

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

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

OMB No. 1545-0052  
**2019**  
**Open to Public Inspection**

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

Name of foundation JC FLOWERS FOUNDATION		<b>A Employer identification number</b> 27-2142340	
Number and street (or P.O. box number if mail is not delivered to street address) 767 FIFTH AVENUE 23RD FLOOR	Room/suite	<b>B Telephone number</b> (see instructions) (212) 404-6800	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10153		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>546,046</u>		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	3,028,631			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	2,565	2,565	2,565	
	<b>4</b> Dividends and interest from securities				
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	3,139			
	<b>b</b> Gross sales price for all assets on line 6a	1,381,721			
	<b>7</b> Capital gain net income (from Part IV, line 2)		1,274,798		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	3,034,335	1,277,363	2,565		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	206,576	0	0	206,576
	<b>14</b> Other employee salaries and wages	293,059	0	0	293,059
	<b>15</b> Pension plans, employee benefits	86,856	0	0	86,856
	<b>16a</b> Legal fees (attach schedule)	3,387	0	0	3,387
	<b>b</b> Accounting fees (attach schedule)	32,528	0	0	32,528
	<b>c</b> Other professional fees (attach schedule)	295,306	0	0	295,306
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	57,909	0	0	30,977
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings	325,831	0	0	325,831
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	139,648	0	0	139,648
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,441,100	0	0	1,414,168
	<b>25</b> Contributions, gifts, grants paid	1,312,462			1,312,462
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	2,753,562	0	0	2,726,630	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	280,773				
<b>b Net investment income</b> (if negative, enter -0-)		1,277,363			
<b>c Adjusted net income</b> (if negative, enter -0-)			2,565		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	176,605	546,046	546,046
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	87,349	0	0
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	263,954	546,046	546,046	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	21,599	22,918	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	21,599	22,918	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	242,355	523,128	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	242,355	523,128		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	263,954	546,046		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	242,355
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	280,773
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	523,128
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	523,128

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b> 1,274,798
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }			<b>3</b> 0

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  Yes  No

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	2,786,402	2,786,402	1.000000
2017	2,807,963	2,807,963	1.000000
2016	2,206,959	2,206,959	1.000000
2015	2,235,303	2,235,303	1.000000
2014	2,145,466	2,145,466	1.000000
<b>2</b> Total of line 1, column (d)			<b>2</b> 5.000000
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 1.000000
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			<b>4</b> 2,713,856
<b>5</b> Multiply line 4 by line 3			<b>5</b> 2,713,856
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 12,774
<b>7</b> Add lines 5 and 6			<b>7</b> 2,726,630
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 2,726,630

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 218.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> <u>HTTP://WWW.JCFLOWERSFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of <b>▶</b> <u>ANCHIN BLOCK ANCHIN LLP</u> Telephone no. <b>▶</b> <u>(212) 840-3456</u>			
Located at <b>▶</b> <u>1375 BROADWAY NEW YORK NY</u> ZIP+4 <b>▶</b> <u>10018</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <u>15</u>			
<b>16</b> At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b> During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>		<b>No</b>
Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b> <input type="checkbox"/>			
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b> At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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 the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .		<b>5b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
	<i>If "Yes" to 6b, file Form 8870.</i>			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALEXANDRA GORDON 182 E 95TH STREET 15H NEW YORK, NY 10128	SENIOR PROGRAM OFFIC 40.00	83,115	12,144	99
LINDA S STEELE-DENARDO 7 NAVY PIER COURT UNIT 4096 STATEN ISLAND, NY 10304	PROGRAM COORDINATOR 40.00	73,800	12,144	99
LILA GARCIA 2680 8TH AVENUE APT 19L NEW YORK, NY 10030	SUPPORT COORDINATOR 40.00	61,296	13,248	0
THOMAS EDWARDS 375 BLAKE AVE APT 4D BROOKLYN, NY 11212	SPECIAL PROJECTS MAN 32.00	61,664	12,144	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				<b>0</b>

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

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

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

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b> WORK WITH COMMUNITIES AND ORGANIZATIONS ON MALARIA CONTROL AND ELIMINATION IN SEVERAL COUNTRIES IN AFRICA. INCLUDES WORKSHOPS TO EDUCATE PEOPLE ON DANGER/CONTROL OF MALARIA.	817,610
<b>2</b> WORK WITH ORGANIZATIONS TO HELP RE-INTEGRATE PAROLEES INTO PRODUCTIVE SOCIETY BY FOSTERING INFORMAL SOCIAL NETWORKS IN HARLEM, MANHATTAN.	365,716
<b>3</b>	
<b>4</b>	

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

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

	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

<b>Part X Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b> 20,202
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b> 696,740
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b> 2,038,242
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b> 2,755,184
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b> 0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b> 0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b> 2,755,184
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b> 41,328
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 2,713,856
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b> 135,693

<b>Part XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input checked="" type="checkbox"/> and do not complete this part.)		
<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>

<b>Part XII Qualifying Distributions</b> (see instructions)		
<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b> 2,726,630
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b> 0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 2,726,630
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b> 12,774
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b> 2,713,856

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years: 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. 2019-05-14

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

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	2,565	0	0	19,847	22,412
<b>b</b> 85% of line 2a . . . . .	2,180	0	0	16,870	19,050
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	2,726,630	2,799,945	2,807,963	2,211,901	10,546,439
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	1,543,304	1,677,485	1,950,158	1,593,929	6,764,876
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	1,183,326	1,122,460	857,805	617,972	3,781,563
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	90,462	92,880	93,599	73,565	350,506
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

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

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
 J CHRISTOPHER FLOWERS

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

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

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

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

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

**c** Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				1,312,462
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . . .					
3 Interest on savings and temporary cash investments . . . . .			14	2,565	
4 Dividends and interest from securities. . . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
6 Net rental income or (loss) from personal property					
7 Other investment income. . . . .					
8 Gain or (loss) from sales of assets other than inventory . . . . .			18	3,139	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . . . .		0		5,704	0
13 Total. Add line 12, columns (b), (d), and (e). . . . .					5,704

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows 1a(1), 1a(2), 1b(1) through 1b(6), 1c.

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash.
(2) Other assets.

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of officer or trustee, Date (2020-11-16), Title

May the IRS discuss this return with the preparer shown below (see instr.) Yes No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN. Includes firm information for ANCHIN BLOCK & ANCHIN LLP.

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

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
20,000 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-02-15
67,000 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-02-18
45,000 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-03-27
45,000 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-04-23
50,000 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-06-07
22,222 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-07-18
32,250 SHS ONESAVINGS BANK PLC	D	2012-06-29	2019-08-01

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

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
92,096		7,597	84,499
322,369		25,451	296,918
219,889		17,094	202,795
253,858		17,094	236,764
253,650		18,994	234,656
98,864		8,442	90,422
140,995		12,251	128,744

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	
			84,499
			296,918
			202,795
			236,764
			234,656
			90,422
			128,744

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
J CHRISTOPHER FLOWERS 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	PRESIDENT 2.00	0	0	0
SUSAN LASSEN 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	DIRECTOR AND SPECIAL ADVISOR 40.00	75,649	12,144	0
NINA NETUPSKY 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	TREASURER 5.00	0	0	0
KRISTIN JOHNSON 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	SECRETARY 1.00	0	0	0
ANNE W FLOWERS 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	TRUSTEE 2.00	0	0	0
REBECCA VANDER MEULEN 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	EXECUTIVE DIRECTOR 40.00	130,927	12,144	198

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	N/A	PC	DEDICATED TO PROMOTING SOLUTIONS FOR THE NEEDS OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.	5,000
COLUMBIA UNIVERSITY 622 W 113TH STREET MAIL CODE 4524 NEW YORK, NY 10025	N/A	PC	TO SUPPORT CRIMINAL JUSTICE INITIATIVE CONFERENCE	75,000
DIOCESE OF ANGOLA CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	N/A	NC	TO STRENGTHEN MALARIA CONTROL	163,594
<b>Total . . . . . ▶ 3a</b>				1,312,462



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIOCESE OF LUSAKAPO BOX 30183 LUSAKA ZA	N/A	NC	TO STRENGTHEN MALARIA CONTROL	300,500
DIOCESE OF MATABELELAND PO BOX 2422 BULAWAYO ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	217,000
DIOCESE OF NAMIBIA CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT MUGABE AVE WINDHOEK WA	N/A	NC	TO STRENGTHEN MALARIA CONTROL	157,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	1,312,462

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EXODUS TRANSITIONAL COMMUNITY 2271 THIRD AVENUE SECOND FLOOR NEW YORK, NY 10003	N/A	PC	1. PROMOTE YOUTH EMPOWERMENT PROGRAMS 2. PROVIDE A SAFE AND SUPPORTIVE COMMUNITY FOR YOUNG ADULTS IN NEW YORK CITY	6,000
HARLEM EDUCATIONAL ACTIVITIES FUND INC 2090 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10027	N/A	PC	TO SUPPORT COLLEGE ACCESS AND SUCCESS PROGRAMS FOR LOW-INCOME MINORITY STUDENTS	10,000
INTERFAITH CENTER OF NEW YORK 475 RIVERSIDE DRIVE SUITE 540 NEW YORK, NY 10115	N/A	PC	REINTEGRATE PAROLEES INTO PRODUCTIVE SOCIETY	15,000
<b>Total . . . . .</b> ▶ <b>3a</b>				1,312,462

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NETWORK SUPPORT SERVICES 555 BERGEN AVENUE NEW YORK, NY 10455	N/A	PC	PROVIDE REHABILITATION SERVICES TO INDIVIDUALS RELEASED FROM PRISON TO COMMUNITIES IN HARLEM	100,000
THE LAMBETH TRUST PO BOX 58538 LONDON SW13 3BL UK	N/A	PC	SUPPORTS WORK AND MISSION OF ARCHBISHOP OF CANTERBURY.	123,075
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT 7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	57,373
<b>Total . . . . .</b>				<b>1,312,462</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BLACK GIRLS CODE 1736 FRANKLIN STREET 10TH FLOOR OAKLAND, CA 94612	N/A	PC	TO EMPOWER GIRLS OF COLOR AGES 7 TO 17 WITH SKILLS IN STEM FIELDS	500
UCSF FOUNDATION 200 MONTGOMERY STREET 5TH FLOOR UCSF BOX 0248 SAN FRANCISCO, CA 94143	N/A	PC	TO STRENGTHEN MALARIA CONTROL AT DISTRICT LEVEL	44,000
VERA INSTITUTE OF JUSTICE 34 35TH STREET 4-2A BROOKLYN, NY 11232	N/A	PC	TO INCREASE UNDERSTANDING ABOUT WOMEN AND JAIL INCARCERATION	20,000
<b>Total . . . . .</b>				<b>1,312,462</b>

▶ **3a**

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE EPISCOPAL DIOCESE OF LEXINGTON PO BOX 610 203 EAST FOURTH STREET LEXINGTON, KY 405880610	N/A	PC	TO SUPPORT RESPONSE TO MOZAMBIQUE CYCLONE	10,000
FORT GREENE STRATEGIC NEIGHBORHOOD ACTION PARTNERSHIPS 324 MYRTLE AVE BROOKLYN, NY 11205	N/A	PC	TO HELP RESIDENTS LIVING IN FORT GREENE, CLINTON HILL, AND ITS SURROUNDING COMMUNITIES	5,000
HUDSON LINK FOR HIGHER EDUCATION IN PRISON PO BOX 862 OSSINING, NY 10562	N/A	PC	TO PROVIDE EDUCATION AND SUPPORT TO INCARCERATED AND FORMERLY INCARCERATED PEOPLE	470
<b>Total . . . . .</b> ▶ <b>3a</b>				1,312,462

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST PHILIP'S CHURCH 204 W 134TH STREET NEW YORK, NY 10030	N/A	PC	TO SUPPORT THE CONGREGATION IN RESPONDING TO VULNERABLE POPULATIONS	1,250
THE MARSHALL PROJECT 156 WEST 56TH STREET SUITE 701 NEW YORK, NY 10019	N/A	PC	TO CREATE AWARENESS ABOUT THE U.S. CRIMINAL JUSTICE SYSTEM	1,000
THE CONGREGATION OF SAINT SAVIOUR AT THE CATHEDRAL OF ST JOHN THE DIVINE 1047 AMSTERDAM AVENUE NEW YORK, NY 10025	N/A	PC	TO SUPPORT THE CONGREGATION IN RESPONDING TO VULNERABLE POPULATIONS	700
<b>Total . . . . .</b> ▶ <b>3a</b>				1,312,462

**TY 2019 Accounting Fees Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING AND AUDIT FEES	32,528	0	0	32,528

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2019 Expenditure Responsibility Statement

Name: JC FLOWERS FOUNDATION

EIN: 27-2142340

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
CONSELHO DE IGREJAS CRISTAS EM	N 24 RUA 15 BAIRRO MAIANGA, LUANDA CP 1301-1659 AO	2018-12-31	10,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	3,592	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	10/22/2019, 5/20/2020		
DIOCESE OF ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2018-12-31	106,522	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	52,194	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	LUANDA: 2/12/2019; CUNENE: 5/4/2019, AMENDED 11/18/2019, 7/28/2020		
DIOCESE OF NAMIBIA	CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT MUGABE AVE WINDHOEK WA	2018-12-31	264,330	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	1,349	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	1/16/2019, 8/12/2020		
DIOCESE OF LUSAKA	PO BOX 30183 LUSAKA ZA	2018-12-31	342,542	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	46,734	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	1/15/2019, 4/8/2020		
DIOCESE OF ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2019-12-31	163,594	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	95,775	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	7/28/2020		
DIOCESE OF NAMIBIA	CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT MUGABE AVE WINDHOEK WA	2019-12-31	157,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	157,000	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	8/12/2020		
DIOCESE OF LUSAKA	PO BOX 30183 LUSAKA ZA	2019-12-31	300,500	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	267,246	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/8/2020		
DIOCESE OF MATABELELAND	PO BOX 2422 BULAWAYO ZI	2019-12-31	217,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	217,000	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	7/28/2020		
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT	7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	2019-12-31	57,373	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	54,813	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	5/26/2020		



**TY 2019 Explanation of Non-Filing with Attorney General Statement**

**Name:** JC FLOWERS FOUNDATION

**EIN:** 27-2142340

**Statement:**

THE FOUNDATION HAS NOT PROVIDED A COPY OF FORM 990-PF TO THE STATE OF DELAWARE SINCE THERE IS NO REQUIREMENT TO FILE BY THE ATTORNEY GENERAL.

**TY 2019 General Explanation Attachment****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		FORM 990-PF, PART X, LINE 1C	THE AMOUNT REPORTED ON PART X, LINE 1C IS AN ADDITIONAL AMOUNT SO THAT THE 2019 DISTRIBUTION RATIO WILL NOT EXCEED 100%.

**TY 2019 Legal Fees Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES RELATING TO FOUNDATION MATTERS	3,387	0	0	3,387

**TY 2019 Other Expenses Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS EXPENSE	2,282	0	0	2,282
OFFICE SUPPLIES/EXPENSES	27,853	0	0	27,853
AUTO EXPENSES	33,908	0	0	33,908
MEAL EXPENSES	21,020	0	0	21,020
TRAINING EXPENSES	16,336	0	0	16,336
NYS FILING FEE	50	0	0	50
WEB/COMMUNICATIONS	22,809	0	0	22,809
BUSINESS DEVELOPMENT	11,673	0	0	11,673
PAYROLL FEES	3,502	0	0	3,502
BANK CHARGE	215	0	0	215

**TY 2019 Other Liabilities Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
OTHER LIABILITIES	21,599	22,918

**TY 2019 Other Professional Fees Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PROGRAM MANAGEMENT AND ADVISORY SERVICES	275,806	0	0	275,806
PROGRAM INFORMATION COLLECTION SERVICE	19,500	0	0	19,500

**TY 2019 Substantial Contributors  
Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Name****Address**

BILL MELINDA GATES FOUNDATION

PO BOX 23350  
SEATTLE, WA 98102

CHRIS AND ANNE FLOWERS DONOR ADVISE

C/O JC FLOWERS CO 767 FIFTH AVENUE  
NEW YORK, NY 10022

**TY 2019 Taxes Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX ON NET INVESTMENT INCOME	26,932	0	0	0
PAYROLL TAXES	30,977	0	0	30,977



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

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

OMB No. 1545-0047  
**2019**

Name of the organization  
JC FLOWERS FOUNDATION

**Employer identification number**  
27-2142340

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

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

Name of organization  
JC FLOWERS FOUNDATIONEmployer identification number  
27-2142340**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J CHRISTOPHER FLOWERS C/O JC FLOWERS CO 767 FIFTH AVENUE NEW YORK, NY 10022	\$ 59,052	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	J CHRISTOPHER FLOWERS C/O JC FLOWERS CO 767 FIFTH AVENUE NEW YORK, NY 10022	\$ 1,291,234	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	E NEVILLE ISDELL 1925 W PACES FERRY RD NW ATLANTA, GA 30327	\$ 200,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	LESLIE MAPONDERA 33 BOWERDEAN STREET LONDON, SW6 3TN UK	\$ 60,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 500,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6	CHRIS AND ANNE FLOWERS DONOR ADVISED FUND C/O JC FLOWERS CO 767 FIFTH AVENUE NEW YORK, NY 10022	\$ 914,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
JC FLOWERS FOUNDATION

Employer identification number

27-2142340

<b>Part II</b>			
<b>Noncash Property</b>			
<b>(a)</b> No. from Part I	<b>(b)</b> Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	<b>(c)</b> FMV (or estimate) (See instructions)	<b>(d)</b> Date received
<u>2</u>	67,000 SHARES OF ONESAVINGS BANK PLC	\$ 316,596	2019-02-05
<u>2</u>	45,000 SHARES OF ONESAVINGS BANK PLC	\$ 218,957	2019-03-25
<u>2</u>	45,000 SHARES OF ONESAVINGS BANK PLC	\$ 259,696	2019-04-18
<u>2</u>	50,000 SHARES OF ONESAVINGS BANK PLC	\$ 252,607	2019-06-06
<u>2</u>	22,222 SHARES OF ONESAVINGS BANK PLC	\$ 100,171	2019-07-16
<u>2</u>	32,250 SHARES OF ONESAVINGS BANK PLC	\$ 143,207	2019-07-30

Name of organization  
JC FLOWERS FOUNDATION

Employer identification number  
27-2142340

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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