

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  
**2022**  
**Open to Public Inspection**

**For calendar year 2022, or tax year beginning 01-01-2022, and ending 12-31-2022**

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 (see instructions)</b> (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) ▶ \$ 560,396		<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)	3,444,854			
	<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	6,641	6,641	6,641	
	<b>4</b> Dividends and interest from securities	3,320	3,320	3,320	
	<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	-123,131			
	<b>b</b> Gross sales price for all assets on line 6a	4,591,786			
	<b>7</b> Capital gain net income (from Part IV, line 2)		2,079,339		
	<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)	119,811	119,811	119,811		
<b>12 Total.</b> Add lines 1 through 11	3,451,495	2,209,111	129,772		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	154,999	0	0	154,999
	<b>14</b> Other employee salaries and wages	456,651	0	0	456,651
	<b>15</b> Pension plans, employee benefits	115,561	0	0	115,561
	<b>16a</b> Legal fees (attach schedule)	1,680	0	0	1,680
	<b>b</b> Accounting fees (attach schedule)	36,000	0	0	36,000
	<b>c</b> Other professional fees (attach schedule)	286,412	0	0	286,412
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	60,487	0	0	60,487
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy	300	0	0	300
	<b>21</b> Travel, conferences, and meetings	83,894	0	0	83,894
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	128,974	0	0	128,974
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,324,958	0	0	1,324,958
	<b>25</b> Contributions, gifts, grants paid	2,362,467			2,362,467
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,687,425	0	0	3,687,425	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	-235,930				
<b>b Net investment income</b> (if negative, enter -0-)		2,209,111			
<b>c Adjusted net income</b> (if negative, enter -0-)			129,772		

**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 . . . . .	801,445	560,396	560,396
	<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 ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	801,445	560,396	560,396	
<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 ▶ _____)	6,045	926	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	6,045	926	
<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 . . . . .	795,400	559,470	
	<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) . . . . .	795,400	559,470		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	801,445	560,396		

**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>	795,400
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-235,930
<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>	559,470
<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>	559,470

**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>1 a</b> THROUGH JC FLOWERS FUND IV SLP LP	D		
<b>b</b> DISPOSITION OF JC FLOWERS FUND IV SLP LP	D		
<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> 2,079,339			2,079,339
<b>b</b> 2,512,447		2,512,447	0
<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

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			2,079,339
<b>b</b>			0
<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>	2,079,339
<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>	0

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 calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, tax based on investment income, credits/payments, and tax due/overpayment.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, Form 1120-POL filing, reimbursement, and asset requirements.

Part VI-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15

Table with 3 columns: Question, Yes, No. Row 16 regarding foreign accounts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**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	SENIOR PROGRAM OFFIC 40.00	103,299	17,540	0
THOMAS EDWARDS 375 BLAKE AVE APT 4D BROOKLYN, NY 11212	SPECIAL PROJECT COOR 40.00	82,599	17,540	0
LINDA S STEELE-DENARDO 700 VICTORY BLVD UNIT 5P STATEN ISLAND, NY 10301	PROJECT COORDINATOR 40.00	81,999	17,540	0
MATINATSA MUGORE 50 HAMILTON PLACE APT 4B NEW YORK, NY 10031	EXECUTIVE PROGRAM AS 40.00	73,999	17,540	0
LILA GARCIA 812 COACH HOUSE COURT ROCK HILL, SC 29730	FAMILY SUPPORT COORD 40.00	63,999	17,540	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				<b>1</b>

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

**Part VII**

**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		
Total number of others receiving over \$50,000 for professional services. . . . . ▶		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<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.	765,815
<b>2</b> WORK WITH ORGANIZATIONS TO HELP RE-INTEGRATE PAROLEES INTO PRODUCTIVE SOCIETY BY FOSTERING INFORMAL SOCIAL NETWORKS IN HARLEM, MANHATTAN.	559,143
<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>	
Total. 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>	1,334,440
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,409,139
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	3,743,579
<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>	3,743,579
<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>	56,154
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.. . . .	<b>5</b>	3,687,425
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	184,371

**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 2022 from Part V, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2022. (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>	3,687,425
<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>	3,687,425



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

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7				
<b>2</b> Undistributed income, if any, as of the end of the end of 2022:				
<b>a</b> Enter amount for 2021 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017. . . . .				
<b>b</b> From 2018. . . . .				
<b>c</b> From 2019. . . . .				
<b>d</b> From 2020. . . . .				
<b>e</b> From 2021. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: ▶ \$ _____				
<b>a</b> Applied to 2021, 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 2022 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2022. (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 2021. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023. . . . .				
<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 2017 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2023.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018. . . . .				
<b>b</b> Excess from 2019. . . . .				
<b>c</b> Excess from 2020. . . . .				
<b>d</b> Excess from 2021. . . . .				
<b>e</b> Excess from 2022. . . . .				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling . . . . . ▶		2019-05-14			
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<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 . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2022</b>	<b>(b) 2021</b>	<b>(c) 2020</b>	<b>(d) 2019</b>	
	129,772	100	834	2,565	133,271
<b>b</b> 85% (0.85) of line 2a . . . . .	110,306	85	709	2,180	113,280
<b>c</b> Qualifying distributions from Part XI, line 4 for each year listed . . . . .	3,687,425	3,394,541	2,868,571	2,726,630	12,677,167
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	2,362,467	2,304,422	1,755,828	1,543,304	7,966,021
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	1,324,958	1,090,119	1,112,743	1,183,326	4,711,146
<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 . .					
122,914 113,151 95,619 90,462 422,146					
<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>				
<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?
 

	<b>Yes</b>	<b>No</b>
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>
- 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. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(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.

(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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2023-11-15	*****
	Signature of officer or trustee	Date	Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  BARRY LIEBERMAN	Preparer's Signature	Date  2023-11-15	Check if self-employed <input type="checkbox"/>	PTIN  P01264445
	Firm's name <b>▶</b> ANCHIN BLOCK & ANCHIN LLP				Firm's EIN <b>▶</b> 13-0436940
	Firm's address <b>▶</b> 3 TIMES SQUARE  NEW YORK, NY 100367001				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/SECRETARY 5.00	0	0	0
KRISTIN JOHNSON ENDED 102422 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	154,999	17,540	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	410,382
DIOCESE OF LUSAKA PO BOX 30183 LUSAKA ZA	N/A	NC	TO STRENGTHEN MALARIA CONTROL	810,650
DIOCESE OF MATABELELAND PO BOX 2422 BULAWAYO ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	344,000
<b>Total . . . . .</b>				<b>▶ 3a</b> 2,362,467

**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	398,000
GLOBAL BALLERS FOUNDATION 3202 FARROW AVE KANSAS CITY, KS 661043857	N/A	PC	TO SUPPORT YOUTH THROUGH BASKETBALL	3,000
KASPAROV CHESS FOUNDATION 80 JESSE CT MONTVILLE, NJ 07045	N/A	PC	TO SUPPORT THE CHILDREN'S CHESS PROGRAM IN ZAMBIA AND ZIMBABWE	38,344
<b>Total . . . . .</b>				<b>2,362,467</b>

▶ **3a**



**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>				
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT 7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	N/A	NC	TO STRENGTHEN MALARIA CONTROL	125,000
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
THE HASTY PUDDING-INSTITUTE OF 1770 INC 45 DUNSTER STREET CAMBRIDGE, MA 02138	N/A	PC	TO ADVANCE THE ARTS AND EDUCATION FOR THE COMMUNITY AT LARGE.	25,000
<b>Total . . . . . ▶ 3a</b>				2,362,467

**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>				
THE LAMBETH TRUST PO BOX 58538 LONDON SW13 3BL UK	N/A	PC	SUPPORTS WORK AND MISSION OF ARCHBISHOP OF CANTERBURY.	178,091
<b>Total . . . . .</b> ▶ <b>3a</b>				2,362,467

**TY 2022 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	36,000	0	0	36,000

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

## TY 2022 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
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	91,322	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	93,591	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/6/2022, 10/22/2022		
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	42,850	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	7/26/2022		

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
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.	15,329	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	1/18/2022, 4/27/2022		
DIOCESE OF MATABELELAND	PO BOX 2422 BULAWAYO ZI	2021-12-31	332,500	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	38,509	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	4/5/2022		
METHODIST CHURCH IN ZIMBABWE HARARE EAST DISTRICT	7 CENTRAL AVENUE METHODIST HOUSE HARARE ZI	2022-12-31	125,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	105,271	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	9/20/2023		

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
DIOCESE OF LUSAKA	PO BOX 30183 LUSAKA ZA	2022-12-31	810,650	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	782,270	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	2/28/2023, 9/21/2023		
DIOCESE OF NAMIBIA	CROSS BORDER - TKMI NAMIBIA PO BOX 57 108 ROBERT WINDHOEK WA	2022-12-31	398,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	390,146	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	2/7/2023, 9/21/2023		
DIOCESE OF MATABELELAND	PO BOX 2422 BULAWAYO ZI	2022-12-31	344,000	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	327,174	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	8/4/2023		

<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 ANGOLA	CROSS BORDER - TKMI ANGOLA LUANDA 10341 AO	2022-12-31	410,382	THE PURPOSE OF THE GRANT IS TO STRENGTHEN MALARIA CONTROL.	403,779	THE GRANTEE HAS NOT DIVERTED ANY PORTION OF THE FUNDS	2/27/2023		

**TY 2022 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 2022 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 2022 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 2022 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	1,680	0	0	1,680

**TY 2022 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	13,219	0	0	13,219
AUTO EXPENSES	35,000	0	0	35,000
WEB/COMMUNICATIONS	3,831	0	0	3,831
BUSINESS DEVELOPMENT	1,000	0	0	1,000
PAYROLL FEES	7,666	0	0	7,666
BANK CHARGE	5,259	0	0	5,259
CONSULTANT EXPENSES	6,883	0	0	6,883
CIRCLE OF SUPPORT - PROGRAM EXPENSES	10,590	0	0	10,590
PROFESSIONAL DEVELOPMENT	3,364	0	0	3,364
SUBSCRIPTIONS	7,959	0	0	7,959

**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>
IT SUPPORT	1,335	0	0	1,335
OTHER ADMINISTRATIVE EXPENSES	30,373	0	0	30,373
ADMIN & STAFF SUPPORT	375	0	0	375
RESEARCH	2,120	0	0	2,120

**TY 2022 Other Income Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INCOME FROM PARTNERSHIP	119,811	119,811	119,811

**TY 2022 Other Liabilities Schedule****Name:** JC FLOWERS FOUNDATION**EIN:** 27-2142340**Other Liabilities Schedule**

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
OTHER LIABILITIES	6,045	926

**TY 2022 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	286,412	0	0	286,412

**TY 2022 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	60,487	0	0	60,487



**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  
**2022**

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 10153	\$ 600,000	<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 10153	\$ 2,488,679	<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	\$ 250,000	<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	\$ 100,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	CHURCH OF HEAVENLY REST 388 GREENWICH ST FL 19 NEW YORK, NY 10013	\$ 6,175	<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  
JC FLOWERS FOUNDATION

Employer identification number  
27-2142340

**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	AN INTEREST IN J.C. FLOWERS FUND IV SLP L.P.	\$ 2,488,679	2022-03-15
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	

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	
_____ _____		_____ _____	