Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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

For	calend	dar year 2017 or tax year beginning		017, and			, 20
	ne of fau			,		identification number	
Tho	mas W.	and Janice A. Segar Charitable Trust				41-6451322	
Nur	nber and	street (or P O box number if mail is not delivered to street address)	R	oom/suite	B Telephone	e number (see instructi	ons)
	Maple		_			952-888-7159	
City	or town	, state or province, country, and ZIP or foreign postal code			C If exempti	on application is pend	ng, check here ► 🗍
		on, MN 55431-2841			_}		
G	Check		of a former pu	blic charit	D 1. Foreign	organizations, check i	nere . ▶□
		☐ Final return ☐ Amended r			2. Foreign	organizations meeting	the 85% test.
		Address change Name char			check h	nere and attach compu	tation ▶ 🗍
		type of organization. Section 501(c)(3) exempt pr				foundation status was t 07(b)(1)(A), check here	terminated under
		n 4947(a)(1) nonexempt charitable trust			-1)	(// // //	لبا
		arket value of all assets at J Accounting method	· 🗹 Cash 🛴	Accrual	F If the four	idation is in a 60-mont	n termination
	line 16)	year (from Part II, col. (c), Other (specify)			under sec	tion 507(b)(1)(B), checl	chere ► [_]
	_	33,010	on cash basis)		<u> </u>		
		Analysis of Revenue and Expenses (The total of———amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue an expenses per		et investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books		income	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	2	000	7		と は 製造ドナンショ
		Check ► ☐ If the foundation is not required to attach Sch. B	-			 ,	
	3	Interest on savings and temporary cash investments		91			
	4	Dividends and interest from securities		660		· · · · · · · · · · · · · · · · · · ·	7.16
	5a	Gross rents					1 1 1 1 1 1
	b	Net rental income or (loss)	, ,	1.;	-1,1	2.7 * 2.7 *	证据表面15
ē	6a	Net gain or (loss) from sale of assets not on line 10		3		19 A	The second second
ĭ	b	Gross sales price for all assets on line 6a	·		* 4	25	The state of the state of the state of
Revenue	7	Capital gain net income (from Part IV, line 2)				e () i valoritation in	330 40 JC/4 47 25 34 34 1
Œ	8	Net short-term capital gain			, , , , ,		
	9	Income modifications					<u> </u>
	10a	Gross sales less returns and allowances	ļ		<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		
	ь	Less Cost of goods sold		- 1			S. TANKS
	C	Gross profit or (loss) (attach schedule)	}				र सन्दर्भक्कि प्र ^{कृति} त्र प्रशेष्यंद्र ता व
	11	Other income (attach schedule)	ļ				368
	12	Total. Add lines 1 through 11		751	751	 	1 - 3 - 3
es	14	Other employee salaries and wages	181	-0-	-0-		
Su	15	Pension plans, employee benefits	10			 	
Expenses	16a	101 101	018 60			 	
_	b	Accounting fees (attach schedule)					
ķ	С	11-1					1
rat	17	Other professional fees (attach schedule) Interest	-				1
ist	18	Taxes (attach schedule) (see instructions)		34			34
Ē.	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
φp	21	Travel, conferences, and meetings					1
a	22	Printing and publications					ļ
Operating and Administrative	23	Other expenses (attach schedule)				ļ	
atii	24	Total operating and administrative expenses.				}	
ě		Add lines 13 through 23		34		ļ	34
Ö	25	Contributions, gifts, grants paid		2,035	- 315 4	ļ	2,035
	26	Total expenses and disbursements. Add lines 24 and 25	1	2,069		 	2,069
	27	Subtract line 26 from line 12	1	,	er - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		682	· · · · · · · · · · · · · · · · · · ·	[, ' - ' - ' - ' - ' - ' - ' - ' - ' - ' 	1
	b	Adjusted net income (if negative, enter -0-) .	———		751		+
<u></u>		work Reduction Act Notice, see instructions.	-	at No 1128	eay		form 990-PF (2017)

Part II		Attached schedules and amounts in the description column	Beginning of year	End of	year*
غائل 		Balance Sheets 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			
{	2	Savings and temporary cash investments	15,667	15,688	15,688
	3	Accounts receivable ►			
		Less. allowance for doubtful accounts ▶			
- {	4	Pledges receivable ►			
}		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
1	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 ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	22,476	23,190	23,190
	С	Investments - corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶			
	Ì	Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)		· · · · · · · · · · · · · · · · · · ·	
	16	Total assets (to be completed by all filers-see the			
		ınstructions Also, see page 1, item l)	38,143	38,878	38,878
	17	Accounts payable and accrued expenses			``
m	18	Grants payable			
Liabilities	19	Deferred revenue			-
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
jak	21	Mortgages and other notes payable (attach schedule)			·
4	22	Other liabilities (describe ►			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26, and lines 30 and 31.	}		
ŭ	24	Unrestricted			
afe	25	Temporarily restricted			}
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here ▶ □			
Ţ	}	and complete lines 27 through 31.	1		
ō	27	Capital stock, trust principal, or current funds	38,143	38,878	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
ä	30	Total net assets or fund balances (see instructions)	38,143	38,878	B
<u>e</u>	31	Total liabilities and net assets/fund balances (see			
_		instructions)	38,143	38,878	
P	art III				
		al net assets or fund balances at beginning of year-Part II, coli			
	enc	d-of-year figure reported on prior year's return)		1	38,143
	2 Ent	ter amount from Part I, line 27a		2	682
		ner increases not included in line 2 (itemize) Unrealized Investment		3	53
		d lines 1, 2, and 3		4	38,878
					-0-
	6 Tot	creases not included in line 2 (itemize) tal net assets or fund balances at end of year (line 4 minus line 5) –	-Part II, column (b), lı	ne 30 6	38,878
_					Form 990-PF (2017

Part IV

Capital Gains and Losses for Tax on Investment Income

	2-story brick warehouse	, or common stock, 200 shs. McC		D-Donation	, (m		1
1a							
b	None						
<u>c</u>							ļ
<u>d</u> _						 	
e		(f) Depreciation allowed	(a)	Cost or other basis		(b) Ga	In or (loss)
	(e) Gross sales price	(or allowable)		is expense of sale			(f) minus (g))
a		· · · · · · · · · · · · · · · · · · ·					
b					\top	-	
С							
d							
е							
	Complete only for assets show	ring gain in column (h) and ow	rned by the foun	dation on 12/31/69			ol (h) gain minus
	(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess of col (i) over col (j), if any			ot less than -0-) or (from col (h))
a							
b_							
C		 					
<u>d</u>							
e		(H		D-111-7	<u>, </u>		
	Capital gain net income or	iner canital inee) (n Part I, line 7 in Part I, line 7	} 2		
	Net short-term capital gain		•		' -		
•	If gain, also enter in Part I		nstructions. If	(loss), enter -0- II	1) 3		
	·						
r o ect	otional use by domestic privion 4940(d)(2) applies, leave	er Section 4940(e) for Frate foundations subject to this part blank.	Reduced Tax the section 49	on Net Investm 940(a) tax on net in	vestment	income.)	
sect as t 'Ye:	otional use by domestic privion 4940(d)(2) applies, leave ne foundation liable for the so," the foundation doesn't qu	er Section 4940(e) for Frate foundations subject to this part blank. section 4942 tax on the disualify under section 4940(e)	Reduced Tax o the section 49 stributable amo e). Do not com	on Net Investment of any year in olete this part.	vestment	income.)	
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ect as t Ye:	otional use by domestic privion 4940(d)(2) applies, leave ne foundation liable for the so," the foundation doesn't qu	er Section 4940(e) for Frate foundations subject to this part blank. section 4942 tax on the disualify under section 4940(e)	stributable amo	on Net Investment of any year in olete this part.	vestment the base	period? any entries	
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h

rait		3d detions/					
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)	٥					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	8					
	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-)	-0-					
3	Add lines 1 and 2	8					
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	8					
6	Credits/Payments: 2017 estimated tax payments and 2016 overpayment credited to 2017 6a						
a b	Exempt foreign organizations—tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868) . 6c						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d	-0-					
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 ▶ 9	8					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10						
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11						
	VII-A Statements Regarding Activities	Vac Na					
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes No 1a ✓					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b 🗸					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities.	THE STATE OF THE S					
C	Did the foundation file Form 1120-POL for this year?	1c					
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. ▶ \$						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
·	on foundation managers. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2 /					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a ✓					
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 ✓					
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
U	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 🗸					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 1					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶						
b							
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ✓					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
40	complete Part XIV	9 /					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10					
		10 /					

11	Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		✓
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		√
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13		
14		2-888-	 7159	
	Located at ► 2405 Maple Ave., Bloomington, MN ZIP+4 ► 5	5431-2		
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 \Delta 15		, 1	
16	At any time during calendar year 2017, 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		<u> </u>
Par	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☐ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?			
b	If "Yes," list the years > 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		√
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		į
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a 4b		√

	(2017)	

Pag	ge	6

Part	VII-B Statements Regarding Activities	for W	hich Form	4720 I	May Be R	equire	d (contir	nued)	,	
5a	During the year, did the foundation pay or incur a								Yes	/ No
	 Carry on propaganda, or otherwise attempt to Influence the outcome of any specific public directly or indirectly, any voter registration dried 	o influe election	nce legislatio	on 495	5); or to ca	irry on,	☐ Yes	☑ No ☑ No	}	
	(3) Provide a grant to an individual for travel, stud(4) Provide a grant to an organization other than	dy, or c	other similar i	ourpose organiza	s? ation descr	 ibed in	Yes	☑ No	1000000	
	section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the compared to the comp	charita	able, scientif	ic, litera	ry, or educ	ational		☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	transa	ictions fail to	qualify	under the	excepti	ons descr	V No bed in		
	Organizations relying on a current notice regardii	-	•					▶□	0.0	عواز
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation claim	exemp	otion from	the tax		□ No		
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any	funds,	directly or in	directly,	to pay pre	emiums		-		
b	on a personal benefit contract? Did the foundation, during the year, pay premium					 henefit	☐ Yes	່⊈]No າ	6b	J
	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a		•	-	·		Yes			Ì
	If "Yes," did the foundation receive any proceeds								7b	
	VIII Information About Officers, Direc								mployees	,
	and Contractors									
_1	List all officers, directors, trustees, and found								š.	
	(a) Name and address	hou	e, and average rs per week ed to position	(lf n	npensation ot paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expense a other allow	
	s W. Segar		_	1					Ì	_
	haple Ave., Bloomington, MN 55431-2841 A. Segar	Trustee	e <u>, 3</u>	 	-0-			-0-	<u> </u>	0
	Paple Ave., Bloomington, MN 55431-2841	Trustee	e. 1		- 0-			-0-		-0
			· · · · · · · · · · · · · · · · · · ·		<u>_</u>					
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uction	s). If none	, ente
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and hours per devoted to p	week -	(c) Compe	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expense a	iccount, ances
	None									
rotal	number of other employees paid over \$50,000 .			<u> </u>	<u> </u>		<u> </u>	. ▶		
									Form 990-P	F (201)

3 Five hi	ghest-paid independent contractors for professional services. See instructions. If none, enter "I	IONF	13
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
	NoneNone		
			
			}
tal numbou	r of others recovering over \$50,000 for preferenced personal		ļ
rtal Humber	of others receiving over \$50,000 for professional services	_	l
art IX-A	Summary of Direct Charitable Activities		
Liet the found	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb		
	and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1			
	N.A.		
			1
2			1
			}
3	, 		}
			ļ
4			
art IX-B	Summary of Program-Related Investments (see instructions)	——	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1	and a green program relation in the control of the		
	N,A,		ł
			į
2			
			1
All other pro	gram-related investments. See instructions		1
3			İ
	N.A.		-
	nes 1 through 3		<u> </u>

Part 2	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn founda	tións,
	see instructions.)		_
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	22,833
b	Average of monthly cash balances	1b	15,467
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	38,300
е	Reduction claimed for blockage or other factors reported on lines 1a and	ł	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	38,300
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	575
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	37,725
6	Minimum investment return. Enter 5% of line 5	6	1,866
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	oundation	S
1	Minimum investment return from Part X, line 6	1	1,866
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	8
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,878
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,878
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	1,878
Part	XII 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	2,069
b	Program-related investments—total from Part IX-B	1b	-0-
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	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,069
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,069
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation
		For	n 990-PF (2017)

Form 99	00-PF (2017)				Page 9
Part	XIII · Undistributed Income (see instruction	ons)			rage 3
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2					1,878
2 a	Undistributed income, if any, as of the end of 2017. Enter amount for 2016 only				
b	Total for prior years: 20,20,20			 	
3	Excess distributions carryover, if any, to 2017		<u></u>		
а	From 2012	'			
b	From 2013				
С	From 2014 (18)				-
d	From 2015 (678)			i	1
е	From 2016				
f	Total of lines 3a through e	202			-
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$2,069				_
a	Applied to 2016, but not more than line 2a .				
	Applied to undistributed income of prior years (Election required—see instructions)			4	
C	Treated as distributions out of corpus (Election required—see instructions)		11 · 1 · 2 · - 2		
d	Applied to 2017 distributable amount				1,878
е	Remaining amount distributed out of corpus	191			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	392	 		
С	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				
d	Subtract line 6c from line 6b. Taxable amount—see instructions		- 		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				-0-
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)				-0-
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2018.			 	
	Subtract lines 7 and 8 from line 6a	392			
10	Analysis of line 9 ⁻	002			
а	Excess from 2013				
b	Excess from 2014 (18)				
С	Excess from 2015 (678)]			
d	Excess from 2016	4			
e	Excess from 2017 191	1		l	

	0-PF (2017)					Page 10
Part 2	XIV Private Operating Founda	tions (see instru	ictions and Part	VII-A, question 9	9)	
1a	If the foundation has received a ruling					•
	foundation, and the ruling is effective for					I.A
	Check box to indicate whether the four		operating foundate		ection 🔲 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 201,4	(-,
	each year listed		<u>.</u>		/	
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.				1	
	Subtract line 2d from line 2c .			/		<u> </u>
3	Complete 3a, b, or c for the					
	alternative test relied upon.			/		
а	"Assets" alternative test - enter.			/		
	(1) Value of all assets					
	(2) Value of assets qualifying under	ļ		/		
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed .		ļ/	<u> </u>		
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section	Ī				
	512(a)(5)), or royalties) .		<u> </u>			
	(2) Support from general public and 5 or more exempt	,				
	organizations as provided in section 4942(j)(3)(B)(iii) .					
	(3) Largest amount of support from					
	an exempt organization .					
	(4) Gross investment income	<u> </u>				<u> </u>
Part		•		the foundation	had \$5,000 or n	nore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation					•
	before the close of any tax year (but	-		, ,	section 507(d)(2).)	
	as W. Segar and Janice A. Segar		and earlier for >\$5,			
b	List any managers of the foundation					large portion of the
	ownership of a partnership or other e	muty) of which the	e loundation has a	10% or greater in	iterest.	
	None					
2	Information Regarding Contributio					1.1
	Check here ▶ ☑ If the foundation unsolicited requests for funds. If the	-				
	complete items 2a, b, c, and d. See i		s giits, grants, etc.	, to iliuividuais of	organizations und	iei other conditions,
	The name, address, and telephone n		dropp of the pers	on to whom applie	eations should be	addressed:
а	rne name, address, and telephone n	umber or email ac	adress of the pers	on to whom applic	ations should be	addressed:
	N.A.					
b		d be submitted ar	nd information and	i materials they sh	ould include:	
			and			
	N.A.					
	A long and a long all and					
·	y sassion asaamio					
d	Any restrictions or limitations on a	wards, such as	by geographical	areas, charitable	fields, kinds of ii	nstitutions, or other
-	factors	•			•	•

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
See Attached Schedules	None	501(c)(3) PC	For General Use by Charitable Organizations without Restricitons	2
TW&JA Segar Charitable Trust 2017 Contributions				
TW&JA Segar Charitable Trust 2017 Balance Sheet				
TW&JA Segar Charitable Trust 2017 Securities Owned, Ending 12/31/2017				
Total				Ba :
b Approved for future payment				Ba ;
None			-	

nter	gross amounts unless otherwise indicated.		siness income	Excluded by section	· · ·	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Program service revenue		Amount	Exclusion code	Amount	(See instructions.)
	d					
	9					
	g Fees and contracts from government agencies					
	Membership dues and assessments					
	interest on savings and temporary cash investments			14	91	
	Dividends and interest from securities	<u>- · · · · · · · · · · · · · · · · · · ·</u>	. ,	14	660	
	Net rental income or (loss) from real estate.	3 ,-1				· 1000年1月20日
	a Debt-financed property	, ,·	, A h 97' -4	43,		7-1 - 72 '8 '8 '5 3
	b Not debt-financed property					· · · · · ·
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			18	-0-	
	Net income or (loss) from special events			10		
	Gross profit or (loss) from sales of inventory					
	Other revenue. a	-				
	b			 		
	C			1		
	d			1		
	e					
12	Subtotal. Add columns (b), (d), and (e)	1 4- 5		~, , · · · · · · · · · · · · · · · · · ·	751	
			1			·
	Total. Add line 12, columns (b), (d), and (e)				13	75
13 See	worksheet in line 13 instructions to verify calculation				13	75
13 See		ıs.)			13	75
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishm	nent of Exemp	ot Purposes		
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13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		
13 See Par Line	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A No. Explain below how each activity for which accomplishment of the foundation's exempt pur	ıs.) Accomplishn	nent of Exemp	ot Purposes		

•		Organizatio	ons									
	ın sec	e organization detion 501(c) (or zations?	lirectly or indirectly e ther than section	ngage in any of the followi 501(c)(3) organizations) c	ng with any or	other organi n 527, rela	zation ting t	desc o po	ribed litical		Yes No	-
			orting foundation to	a noncharitable exempt or	ganızatıon o	f·			ļ			
	• •									1a(1)	✓	_
		ner assets .							. [1a(2)		-
		transactions:	a nonoharitable avoi	mot organization						4 5 (4)		j
			a noncharitable exer	ble exempt organization				•	- t	1b(1) 1b(2)		-
				assets			• •		1	1b(3)		-
		ımbursement ar						• •	- F	1b(4)	1	-
		ans or loan gua							F	1b(5)	1	-
	(6) Pe	rformance of se	ervices or membersh	p or fundraising solicitation	ns				-	1b(6)	1	-
				ts, other assets, or paid er						1c	√	_
d	If the	answer to any	of the above is "Yes	," complete the following	schedule. Co	olumn (b) sl	hould	alway	s show	the fa	air marke	t
	value	of the goods, of	ther assets, or service	ces given by the reporting	foundation. I	f the founda	ation r	eceive	ed less	than fa	air marke	t_
				ement, show_in_column (d)								_
(a) Line	no (b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Descrip	tion of transfers	s, transa	actions,	and shar	ng arrar	ngements	-
					+							-
	-+-											-
			Not Applicable		+							-
			Not replicable		 							-
				 								-
												_
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	_				<u> </u>							_
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			 									_
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			 	· · · · · · · · · · · · · · · · · · ·	 							-
2a	Is the	foundation dire	ectly or indirectly aff	iliated with, or related to,	one or more	tax-exemp	t orga	anizat	ons			-
				ction 501(c)(3)) or in section						Yes	✓ No	
b	If "Yes	s," complete the	e following schedule.									
		(a) Name of organ	nization	(b) Type of organization	n		(c) Desc	ription	of relation	ship		_
												_
												_
				- · ·								_
												_
	Under	r nenalties of neriing	I declare that I have examine	ed this return, including accompanying	a schedules and	tatements and	to the h	est of m	v knowled	ne and t	nelief it is tru	_
Sign	1			an taxpayer) is based on all informati								7
Here		/ homas	M Segue	06 Mar-18 7	rustee, Prepa	FOF		L.	with the pr	eparer sh	ss this returr hown below?	١,
HOIC		ature of officer or tru	ustee	/////////	tle			— [ˈ	See instruc	tions. [☑Yes ☐ No	
Daid		Print/Type prepare		Preparer's signature		Date		Check	П . P	TIN		=
Paid Prep	aror							self-en				
Use		Firm's name					Firm's	EIN ►				_
- 3€	∵y	Firm's address ▶					Phone					_

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

Employer identification number

Thomas W. and Janice A. Segar Charitable Trust 41-6451322 Organization type (check one). Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Thomas W. and Janice A. Segar Charitable Trust

41-6451322

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Thomas W. and Janice A. Segar 2405 Maple Ave. Bloomington, MN 55431-2841	\$ 2,000	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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

Employer identification number

Thomas W. and Janice A. Segar Charitable Trust 41-6451322 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N.A.	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	a.	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	<u> </u>	1	

ame of or				Employer identification number
nomas W. a Part III		the year from any tions completing Par	one contributor. (t III, enter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	Use duplicate copies of Part III if add			Ψ
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held
	N.A.			
		(e) Transf	er of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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 gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship 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) Trans	fer of gift	
}	Transferee's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a		fer of gift Relatio	nship of transferor to transferee

TW & JA SEGAR CHARITABLE TRUST; 2017 CONTRIBUTIONS Schedule to Form 990-PF

TW & JA Segar Contributions for 2017 Part 1		TW & JA Segar Contributions for 2017, Part 2	
Catholic Churches and Charity Recipients	Amount	Secular and Other Church Charity Recipients	Amount
Nativity of Mary Church	20 00	American Veterans	
Nativity of Mary Church, African Congo Mission	100 00	American Institute for Economic Research	
Nativity of Mary Church, Catholic Chanties Int'l-Hurncane	1000 00	Bethlehem Muisic Series	
Nativity of Mary Church, World Mission Sunday	100 00	Bloomington Kennedy HS Baseball, BAJ	
Nativity of Mary Church, Retirement Fund for Religious	100 00	Bloomington Fine Arts Council	
		Disbled American Veterans	
		Habitat for Humanity Int'l	
Nativity of Mary School	90 09	Cabrini Partnership	
Amer Fund for Children w/AIDS,		GIST Cancer Research	
Archdiocese of St Paul/Mpls, Military Service USA		Grand Circle Foundation	
Catholic Campaign for Human Development		Union Gospel Mission	
Catholic Indian Missions, S. Dakota		Minneapolis Pops Orchestra Assn	
Catholic Extension Society		Children International, Haiti Relief	
Columban Fathers		Pro Life Action Minnistnes, Education	
Fnends of the Orpahsn (Nuestros Pequenos Hermanos)		Olson Elementary School	
St Terese Foundation	150 00	Little Brothers-Friends of the Elderly	
Carmen Pampa Fund		Kennedy School Choir	
Kof C Ladies Auxiliary	150 00	MN Military Appreciation Fund	
Knights of Columbus, Manan Council		Mothers Against Drunk Driving	
Maryknoli Fathers		Minnesota Conservation Volunteer	
Maryknoll Sisters		Minnesota Public TV, TPT	
Sacred Heart Missions	100 00	Minnesota Public Radio, KBEM	
St Cathenne Drexel Catholic Church	200 00	Second Harvest Heartland	
St Bonaventure Catholic Church		Serra International	
St Richard's Catholic Church		Olympic Committee, US	
St Stanislaus Church	25 00	Special Olympics	
St Liabre indian School		Wounded Warnors Project	

4-Mar-18

12/31/17

Date

Trustees

41-6451322

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Ending

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TW & JA SEGAR CHARITABLE TRUST;

YEAR 2017 BALANCE SHEET

Schedule to Form 990-PF

	Sched	inie io Louii a	9U-PF			
FEIN	41-6451322					5-Mar-18
BEGINNING	BALANCE, 1/1/2017					
First Bank C	hecking Account, Acct 104 770	480 358		4	21 50	
	b Account, Money Mkt + ST Cer			15,24	5 79	
	b Invest Acct 9730-0023, Acco	•		22,47	'6 03	
		•	Total Beg Bala			38,143 32
CONTRIBU	TIONS RECEIVED					
from TW & .	JA Segar					2,000 00
INCOME						
First Bank A	Account 1 047 7048 0358		ChgAcct Int =		0 00	
Chs Schwa	b Acct 9730-0023	Mny Mkt &	& CD Int +Div=		90 35	
	Security/Fixed I	ncome, Div +	ST Cap Gains	6	60 29	
	Security/Fixed In				- — —	
	Note	660 29	Reinvested			
F	Realized 2017 Gains (Losses) in	Acct =			0 00	
	realized 2017 Gains (Losses) in			:	53 31	
			Total Income		Plus	803 95
EXPENSES	6					
Net Fed tax	es-Year 2016, Pd 03/09/17				9 00	
	or Year 2016, Pd 03/09/17				25 00	
Reinvested	Dividends, 2017				0 00	
Expenses,	Cost of selling stock rec'd incl pr	ice diff			0 00	
Total Exper	nses				Less	34 00
CONTRIBU	JTIONS MADE					
See attach	ed details				Less	2,035 00
ENDING B	ALANCE,					38,878 27
Beginning	Bal plus Contributions Received	i plus Earnings				
less Expen	ses less Contributions Made		Adjustment		-0 01	-0 01
				12/31/17		38,878 26
ENDING B	ALANCE, ACCOUNTS, 12/31/1	7				
First Bank	Checking Account, Acct 104 77	0 480 358			352 50	352 50
	Schwab, Money Mkt Fund	& Cert of Dep		15,3	36 14	
	Schwab, Securities/Fixed	Inc Account(s)		23,1	189 62	
Chs Schw	ab Investment Acct 9730-0023,	Account Total				38,525 76
	Tota	l End Balance		12/31/17		38,878 26
Trustees					61 1	/
				Date (14 - M	a-2018
	ν					
	-					

Thomas W Segar

Januer a Segar Janice A Segar

TW & JA SEGAR CHARITABLE TRUS	SEGAR CHARITABLE TRU	IST:
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YEAR 2017

SECURITIES OWNED, ENDING 12/31/17

3/4/2018

Schedule to Form 990-PF

		Schedu	ule to F	Form 990-PF		
FEIN 4	1-6451322					
ENDING BALANCE, AC	COUNTS, 12	2/31/16				
First Bank Checking Acc	ount, Acct 1	04 770 4	80 358	3	421 50	421 50
Schwab, Money	Mkt Fund +	Cert of	Dep		15,245 79	
Schwab, Se	curities/Fixe	d Inc Ac	ct(s)		22,476 03	
Chs Schwab Investment	Acct 9730-	0023, Ad	count '	Total		37,721 82
-		Total E	nd Bal	lance	12/31/16	38,143.32
Details						
First Bank Checking Acc	ount, Acct 1	04 770 4	80 358	3		
	Beginning			421 50		
li	nt Earned			-		
T	axes/Fees F	⊃d		(34 00)		
Gifting for TW&JA Segai	r, to checking	g		2,000 00		
Charitable Disbursement	ts			(2,035 00)	Ending 2017	352 50
Chs Schwab, 9730-0023	3, Money Mk	ct Fund, S	SWSXX	Κ.		
		Beg 20	17	15,245 79		
		Int Ear	rned	90 35		
Gift from TW&JA Segar				-		•
٦	To US Bank .	Acct		-	Ending 2017	15,336 14
Chs Schwab, 9730-002	3					
Shares Vanguard Energ	y Fund, VGE	ENX				
	Shares	Value		Extension		
Ending 2016	418.782		53.67	22,476 03		
Added 2017, Div-Reinv	12 733		51 86	660 29		
Increase in Value	431 515		0.12	53 31	23,189 62	
Ending 2017	431 515		53 74	23,189 62	10/01/17	23,189.62
		iolai E	nd Ba	nance	12/31/17	38,878 26
Trustees					Date	4-Mar-1

Thomas W Segar