A Employer identification number

B Telephone number (see instructions)

(800) 839-1754

D 1 Foreign organizations, check here. . 2 Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here . If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .

84-3114220

C If exemption application is pending, check here. . .

(c) Adjusted net

income

Department of the Treasury

For calendar year 2019 or tax year beginning

Number and street (or P O box number if mail is not delivered to street address)

FOUNDATION SOURCE 501 SILVERSIDE RD

City or town, state or province, country, and ZIP or foreign postal code

JAGGERS FAMILY FOUNDATION

WILMINGTON, DE 19809-1377 G Check all that apply X Initial return

Internal Revenue Service

Name of foundation

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 for instructions and the latest information.

Initial return of a former public charity

0

20,920,976.

09/19 , 2019, and ending

Room/suite

1545-0047

Open to Public Inspection 12/31, 2019

(d) Disbursements

for charitable

purposes (cash basis only)

		Final return	Amended re	turn
3/		Address change	Name chang	e
	H C	neck type of organization X Section 501	(c)(3) exempt private	foundation 01
μ·	<u>l</u>	Section 4947(a)(1) nonexempt charitable trust		rivate foundation UM
'	l Fa	r market value of all assets at JAcc	ounting method $oxedsymbol{oxtime}{ox}{ox}{ox}{ox}{ox}{ox}{ox}{ox$	ash Accrual
	er		Other (specify)	
22	16) ▶ \$ 21,016,230. (Part	, column (d), must be on c	ash basis)
1 2 2022	Par	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income
ت	1	Contributions, gifts, grants, etc., received (attach schedule)	20,855,128.	
DEC	2	Check If the foundation is not required to attach Sch B.		
	3	Interest on savings and temporary cash investments.	3	. 3.
F	4	Dividends and interest from securities	65,845	65,845.
步	5	Gross rents		
Ź		Net rental income or (loss)		
CANNED		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a		
U		Capital gain net income (from Part IV, line 2) .		0.
	8 ع	Net short-term capital gain		
	9 10	Income modifications		
		Less Cost of goods sold .		
	1	Gross profit or (loss) (attach schedule)		
	11	Other income (attach schedule)	00 000 076	55 040
	12	Total. Add lines 1 through 11		65,848.
	13	Compensation of officers, directors, trustees, etc	0.	
	sesuadx 15 16	Other employee salaries and wages		
	5 15	Pension plans, employee benefits		
	₩ 16	a Legal fees (attach schedule)		
	ш	Accounting fees (attach schedule)		

65,848.		
PF	CEIVED	
1	1001	
P-1 05	P 1 8 2020 3	
SE SE	DE	
7"	-11 117	
00	DEN, UT	
		,
	_	
		0
	<u>.</u>	
65,848.		
		<u> </u>
		Form 990-PF (2019)

Subtract line 26 from line 12

Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach schedule)

c Other professional fees (attach schedule). . .

Taxes (attach schedule) (see instructions). . .

Depreciation (attach schedule) and depletion.

Travel, conferences, and meetings

Printing and publications

Other expenses (attach schedule)

Total operating and administrative expenses

Add lines 13 through 23.

Contributions, gifts, grants paid

Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

Administrative

and, 21

Operating 23

17

18

19

20

22

24

25

26

27

Р	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End	of year
		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments		10,003	. 10,003.
		Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			·
		Less allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			<u> </u>
ţ	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ë		Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) $\overset{ ext{ATCH}}{\dots}$ $\overset{ ext{1}}{\dots}$ $\overset{ ext{L}}{\dots}$		20,910,973	. 21,006,227.
		Investments - corporate bonds (attach schedule)			
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)		<u> </u>	
i	12	Investments - mortgage loans			
		Investments - other (attach schedule) Land, buildings, and			
		equipment basis Less accumulated depreciation (attach schedule)			
		Other assets (describe >)			
	l	Total assets (to be completed by all filers - see the		20 020 076	21 216 222
_		instructions Also, see page 1, item I)	0.	20,920,976	. 21,016,230.
	l	Accounts payable and accrued expenses			
•		Grants payable			
ĕ	19	Deferred revenue			
░		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities		Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0.	0	
		Foundations that follow FASB ASC 958, check here		<u> </u>	
Balances		and complete lines 24, 25, 29, and 30.			
a		Net assets without donor restrictions			
뗾	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			· · · · · ·
		Foundations that do not follow FASB ASC 958, check here			
ַבּ		and complete lines 26 through 30			
≍	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg , and equipment fund	-		
set	28	Retained earnings, accumulated income, endowment, or other funds		20,920,976	
As		Total net assets or fund balances (see instructions)	0.	20,920,976	
ಕ	30	Total liabilities and net assets/fund balances (see			
Z		instructions)	0.	20,920,976	
		Analysis of Changes in Net Assets or Fund Balar			
1		I net assets or fund balances at beginning of year - Part I			
		of-year figure reported on prior year's return)			0.
		r amount from Part I, line 27a			20,920,976.
		er increases not included in line 2 (itemize) ▶			00 000 000
		lines 1, 2, and 3			20,920,976.
		reases not included in line 2 (itemize)		5	1
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)	, line 29 6	20,920,976.

Ра	(a) List and de	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a						
b						
С				ļ		
d						
e				_		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo: ((e) plus (f) minu	
a				ļ		
<u>b</u>				ļ		
Ç						
d				 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
e		howing gain in column (h) and owned	t by the foundation on 12/31/69	1		
—	Complete only for assets s				Gains (Col (h) ga (k), but not less the	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any		Losses (from col	
<u>a</u>				1		
<u> b</u>						
<u>C</u>				+		
<u>d</u>						
е		. If a	ain, also enter in Part I, line 7			· · · · · · · · · · · · · · · · · · ·
2	Capital gain net income	or (not capital loce)	loss), enter -0- in Part I, line 7	2		
3	Net short-term capital o	ain or (loss) as defined in sections				
•	, ,	•	structions If (loss), enter -0- in $)$			
	-	· · · · · · · · · · · · · · · · · · ·		3		
Pai			duced Tax on Net Investment I	ncome		
Was		Touve this part siarin	I AVAILABLE FOR INITIAL butable amount of any year in the b			Yes No
<u>"-</u> '			ear, see the instructions before mak	ing any er	ntries	
<u> </u>	(a)	(b)	(c)		(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2018 2017			}		
	2017					
	2015			1		
	2014		-			
	2014		<u> </u>			
2	Total of line 1 column (d)		2		
3	Average distribution rati	no for the 5-year base period - divid	de the total on line 2 by 5 0, or by			
•			of less than 5 years	3		
	the number of years the	Todination has been in existence	The local trials of your or the local trials of the local trials o			
4	Enter the net value of ne	oncharitable-use assets for 2019	from Part X, line 5	4		<u>.</u>
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	nent income (1% of Part I, line 27b))	6	<u></u>	
7	Add lines 5 and 6			7	<u></u>	
8	Enter qualifying dietribut	tions from Part XII line 4		8		
U	If line 8 is equal to or g	greater than line 7, check the box	x in Part VI, line 1b, and complete	-	using a 1% tax	rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see i	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,3	317.
	here and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				
3	Add lines 1 and 2			1,3	317.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1,3	317.
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations - tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d			1,3	317.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11				
Par	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or of	did it		Yes	No
	participate or intervene in any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See	e the			
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mai	terials			į
	published or distributed by the foundation in connection with the activities		1		1
С	Did the foundation file Form 1120-POL for this year?		1c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed	1 1		1
	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities		1 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles	1 1		1
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T		1 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 1		
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions	that			
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa		7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	DE,				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney G	eneral			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If				
	complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		1		
	names and addresses . ATCH . 2		10	Χ	

Form **990-PF** (2019)

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	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	12		X
13		13	Х	
	Website address ► N/A			
14	The books are in care of ► FOUNDATION SOURCE Telephone no ► 800-839-	-175	4	
• •	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1-2	During the year, did the foundation (either directly or indirectly)		 	
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			Ì
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			İ
			']
h	termination of government service, if terminating within 90 days)		'	
D	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	'	
	Organizations relying on a current notice regarding disaster assistance, check here		\vdash	
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
C	were not corrected before the first day of the tax year beginning in 2019?	1c		X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2				
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
а	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		 	
C				
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
.	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
О	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		
a .	foundation had excess business holdings in 2019)	—	\vdash	Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х
	changes perpose that has not occur remotes from Jospansy before the hist day of the tax year beginning in 2010.	, TN	i	

Pai	rt VII-B	Statements Regarding Activities	tor which form	<u>4720 May Be Req</u>	uirea (continuea)_			
5a	During the	e year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	direct	y or indirectly, any voter registration drive?			Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
		le a grant to an organization other than a						
		n 4945(d)(4)(A)? See instructions				,		
		le for any purpose other than religious, ch						
		ses, or for the prevention of cruelty to children				,		
b	If any an	swer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in	,		
	-	ns section 53 4945 or in a current notice regar						
	Organizat	ions relying on a current notice regarding disa	ster assistance, check	here				
С		swer is "Yes" to question 5a(4), does the						
•		t maintained expenditure responsibility for the		·		,		
		ittach the statement required by Regulations s						
6a		oundation, during the year, receive any fur		ectly, to pay premiun	าร			
		onal benefit contract?				,		
ь		undation, during the year, pay premiums, dire				6b		Х
		6b, file Form 8870	, ,	•				
7a	At any tim	ie during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	. Yes X No	,		
ь		lid the foundation receive any proceeds or ha				. 7b		
8	Is the four	ndation subject to the section 4960 tax on pa	ment(s) of more tha	n \$1,000,000 in				
	remunera	tion or excess parachute payment(s) during the	year?		. Yes X No	,		
Pai	rt VIII	Information About Officers, Directo	rs, Trustees, Fou	ndation Managers	s, Highly Paid Em	oloyees,		
_	List all of	and Contractors ficers, directors, trustees, and foundat	on managers and	their compensation	See instructions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expen	se acco	unt,
		(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other al	lowance	:S
		· <u></u> -	i	_ !				_
ATC	H 3			0.	0.			0.
		· · · · · · · · · · · · · · · · · · ·						
2	Compens "NONE"	ation of five highest-paid employees	(other than thos	e included on line	e 1 - see instructi	ons). If n	one,	enter
	HOILE		(b) Title, and average		(d) Contributions to			
(a)	Name and a				employee benefit	(e) Expen	se accor Iowance	
	Hamic and a	ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	Other a		
		ddress of each employee paid more than \$50,000		(c) Compensation		Other a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred			
	NONE	ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	ottler al		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other al		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	other a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	Office a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	Office a		
		ddress of each employee paid more than \$50,000	hours per week	(c) Compensation	plans and deferred	Office a		
	NONE	of other employees paid over \$50,000.	hours per week devoted to position		plans and deferred compensation	Office a		

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Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empl and Contractors (continued)	oyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ЮИ	E	
		0.
_		
	I number of others receiving over \$50,000 for professional services	1
	t IX-A Summary of Direct Charitable Activities st the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of	<u> </u>
	ganizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	N/A	
		-
2		
3		
•		
4		
0.0	AIV D. Commonwell of Draguera Delated Investments (con unstructions)	
	t IX-B Summary of Program-Related Investments (see Instructions) escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
•		
2		
	,	
	other program-related investments. See instructions	
_	Tother programmetated investments. See instructions	
3	NONE	
	· · · · · · · · · · · · · · · · · · ·	
Tota	I. Add lines 1 through 3	

Form **990-PF** (2019)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.)	ign foi	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	5,251,557.
	Average of monthly cash balances	-	1,250.
		1c	-
d		1d	5,252,807.
			-
Ū	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,252,807.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
7	instructions)	4	78,792.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,174,015.
6	Minimum investment return. Enter 5% of line 5	6	73,712.
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
ı aı	and certain foreign organizations, check here ▶ and do not complete this part)	ildation	3
1	Minimum investment return from Part X, line 6	1	73,712.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 1,317.		
b			
С		2c	1,317.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	72,395.
4	Recoveries of amounts treated as qualifying distributions		-
5	Add lines 3 and 4		72,395.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	72,395.
Par	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V column (b) in subsequent years when ca		ng whether the foundation

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

Form **990-PF** (2019)

Form 990-PF (2019)

Page 9

۲a	TEXIII Undistributed income (see instr	uctions)			
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				72,395.
2	Undistributed income, if any, as of the end of 2019				.,
	Enter amount for 2018 only				
	Total for pnor years 20 17 ,20 16 ,20 15				
	Excess distributions carryover, if any, to 2019				
	- a i				
	From 2014				
	From 2015				
	From 2016				
d	From 2017	'			
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
•	required - see instructions)				
d	Applied to 2019 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a))		ı		
	(/ /				
ь	Enter the net total of each column as indicated below:				
2	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	•				
D	Prior years' undistributed income Subtract				
	line 4b from line 2b				
٠	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				· · · · · · · · · · · · · · · · · · ·
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions				
е	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				70 205
	distributed in 2020				72,395.
7	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)				
8	Excess distributions carryover from 2014 not				
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
_	Subtract lines 7 and 8 from line 6a	0.			
0	Analysis of line 9				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
е	Excess from 2019		<u> </u>	1	L

Рa	rt XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, ques	iti <u>on 9)</u>	NOT APPLICABLE
1 a	If the foundation has r	_			erating	,
	foundation, and the ruling	g is effective for 2019, er	iter the date of the ruling		▶	 , ,
þ	Check box to indicate v	vhether the foundation	is a private operating	foundation described	in section 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	<u>-</u>	Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(-,
	return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4, for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i)	•				
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)).					
	or royalties)					<u> </u>
	exempt organizations as provided in section 4942 (1/(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income.	(·			
Pa		itary Information (Curing the year - see		only if the found	dation had \$5,000 (or more in assets at
1	Information Regarding	Foundation Manager	s:			
а	List any managers of the before the close of any					
	ATTACHME					
b	List any managers of ownership of a partner					lly large portion of the
	N/A				_	
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X if the unsolicited requests for	ne foundation only r or funds If the founda	nakes contributions ition makes gifts, gra	to preselected cha ants, etc., to individu	aritable organizations uals or organizations u	and does not accept under other conditions,
	complete items 2a, b, c	<u> </u>				
а	The name, address, ar	nd telephone number o	or email address of th	ne person to whom a	oplications should be ad	Idressed
b	The form in which appl	ications should be sub	mitted and information	on and materials the	y should include	
	<u></u>					
С	Any submission deadling	nes				

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

Part XV Supplementary Information (
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
- '				
		ļ		
			ļ	
		ì		
				1
				1
				1
				1
Total	 		▶ 3a	
b Approved for future payment				
Total				

Form 990-PF (2019)

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
- •	n service revenue			1		(See instructions)
				+		
· · · · · · · · · · · · · · · · · · ·				 	·	-
	<u> </u>			 	· <u> </u>	
				+		
	<u>-</u>	· · · · · ·		+		
f		-		1	-	
_	and contracts from government agencies	<u> </u>				ü
2 Member	rship dues and assessments			14	3.	 .
	on savings and temporary cash investments .			14	65,845.	, , , , , , , , , , , , , , , , , , ,
4 Dividends and interest from securities		<u> </u>		+	03,010.	
	tal income or (loss) from real estate					<u>. </u>
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property					
	evestment income			 		
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events · · ·					
	profit or (loss) from sales of inventory					
	evenue a					
			· · · · · · · · · · · · · · · · · · ·			
			<u> </u>			
						
e	I Add columns (b), (d), and (e)				65,848.	
	dd line 12, columns (b), (d), and (e)					65,848.
	heet in line 13 instructions to verify calc					· · · · · · · · · · · · · · · · · · ·
Part XVI			ccomplishment of E	xempt Pur	poses	
	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	funds for such purpose	s) (See instructions)
	-	_			-	
	-				·	
					<u></u>	
	-		 .			
	-					
	· · · · · · · · · · · · · · · · · · ·					<u>.</u>
		<u> </u>				
	-					

JAGGERS FAMILY FOUNDATION

orm 99	0-PF (2	2019)	JAGGERS	FAMILY FOUR	NOITADN			84-31142	20	Page 13
Part	XVII	Information Re Organizations	egarding Trai	nsfers to and	I Transaction	s and	Relationships With	Noncharita	ble	
11	n sec						any other organization d ction 527, relating to		Y	es No
	•	ers from the reportin	ig foundation to	a noncharitable	e exempt organ	nization o	of [.]		- 1	İ
			_		-			1a	(1)	x
(2) Oth	ner assets						18	(2)	X
b C	Other t	transactions [.]								
(1) Sal	les of assets to a no	ncharitable exe	mpt organization				<u>1</u> <u>1</u>	(1)	X
(2) Pu	rchases of assets fro	om a noncharita	able exempt orga	anization			11	(2)	X
(-	3) Re	ntal of facilities, equi	pment, or other	assets				11	(3)	X
•	•	_					• • • • • • • • • • • • • •			X
-									1	X
-	-			•	-		• • • • • • • • • • • • • •	_		X
										X
							Column (b) should alw			
		-					n. If the foundation rece			
						· · · · · ·	of the goods, other as			
(a) Line	e no	(b) Amount involved N/A	(c) Name of	noncharitable exemp	ot organization		escription of transfers, transacti	ons, and shanng	arrang	ements
		N/A		 		N/A	· · · · · · · · · · · · · · · · · · ·			
						 				
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			 		<u> </u>	 				
d	lescrit	foundation directly bed in section 501(c)) (other than se				ore tax-exempt organiza		Yes	X No
		(a) Name of organizatio	n	(b) Type	e of organization		(c) Description	on of relationship		
Sign		penalties of penury, I decised, and complete Declaration o			information of which					
lere		Chest De	gen	18/19	rore	Tre	81dent	May the IRS di with the prepar		
1616	Sign	nature of officer or trystee)	Date	_	Title	_	See instructions	XY	es No
		\mathcal{U}								
aid		Print/Type preparer's na	ime	Preparer's sign			Date Chec		1	· — —
		JEFFREY D HAS			D HASKELL		08/05/2020 self-		1345	770
repa	arer	Firm's name FC	OUNDATION S	OURCE			Firm's FIN	▶510398	347	

11042

800-839-1754

Phone no

Use Only Firm's address ▶ ONE HOLLOW LN, STE 212

LAKE SUCCESS, NY

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2019

Employer identification number

JAGGERS FAMILY FOU	INDATION	84-3114220				
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	X 501(c)(3) exempt private foundation	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation				
	501(c)(3) taxable private foundation					
	oo ((o)(o) taxaasa pirrata isanaation					
General Rule X For an organizat or more (in mone contributor's total Special Rules		ar, contributions totaling \$5,000 e instructions for determining a				
regulations unde 13, 16a, or 16b,	tion described in section 501(c)(3) filing Form 990 or 990-EZ that mer sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A and that received from any one contributor, during the year, total color of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)				
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						
990-EZ, or 990-PF), but it r	hat isn't covered by the General Rule and/or the Special Rules does must answer "No" on Part IV, line 2, of its Form 990, or check the b 2, to certify that it doesn't meet the filing requirements of Schedule B	oox on line H of its Form 990-EZ or on its				

Employer identification number 84-3114220

Part I	Contributors (see instructions) Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JAGGERS, KURT R. 2 BLUE OAKS COURT PORTOLA VALLEY, CA 94028	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number 84-3114220

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(b) Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 36852 SH. (b) Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD JH, 5717 SH.	\$	(c) FMV (or estimate) (See instructions) 10,903,401. (c) FMV (or estimate) (See instructions) 2,707,128. (c) FMV (or estimate) (See instructions)	(d) Date received 12/17/2019 (d) Date received 12/20/2019 (d) Date received
Description of noncash property given ANGUARD 500 INDEX FUND ADM PIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD		(c) FMV (or estimate) (See instructions) 2,707,128.	(d) Date received 12/20/2019 (d)
Description of noncash property given ANGUARD 500 INDEX FUND ADM PIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD		(c) FMV (or estimate) (See instructions) 2,707,128.	(d) Date received 12/20/2019 (d)
Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD		(c) FMV (or estimate) (See instructions) 2,707,128.	(d) Date received 12/20/2019 (d)
Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD		(c) FMV (or estimate) (See instructions) 2,707,128.	(d) Date received 12/20/2019 (d)
Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$.	FMV (or estimate) (See instructions) 2,707,128. (c) FMV (or estimate)	12/20/2019 (d)
Description of noncash property given ANGUARD 500 INDEX FUND ADM FIAX, 9110 SH. (b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$ -	FMV (or estimate) (See instructions) 2,707,128. (c) FMV (or estimate)	12/20/2019 (d)
(b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$ -	(c) FMV (or estimate)	(d)
(b) Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$	(c) FMV (or estimate)	(d)
Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$	(c) FMV (or estimate)	(d)
Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD	\$.	(c) FMV (or estimate)	(d)
Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD		FMV (or estimate)	
			
	\$.	1,176,844.	12/23/2019
(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
SHARE SP SMALL CAP 600 INDEX FD			
IR, 25853 SH.			
N, 23033 on.			
	<u> </u>	2,166,998.	12/23/2019
(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
SHARES S&P 500 INDEX FD			
VV, 7570 SH.			
	\\$.	2,443,180.	12/23/2019
		(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given			
Description of noncash property given			
Description of noncash property given SHARES TR S & P MIDCAP 400 INDEX FD			12/27/2019
_	(b) Description of noncash property given HARES TR S & P MIDCAP 400 INDEX FD	(b) Description of noncash property given HARES TR S & P MIDCAP 400 INDEX FD	\$ 2,443,180. (b) Description of noncash property given (C) FMV (or estimate) (See instructions) HARES TR S & P MIDCAP 400 INDEX FD

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization JAGGERS FAMILY FOUNDATION

Employer identification number 84-3114220

Part III		the year from any ions completing Par e year. (Enter this in	one contribute till, enter the to formation onc	or. Complete columns (a) through (e) and otal of exclusively religious, charitable, etc.,			
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I			-1101				
		(e) Transf	or of auft				
	Transferee's name, address, at		_	lationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I							
	(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) Transf	er of aift				
	(e) Transfer of 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) Transf Transferee's name, address, and ZIP + 4		ifer of gift Relationship of transferor to transferee				
							

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ISHARE SP SMALL CAP 600 INDEX ISHARES S&P 500 INDEX FD	ISHARES TR S & P MIDCAP 400 IN VANGUARD 500 INDEX FUND ADM

TOTALS

ENDING FMV	2,167,774. 2,446,927. 2,622,353. 13,769,173.	21,006,227.
ENDING BOOK VALUE	2,166,998. 2,443,180. 2,624,421. 13,676,374.	20,910,973.

ATTACHMENT 1

JAGGERS FAMILY FOUNDATION

LINE 10 - SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PE,

NAME AND ADDRESS

JAGGERS, KURT R. 2 BLUE OAKS COURT PORTOLA VALLEY, CA 94028 JAGGERS, SUZANNE 2 BLUE OAKS COURT PORTOLA VALLEY, CA 94028

ATTACHMENT 2

ATTACHMENT 3	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER . BENEFIT PLANS ALLOWANCES	.0	.0	0.
	COMPENSATION	.0	.0	0.
RS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, PRES, SEC, TREAS 1.00	DIR 1.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	KURT R JAGGERS FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	SUZANNE JAGGERS FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

ATTACHMENT 4

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

KURT R JAGGERS SUZANNE JAGGERS