributions	(d) Type of contribution
53	CLINT KOLLAR 899 SHARON AVENUE HILLSBOROUGH	CA 94010	\$ 5,000	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and	d ZIP + 4	(c) Total contributions	(d) Type of contribution
54	THOMAS LASTELLA 10960 WHILSHIRE BLVI LOS ANGELES		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

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Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CHRIS LONG FOUNDATION

Employer identification number 47-6329563

Pari 1	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ROB NINKOVICH NOT AVAILABLE	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	OCTOGON PARTNERS 126 GARRETT STREET CHARLOTTESVILLE VA VA 22902	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	PACERS BASKETBALL LLC 125 S PENNSYLVANIA STREET INDIANAPOLIS IN 46204	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	PHYSICIAN'S ALLIANCE OF AMERICA 3169 HOLCOMB BRIDGE ROAD NORCROSS GA 30071	<b>\$</b> 5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	RED LIGHT MANAGEMENT PO BOX 1467 CHARLOTTESVILLE VA 22902	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	RACHEL SIMON 600 E 96TH ST SUITE 510 INDIANAPOLIS IN 46240	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CHRIS LONG FOUNDATION

Employer Identification number 47-6329563

Pari I	Contributors (see instruction	ns). Use duplicate copies of	Part I if add	itional space is n	eeded.
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
61	TAMPA BAY BUCCANEER ONE BUCCANEER PLACE TAMPA		\$	5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
62	THE RIMORA FOUNDATI 1065 WOOD LN CHARLOTTESVILLE	ON VA 22901	\$	5,000	Person X Payroll
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
63	WNBA OLYMPIC TOWER 645 F NEW YORK		\$	5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, a	nd ZIP + 4	(c) (d)  Total contributions Type of contributions		(d) Type of contribution
64	NANCY WOLF 12230 VALLEY STAR D	TX 77024	\$	5,000	Person X Payroll
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
			\$		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, a	nd ZIP + 4	Total	(c) contributions	(d) Type of contribution
			\$		Person Payroll Noncash (Complete Part II for noncash contributions)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

CHRIS LONG FOUNDATION

Employer identification number 47-6329563

Pari II  (a) No. from Part I	Noncash Property (see instructions). Use dupl  (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	56 SHS VANGUARD 500		
		\$ 15,240	05/01/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	•	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

LONG0C02 Chris Long Foundation 47-6329563

### Federal Statements

FYE: 12/31/2019

Assets
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- Sale
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Part
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		Net Gain / Loss		-17,386	-17,386
		Depreciation		\$	\$ 0
Ε	70	Expense		\$	\$ 0
Whom	Sold	Cost		251,510 \$_	251,510 \$
How	Received	Sale Price	DONATION	234,124 \$	
				ၯ	ς
		Date Sold		VARIOUS	
	Description	Date Acquired		VARIOUS VARIOUS	
			SECURITIES SALES		TOTAL

# Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable	Purpose	129,304	179,281	
		·	·Λ·	
djusted	Net		0	
•		ς	· ν	
Net	Investment		0	
	-	თ	ۍ ا ا	
	Total	129,304	179,281	
		ς	l l	
	Description	CONTRACT SERVICES	FOOF ESSIONAL FEES	

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Chris
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### 47-6329563 FYE: 12/31/2019

## Federal Statements

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	۷Դ	20,267	11.657	100,937	18,722	5,042	10,250	7,389	238,173	\$ 492,887
Adjusted Net	ν									\$
Net Investment	<i>«</i>									\$
Total	S	20,267	11,657	100,937	18,722	5,042	10,250	7,389	238, 173	\$ 492,887
Description	の	BANK CREDIT CARD FEES	INSURANCE	MARKETING AND ADVERTISING	MISCELLANEOUS	POSTAGE	TECHNOLOGY	SUPPLIES	PROGRAM SERVICE EXPENSES	TOTAL

Statement 4 - Form 990-PF, Part II, Line 10a - US and State Government Investments	
orm 990-PF, Part II, Line 10a - US a	nt Investments
orm 990-PF, Part II, Line 10a - US a	e Governme
orm 990-PF, Part II,	<b>US and Stat</b>
orm 990-PF, Part	Line 10a - 1
orm 990-	, Part
Statement 4 -	orm 990-
	Statement 4 -

Description	ш	Beginning of Year		End of Year	Basis of Valuation	Щ	Fair Market Value
SCHWAB 9884	ၯ	206,974	ഗ	53,628	MARKET	ၯ	53,628
TOTAL	တ	206,974	တ	53,628		တ တ	53,628

LONG0C02 Chris Long Foundation

47-6329563

### **Federal Statements**

11/3/2020 2:32 PM

FYE: 12/31/2019

### Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	 End of Year
CREDIT CARD & PAYROLL LIABILITIES	\$	\$ 19,716
TOTAL	\$ 0	\$ 19,716

### Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	_	Amount
UNREALIZED GAIN ON INVESTMENTS	\$	15,140
TOTAL	\$	15,140

### Statement 7 - Form 990-PF, Part VII-A, Line 8a - States to which the Foundation Reports

### Postal Code

MO

VA

 $\mathsf{C}\mathsf{A}$ 

PA OK

MD

NY WA

ОН

FL DC

CO