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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

B

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
SET-SEG EDUCATIONAL FOUNDATION

D Employer identification number
20-2553272

E Telephone number
(800) 292-5421

F Group Exemption Number

Number and street (or P O box, if mail is not delivered to street address)Room/suite
415 WEST KALAMAZOO ST

City or town, state or country, and ZIP + 4
LANSING, MI 48933

G Accounting Method

☐ Cash

☒ Accrual

Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.SETSEG.ORG

J Tax-exempt status (check only one)

☒ 501(c)(3)

☐ 501(c) ()

(insert no)

☐ 4947(a)(1) or

☐ 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	42,619
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,513
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,132
	10	Grants and similar amounts paid (list in Schedule O)	10	31,450
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	4,573
	17	Total expenses. Add lines 10 through 16	17	36,023
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,109
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	194,941
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	5,815
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	208,865

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	43,622	22	54,215
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	151,319	24	154,740
25 Total assets	194,941	25	208,955
26 Total liabilities (describe in Schedule O)	0	26	90
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,941	27	208,865

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
THE SET SEG EDUCATIONAL FOUNDATION ENABLES STUDENTS TO PURSUE ENRICHMENT OPPORTUNITIES THAT ADVANCE LEARNING, LEADERSHIP, AND CIVIC RESPONSIBILITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

THE CORPORATION SHALL RECEIVE AND DISBURSE FUNDS, PROPERTY, AND GIFTS OF ANY KIND EXCLUSIVELY FOR THE BENEFIT OF PUBLIC SCHOOLS AND STUDENTS OF PUBLICLY SUPPORTED SCHOOLS
(Grants \$ 31,450)

If this amount includes foreign grants, check here

28a

31,450

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$)

If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

31,450

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ 0, section 4912 ☐ 0, section 4955 ☐ 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ☐ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ☐ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ☐ MI		
42a	The organization's books are in care of ☐ AMY MANEVAL Telephone no ☐ (800) 292-5421 Located at ☐ 415 WEST KALAMAZOO ST LANSING, MI ZIP + 4 ☐ 48933		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-06-13 Date	
	CHARLES R MILLER EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature MICHELLE M GOSS CPA	Date	Check ☐ if self-employed PTIN P00850551
	Firm's name ☒ PLANTE & MORAN PLLC				Firm's EIN ☒ 38-1357951
	Firm's address ☒ 1111 MICHIGAN AVE EAST LANSING, MI 48823				Phone no (517) 332-6200
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization SET-SEG EDUCATIONAL FOUNDATION	Employer identification number 20-2553272
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	42,564	56,586	50,130	41,207	42,619	233,106
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	42,564	56,586	50,130	41,207	42,619	233,106
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						79,751
6 Public support. Subtract line 5 from line 4						153,355

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	42,564	56,586	50,130	41,207	42,619	233,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	896	186	2,498	-352	5,589	8,817
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						241,923

12 Gross receipts from related activities, etc (see instructions)

12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	63 390 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	66 890 %

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

16b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

17b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization SET-SEG EDUCATIONAL FOUNDATION	Employer identification number 20-2553272
--	--

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST ON SAVINGS 1,513
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ALCONA HIGH SCHOOL GRANTEE ADDRESS 51 N BARLOW RAOD LINCOLN, MI 48742 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME BIG RAPIDS HIGH SCHOOL GRANTEE ADDRESS 21034 15 MILE RAOD BIG RAPIDS, MI 49307 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME CHEBOYGAN AREA HIGH SCHOOL GRANTEE ADDRESS 801 W LINCOLN AVENUE CHEBOYGAN, MI 49721 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 950
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME COOPERSVILLE HIGH SCHOOL GRANTEE ADDRESS 198 EAST ST COOPERSVILLE, MI 49404 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME DAKOTA HIGH SCHOOL GRANTEE ADDRESS 21051 21 MILE ROAD MACOMB, MI 48044 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME EVART HIGH SCHOOL GRANTEE ADDRESS 6221 95TH AVE EVART, MI 49631 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME FITZGERALD HIGH SCHOOL GRANTEE ADDRESS 23200 RYAN RD WARREN, MI 48091 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME FRASER HIGH SCHOOL GRANTEE ADDRESS 34270 GARFIELD RD FRASER, MI 48026 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GROSSE ILE HIGH SCHOOL GRANTEE ADDRESS 7800 GRAYS DRIVE GROSSE ILE, MI 48138 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HOPKINS HIGH SCHOOL GRANTEE ADDRESS 333 CLARK ST HOPKINS, MI 49328 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HURON HIGH SCHOOL GRANTEE ADDRESS 2727 FULLER RD ANN ARBOR, MI 48105 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME LAHSER AND ANDOVER HIGH SCHOOLS GRANTEE ADDRESS 4200 ANDOVER RD BLOOMFIELD TWP, MI 48302 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME LAPEER EAST HIGH SCHOOL GRANTEE ADDRESS 933 S SAGINAW ST LAPEER, MI 48446 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME MENOMINEE HIGH SCHOOL GRANTEE ADDRESS 2101 18TH ST MENOMINEE, MI 49858 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME PINCONNING AREA HIGH SCHOOL GRANTEE ADDRESS 605 W 5TH ST PINCONNING, MI 48650 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ROBICHAUD HIGH SCHOOL GRANTEE ADDRESS 3601 JANET ST DEARBORN HEIGHTS, MI 48125 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SPRINGPORT HIGH SCHOOL GRANTEE ADDRESS 300 W MAIN ST SPRINGPORT, MI 49284 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WAYNE MEMORIAL HIGH SCHOOL GRANTEE ADDRESS 3001 FOURTH ST WAYNE, MI 48184 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME NEW BUFFALO AREA SCHOOLS GRANTEE ADDRESS 1112 E CLAY ST NEW BUFFALO, MI 49117 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME TAYLOR SCHOOL DISTRICT GRANTEE ADDRESS 23033 NORTHLINE RD TAYLOR, MI 48180 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME PELLSTON PUBLIC SCHOOLS GRANTEE ADDRESS 172 PARK ST PELLSTON, MI 49769 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME YALE PUBLIC SCHOOLS GRANTEE ADDRESS 198 SCHOOL DRIVE YALE, MI 48097 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME TRENTON PUBLIC SCHOOLS GRANTEE ADDRESS 2601 CHARLTON RD TRENTON, MI 48183 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MEMPHIS COMMUNITY SCHOOLS GRANTEE ADDRESS 34110 BORDMAN RD MEMPHIS, MI 48041 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME COOPERSVILLE PUBLIC SCHOOLS GRANTEE ADDRESS 198 EAST ST COOPERSVILLE, MI 49404 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MONA SHORES PUBLIC SCHOOLS GRANTEE ADDRESS 121 RANDALL RD MUSKEGON, MI 49441 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME UTICA COMMUNITY SCHOOLS GRANTEE ADDRESS 11303 GREENDALE STERLING HEIGHTS, MI 48312 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ARMADA AREA SCHOOLS GRANTEE ADDRESS 74500 BURK STREET ARMADA, MI 48005 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WALLED LAKE CONSOLIDATED SCHOOLS GRANTEE ADDRESS 850 LADD RD BLDG D WALLED LAKE, MI 48390 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME HOLTON PUBLIC SCHOOLS GRANTEE ADDRESS 8897 HOLTON DUCK LAKE RD HOLTON, MI 49425 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME SOUTHGATE COMMUNITY SCHOOLS GRANTEE ADDRESS 13305 REECK ROAD, STE 100 SOUTHGATE, MI 48195 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WESTWOOD COMMUNITY SCHOOL DISTRICT GRANTEE ADDRESS 3335 S BEECH DALY RD DEARBORN HEIGHTS, MI 48125 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME NAPOLEON COMMUNITY SCHOOLS GRANTEE ADDRESS 201 WEST ST NAPOLEON TOWNSHIP, MI 49261 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME HONEY CREEK COMMUNITY SCHOOLS GRANTEE ADDRESS 1735 S WAGNER RD ANN ARBOR, MI 48103 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MARION PUBLIC SCHOOLS GRANTEE ADDRESS 510 W MAIN ST MARION, MI 49665 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME FRASER PUBLIC SCHOOLS GRANTEE ADDRESS 34270 GARFIELD RD FRASER, MI 48026 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME OTSEGO PUBLIC SCHOOLS GRANTEE ADDRESS 400 SHERWOOD ST OTSEGO, MI 49078 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME STOCKBRIDGE COMMUNITY SCHOOLS GRANTEE ADDRESS 305 W ELIZABETH ST STOCKBRIDGE, MI 49285 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ARMADA AREA SCHOOLS GRANTEE ADDRESS 74500 BURK STREET ARMADA, MI 48005 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME SALINE AREA SCHOOLS GRANTEE ADDRESS 7265 N ANN ARBOR ST SALINE, MI 48176 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WALLED LAKE CONSOLIDATED SCHOOLS GRANTEE ADDRESS 850 LADD RD BLDG D WALLED LAKE, MI 48195 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME HURON SCHOOL DISTRICT GRANTEE ADDRESS 32044 HURON RIVER DRIVE NEW BOSTON, MI 48164 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME HURON ISD GRANTEE ADDRESS 1299 S THOMAS RD, SUITE 1 BAD AXE, MI 48413 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME BERRIEN RESA GRANTEE ADDRESS 711 ST JOSEPH AVE BERRIEN SPRINGS, MI 49103 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WEXFORD- MISSAUKEE ISD GRANTEE ADDRESS 9907 E 13TH ST CADILLAC, MI 49601 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 350 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 31,450
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ACCOUNTING FEES AMOUNT 1,000 DESCRIPTION GENERAL INSURANCE AMOUNT 650 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 110 DESCRIPTION DONOR PERFECT SOFTWARE AMOUNT 1,926 DESCRIPTION INVESTMENT FEES AMOUNT 697 DESCRIPTION POSTAGE AMOUNT 190 TOTAL TO FORM 990-EZ, LINE 16 4,573
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION NET UNREALIZED GAIN(LOSS) AMOUNT 5,815
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 4,725 END OF YEAR AMOUNT 1,650 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,047 END OF YEAR AMOUNT 1,560 DESCRIPTION OTHER INVESTMENTS BEG OF YEAR AMOUNT 144,547 END OF YEAR AMOUNT 151,530
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 90

TY 2012 Transfers Personal Benefits Contracts Declaration

Name: SET-SEG EDUCATIONAL FOUNDATION

EIN: 20-2553272

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 20-2553272
Name: SET-SEG EDUCATIONAL FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLES R MILLER EXECUTIVE DIRECTOR	2 00	0	0	0
JAN AMSTERBURG CHAIRMAN	1 00	0	0	0
JOHN RUDDSELL TRUSTEE	1 00	0	0	0
LOUIS GUIZZETTI TRUSTEE	1 00	0	0	0
STEVE HITCHOCK TRUSTEE	1 00	0	0	0
STEVE SCHOTT TRUSTEE	1 00	0	0	0
KATHY HAYES TRUSTEE	1 00	0	0	0
JIM BALLARD SECRETARY-TREASURER	1 00	0	0	0