

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. 1545-0047  
**2021**  
**Open to Public Inspection**

**For calendar year 2021, or tax year beginning 01-01-2021, and ending 12-31-2021**

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>801,445</u>		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	3,387,464			
	<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	100	100	100	
	<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				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<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	3,387,564	100	100		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	140,000	0	0	140,000
	<b>14</b> Other employee salaries and wages	382,021	0	0	382,021
	<b>15</b> Pension plans, employee benefits	91,764	0	0	91,764
	<b>16a</b> Legal fees (attach schedule)	628	0	0	628
	<b>b</b> Accounting fees (attach schedule)	43,000	0	0	43,000
	<b>c</b> Other professional fees (attach schedule)	229,032	0	0	229,032
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	43,019	0	0	43,019
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy	3,792	0	0	3,792
	<b>21</b> Travel, conferences, and meetings	22,789	0	0	22,789
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	134,074	0	0	134,074
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,090,119	0	0	1,090,119
	<b>25</b> Contributions, gifts, grants paid	2,304,422			2,304,422
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,394,541	0	0	3,394,541	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	-6,977				
<b>b Net investment income</b> (if negative, enter -0-)		100			
<b>c Adjusted net income</b> (if negative, enter -0-)			100		

**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 . . . . .	802,066	801,445	801,445
	<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) . . . . .			
	<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 ▶ _____)	311	0	0	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	802,377	801,445	801,445	
<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 ▶ _____)	0	6,045	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	6,045	
<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 . . . . .	802,377	795,400	
	<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) . . . . .	802,377	795,400		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	802,377	801,445		

**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>	802,377
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-6,977
<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>	795,400
<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>	795,400

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

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1a</b>			

<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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<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>
<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				<b>3</b>

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, credits/payments, and total tax due/overpayment. Total amount owed is 95, and amount overpaid is 95.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political campaign participation, political expenditures, and other activities. Includes a section for states reported to.

**Part VI-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 ► <u>HTTP://WWW.JCFLOWERSFOUNDATION.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ► <u>ANCHIN BLOCK ANCHIN LLP</u> Telephone no. ► <u>(212) 840-3456</u>			
Located at ► <u>1375 BROADWAY NEW YORK NY</u> ZIP+4 ► <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 . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<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 ►			

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

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

<b>1a</b> During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
<b>(1)</b> Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<b>1a(2)</b>		<b>No</b>
<b>(3)</b> Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<b>1a(3)</b>	<b>Yes</b>	
<b>(4)</b> Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<b>1a(4)</b>	<b>Yes</b>	
<b>(5)</b> Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<b>1a(5)</b>		<b>No</b>
<b>(6)</b> 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.) . . . . .	<b>1a(6)</b>		<b>No</b>
<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. . . . .	<b>1b</b>		<b>No</b>
<b>c</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>			
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? . . . . .	<b>1d</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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? . . . . .	<b>2a</b>		<b>No</b>
If "Yes," list the years ► 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. ► 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? . . . . .	<b>3a</b>		<b>No</b>
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> 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 2021.) . . . . .	<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 2021? . . . . .	<b>4b</b>		<b>No</b>

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

**Part VII 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 241 UNION STREET APT 2 BROOKLYN, NY 11231	ISDELL: FLOWERS PROG 40.00	96,000	15,417	0
THOMAS EDWARDS 375 BLAKE AVE APT 4D BROOKLYN, NY 11212	SPECIAL PROJECTS MAN 40.00	82,800	15,417	0
LINDA S STEELE-DENARDO 700 VICTORY BLVD UNIT 5P STATEN ISLAND, NY 10301	PROGRAM COORDINATOR 40.00	76,800	15,417	0
MATINATSA MUGORE 50 HAMILTON PLACE APT 4B NEW YORK, NY 10031	PROGRAM ASSOCIATE 40.00	66,111	15,417	0
LILA GARCIA 2680 8TH AVENUE APT 19L NEW YORK, NY 10030	FAMILY SUPPORT COORD 40.00	60,310	15,417	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				0

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

**Part VII**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
JOAO LINO RAFAEL RUA DIOGO CAO CASA 49 ZONA C BENGUELA AO	ADVISING OF FAITH LEADERS ON MALARIA ELIMINATION ADVOCACY	63,126
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<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.	673,179
<b>2</b> WORK WITH ORGANIZATIONS TO HELP RE-INTEGRATE PAROLEES INTO PRODUCTIVE SOCIETY BY FOSTERING INFORMAL SOCIAL NETWORKS IN HARLEM, MANHATTAN.	416,940
<b>3</b>	
<b>4</b>	

**Part VIII-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

**Part IX Minimum Investment Return** (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>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	852,954
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,593,281
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	3,446,235
<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>	3,446,235
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	51,694
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. . . . .	<b>5</b>	3,394,541
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	169,727

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.). . . . .	<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 XII, line 1. . . . .	<b>7</b>	

**Part XI Qualifying Distributions** (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>	3,394,541
<b>b</b>	Program-related investments—total from Part VIII-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 XII, line 4. . . . .	<b>4</b>	3,394,541



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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016. . . . .				
<b>b</b> From 2017. . . . .				
<b>c</b> From 2018. . . . .				
<b>d</b> From 2019. . . . .				
<b>e</b> From 2020. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ _____				
<b>a</b> Applied to 2020, 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 2021 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2021. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022. . . . .				
<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 2016 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017. . . . .				
<b>b</b> Excess from 2018. . . . .				
<b>c</b> Excess from 2019. . . . .				
<b>d</b> Excess from 2020. . . . .				
<b>e</b> Excess from 2021. . . . .				

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .	100	834	2,565	0	3,499
<b>b</b> 85% (0.85) of line 2a . . . . .	85	709	2,180	0	2,974
<b>c</b> Qualifying distributions from Part XI, line 4 for each year listed . . . . .	3,394,541	2,868,571	2,726,630	2,799,945	11,789,687
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	2,304,422	1,755,828	1,543,304	1,677,485	7,281,039
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	1,090,119	1,112,743	1,183,326	1,122,460	4,508,648
<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 IX, line 6 for each year listed . . . . .	113,151	95,619	90,462	92,880	392,112
<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 XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
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 XIV** **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>				2,304,422
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . . ▶ <b>3b</b>				0



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

Part XVI

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(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 3 columns: Question, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

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 [x] No

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: \*\*\*\*\* Date: 2022-11-15 Title: \*\*\*\*\*

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

Table for Preparer Information: Print/Type preparer's name (BARRY LIEBERMAN), Preparer's Signature, Date (2022-11-15), Check if self-employed, PTIN (P01264445), Firm's name (ANCHIN BLOCK & ANCHIN LLP), Firm's EIN (13-0436940), Firm's address (1375 BROADWAY, NEW YORK, NY 100187001), Phone no. (212) 840-3456.

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

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
J CHRISTOPHER FLOWERS 767 FIFTH AVENUE 23RD FL NEW YORK, NY 10153	PRESIDENT 2.00	0	0	0
MONA LAUNGANI 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	140,000	15,417	0

**Form 990PF Part XIV 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 ANGOLA CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	N/A	NC	TO STRENGTHEN MALARIA CONTROL	427,379
DIOCESE OF LUSAKA PO BOX 30183 LUSAKA ZA	N/A	NC	TO STRENGTHEN MALARIA CONTROL	600,200
DIOCESE OF MATABELELAND PO BOX 2422 BULAWAYO ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	332,500
<b>Total . . . . . ▶ 3a</b>				2,304,422

**Form 990PF Part XIV 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 NAMIBIA CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT MUGABE AVE WINDHOEK WA	N/A	NC	TO STRENGTHEN MALARIA CONTROL	426,050
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	6,000
<b>Total . . . . . ▶ 3a</b>				2,304,422



**Form 990PF Part XIV 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>				
INTERFAITH CENTER OF NEW YORK 475 RIVERSIDE DRIVE SUITE 540 NEW YORK, NY 10115	N/A	PC	REINTEGRATE PAROLEES INTO PRODUCTIVE SOCIETY	10,000
KASPAROV CHESS FOUNDATION 80 JESSE CT MONTVILLE, NJ 07045	N/A	PC	TO SUPPORT THE CHILDREN'S CHESS PROGRAM IN ZAMBIA AND ZIMBABWE	42,000
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT 7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	149,918
<b>Total . . . . . ▶ 3a</b>				2,304,422

**Form 990PF Part XIV 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>				
MEXICAN COALITION FOR EMPOWERMENT OF YOUTH AND FAMILIES 2675 HEATH AVENUE BRONX, NY 10463	N/A	PC	TO HELP COMMUNITIES REACH THEIR FULL POTENTIAL	5,000
NETWORK SUPPORT SERVICES 555 BERGEN AVENUE BRONX, NY 10455	N/A	PC	PROVIDE REHABILITATION SERVICES TO INDIVIDUALS RELEASED FROM PRISON TO COMMUNITIES IN HARLEM	30,000
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 665 HUNTINGTON AVENUE BOSTON, MA 02115	N/A	PC	TO STRENGTHEN MALARIA CONTROL	50,000
<b>Total . . . . . ▶ 3a</b>				2,304,422

**Form 990PF Part XIV 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>				
SOCIAL GOOD FUND 12651 SAN PABLO AVE UNIT 5473 RICHMOND, CA 948054021	N/A	PC	TO CULTIVATE AND ESTABLISH POSITIVE INFLUENCES	3,600
THE LAMBETH TRUST PO BOX 58538 LONDON SW13 3BL UK	N/A	PC	SUPPORTS WORK AND MISSION OF ARCHBISHOP OF CANTERBURY.	215,025
WORKING GROUP ON GIRLS 777 UNITED NATIONS PLAZA CONC LVL NEW YORK, NY 10017	N/A	PC	TO SUPPORT THE INTERNATIONAL DAY OF THE GIRL	750
<b>Total . . . . .</b> ▶ <b>3a</b>				2,304,422

**TY 2021 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	43,000	0	0	43,000

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

## TY 2021 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
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT	7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	2020-12-31	96,840	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL	5,154	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/12/2021, 7/26/2022		
DIOCESE OF ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2020-12-31	300,930	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL	87,291	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/5/2021, 10/28/2022		
DIOCESE OF LUSAKA	PO BOX 30183 LUSAKA ZA	2020-12-31	417,802	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL	89,127	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	3/9/2021, 10/22/2022		

<b>Grantee's Name</b>	<b>Grantee's Address</b>	<b>Grant Date</b>	<b>Grant Amount</b>	<b>Grant Purpose</b>	<b>Amount Expended By Grantee</b>	<b>Any Diversion By Grantee?</b>	<b>Dates of Reports By Grantee</b>	<b>Date of Verification</b>	<b>Results of Verification</b>
DIOCESE OF MATABELELAND	PO BOX 2422 BULAWAYO ZI	2020-12-31	257,701	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	773	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	2/23/2021, 4/5/2022		
DIOCESE OF ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2021-12-31	352,449	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	261,127	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	10/28/2022		
DIOCESE OF LUSAKA	PO BOX 30183 LUSAKA ZA	2021-12-31	600,200	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	506,609	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/6/2022, 10/22/2022		

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
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT	7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	2021-12-31	149,918	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	107,068	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	7/26/2022		
DIOCESE OF NAMIBIA	CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT WINDHOEK WA	2021-12-31	426,050	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	410,721	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	1/18/2022, 4/27/2022		
DIOCESE OF ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2021-12-31	74,931	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	0	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS			THE EXPENDITURE RESPONSIBILITY REPORT HAS NOT YET BEEN RECEIVED FROM THE GRANTEE ORGANIZATION AS OF THE DUE DATE OF THE RETURN.

<b>Grantee's Name</b>	<b>Grantee's Address</b>	<b>Grant Date</b>	<b>Grant Amount</b>	<b>Grant Purpose</b>	<b>Amount Expended By Grantee</b>	<b>Any Diversion By Grantee?</b>	<b>Dates of Reports By Grantee</b>	<b>Date of Verification</b>	<b>Results of Verification</b>
DIOCESE OF MATABELELAND	PO BOX 2422 BULAWAYO ZI	2021-12-31	332,500	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	293,991	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/5/2022		



**TY 2021 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 2021 General Explanation Attachment****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		FORM 990-PF, PART IX, LINE 1C	SECTION 4940(E) WAS REPEALED ON DECEMBER 20, 2019.THE AMOUNT REPORTED ON PART IX, LINE 1C IS AN ADDITIONAL AMOUNT SO THAT THE 2021 DISTRIBUTION RATIO WILL NOT EXCEED 100%.THIS IS BEING PREPARED IN CASE THE REDUCED EXCISE TAX ON NET INVESTMENT INCOME IS REINSTATED AT A LATER DATE

**TY 2021 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	628	0	0	628

**TY 2021 Other Assets Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	311	0	0

**TY 2021 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	5,707	0	0	5,707
AUTO EXPENSES	26,263	0	0	26,263
WEB/COMMUNICATIONS	1,945	0	0	1,945
BUSINESS DEVELOPMENT	511	0	0	511
PAYROLL FEES	2,358	0	0	2,358
BANK CHARGE	2,794	0	0	2,794
CONSULTANT EXPENSES	73,931	0	0	73,931
CIRCLE OF SUPPORT - PROGRAM EXPENSES	6,855	0	0	6,855
UTILITIES	555	0	0	555
PROFESSIONAL DEVELOPMENT	2,012	0	0	2,012

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
SUBSCRIPTIONS	6,371	0	0	6,371
IT SUPPORT	320	0	0	320
OTHER ADMINISTRATIVE EXPENSES	3,814	0	0	3,814
ADMIN & STAFF SUPPORT	638	0	0	638

**TY 2021 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	0	6,045

**TY 2021 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	229,032	0	0	229,032



**TY 2021 Taxes Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	43,019	0	0	43,019

**Schedule B**  
**(Form 990)**  
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  
**2021**

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	E NEVILLE ISDELL 1925 W PACES FERRY RD NW ATLANTA, GA 30327	\$ 234,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	LESLIE MAPONDERA 33 BOWERDEAN STREET LONDON, SW6 3TN UK	\$ 100,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	BILL & MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 350,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	CHRIS AND ANNE FLOWERS DONOR ADVISED FUND C/O JC FLOWERS CO 767 FIFTH AVENUE NEW YORK, NY 10022	\$ 2,690,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	SUSAN LASSEN 34 BLOSSOM STREET PORTSMOUTH, NH 03801	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
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**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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	
_____ _____		_____ _____	