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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SET-SEG EDUCATIONAL FOUNDATION

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 province, country, and ZIP or foreign postal code
LANSING, MI 48933

D Employer identification number
20-2553272
E Telephone number
(800) 292-5421
F Group Exemption Number

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 Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 48,608

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	43,931
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,677
	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		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
	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	48,608
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	36,045
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	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	5,748
	17	Total expenses. Add lines 10 through 16	17	41,793
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,815
	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	208,865
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	10,022
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	225,702

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	54,215	22	51,574
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	154,740	24	174,128
25 Total assets	208,955	25	225,702
26 Total liabilities (describe in Schedule O)	90	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	208,865	27	225,702

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 \$ 36,045) If this amount includes foreign grants, check here

28a

36,045

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

36,045

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 <input type="checkbox"/> 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 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 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 . . . <input type="checkbox"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 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 <input type="checkbox"/> MI		
42a	The organization's books are in care of <input type="checkbox"/> AMY MANEVAL Telephone no <input type="checkbox"/> (800) 292-5421 Located at <input type="checkbox"/> 415 WEST KALAMAZOO ST LANSING, MI ZIP + 4 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
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	(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	▶	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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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	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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		2014-06-10 Date			
	LISA TRUSCOTT EXECUTIVE DIRECTOR Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name MICHELLE M GOSS CPA	Preparer's signature	Date	Check <input type="checkbox"/> 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						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LISA TRUSCOTT EXECUTIVE DIRECTOR	2 00	0	0	0
JAN AMSTERBURG CHAIRMAN	1 00	0	0	0
JOHN RUDDELL SECRETARY-TREASURER	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
WENDY ZDEB-ROPER TRUSTEE	1 00	0	0	0

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	56,586	50,130	41,207	42,619	43,931	234,473
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	56,586	50,130	41,207	42,619	43,931	234,473
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)						90,348
6 Public support. Subtract line 5 from line 4						144,125

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	56,586	50,130	41,207	42,619	43,931	234,473
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186	2,498	-352	1,513	4,677	8,522
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)						242,995

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 2013 (line 6, column (f) divided by line 11, column (f))	14	59 310 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	63 390 %

16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93492167002224	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> <div>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>			OMB No 1545-0047
					<div>2013</div> <div>Open to Public Inspection</div>
		Name of the organization SET-SEG EDUCATIONAL FOUNDATION			Employer identification number 20-2553272

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST ON SAVINGS AMOUNT 4,677
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ALLEN PARK HS GRANTEE ADDRESS 18401 CHAMPAIGN RD ALLEN PARK, MI 48101 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME BALDWIN HS GRANTEE ADDRESS 525 4TH STREET BALDWIN, MI 49304 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 600
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME BOYNE FALLS HS GRANTEE ADDRESS 1662 M75 S BOYNE FALLS, MI 49713 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME CLAWSON HS GRANTEE ADDRESS 101 JOHN M AVE CLAWSON, MI 48017 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME COMSTOCK HS GRANTEE ADDRESS 2107 N 26TH ST KALA MAZOO, MI 49048 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME DEWITT HS GRANTEE ADDRESS 13601 PANTHER DR DEWITT, MI 48820 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME DEWITT JR HS GRANTEE ADDRESS 2957 WEST HERBISON RD DEWITT, MI 48820 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 650
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME EAST DETROIT HS GRANTEE ADDRESS 15501 COUZENS EASTPOINTE, MI 48021 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME FRANKLIN HS GRANTEE ADDRESS 31000 JOY RD LIVONIA, MI 48150 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GARBER HS GRANTEE ADDRESS 213 PINE ST ESSEXVILLE, MI 48732 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GRAND BLANC HS GRANTEE ADDRESS ONE JEWETT TRAIL GRAND BLANC, MI 48439 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME H H DOW HS GRANTEE ADDRESS 3901 N SAGINAW RD MIDLAND, MI 48640 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HARPER CREEK HS GRANTEE ADDRESS 12677 BEADLE LAKE RD BATTLE CREEK, MI 49014 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HERITAGE HS GRANTEE ADDRESS 3465 N CENTER RD SAGINAW, MI 48603 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HOLLY HS GRANTEE ADDRESS 6161 E HOLLY RD HOLLY, MI 48442 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,170
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HOLTON MIDDLE SCHOOL GRANTEE ADDRESS 6245 SYERS RD HOLTON, MI 49425 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 625
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME L'ANSE CREUSE HS GRANTEE ADDRESS 38495 L'ANSE CREUSE RD HARRISON TWP, MI 48045 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 425
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME MANISTEE HS GRANTEE ADDRESS 550 MAPLE ST MANISTEE, MI 49660 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME MILAN HS GRANTEE ADDRESS 200 BIG BEND DR MILAN, MI 48160 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 425

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FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME NEIL E REID HS GRANTEE ADDRESS 37701 HARPER AVE CLINTON TWP, MI 48036 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME OVID-ELSIE HS GRANTEE ADDRESS 8989 E COLONY RD ELSIE, MI 48831 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME PARCHMENT HS GRANTEE ADDRESS 1916 E G AVE YALE, MI 49004 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SHUMATE MIDDLE SCHOOL GRANTEE ADDRESS 30448 W JEFFERSON AVE GIBRALTAR, MI 48173 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 650
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SWAN VALLEY MIDDLE SCHOOL GRANTEE ADDRESS 8400 OHERN RD SAGINAW, MI 48609 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME UNIVERSITY HS ACADEMY GRANTEE ADDRESS 1244 PAXTON RD FERNDALE, MI 48220 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WHITEFORD MIDDLE SCHOOL GRANTEE ADDRESS 6655 CONSEAR RD OTTAWA RD, MI 49267 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME YALE HS GRANTEE ADDRESS 198 SCHOOL DR YALE, MI 48097 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ALGONAC COMMUNITY SCHOOLS GRANTEE ADDRESS 1216 ST CLAIR BLVD ALGONAC, MI 48001 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ALLENDALE PUBLIC SCHOOLS GRANTEE ADDRESS 10505 LEARNING LANE ALLENDALE, MI 49401 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME BEECHER COMMUNITY SCHOOLS GRANTEE ADDRESS 1020 W COLDWATER RD FLINT , MI 48505 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME CLINTON COMMUNITY SCHOOLS GRANTEE ADDRESS 341 E MICHIGAN AVE CLINTON TWP, MI 49236 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME CLINTONDALE COMMUNITY SCHOOLS GRANTEE ADDRESS 35100 LITTLE MACK RD CLINTON TWP, MI 48035 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME CRESTWOOD PUBLIC SCHOOLS GRANTEE ADDRESS 1501 N BEECH DALY RD DEARBORN HEIGHTS, MI 48127 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME CROSWELL-LEXINGTON GRANTEE ADDRESS 5407 E PECK RD CROSWELL, MI 48422 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME DOLLAR BAY - TAMARACK CITY SCHOOLS GRANTEE ADDRESS 48475 MAPLE DR DOLLAR BAY, MI 49922 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME EATON RESA GRANTEE ADDRESS 1790 E PACKARD HWY CHARLOTTE, MI 48813 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME FOWLerville COMMUNITY SCHOOLS GRANTEE ADDRESS 7677 SHARPE RD , SUITE A FOWLerville, MI 48336 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400

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FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME GENESEE ISD GRANTEE ADDRESS 2413 W MAPLE AVE FLINT, MI 48507 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME HARTLAND CONSOLIDATED SCHOOLS GRANTEE ADDRESS 9525 E HIGHLAND RD HOWELL, MI 48843 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MARION PUBLIC SCHOOLS GRANTEE ADDRESS 2213 TWENTY MILE RD MARION, MI 49665 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MASON CONSOLIDATED SCHOOLS GRANTEE ADDRESS 2400 MASON EAGLES DR ERIE, MI 48133 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME NEWAYGO PUBLIC SCHOOLS GRANTEE ADDRESS 360 S MILL ST NEWAYGO, MI 49337 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME OXFORD COMMUNITY SCHOOLS GRANTEE ADDRESS 105 PONTIAC ST OXFORD, MI 48371 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ROMULUS COMMUNITY SCHOOLS GRANTEE ADDRESS 36540 GRAND RD ROMULUS, MI 48174 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME SALINE AREA SCHOOLS GRANTEE ADDRESS 7265 SALINE-ANN ARBOR RD SALINE, MI 48176 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME SWAN VALLEY SCHOOL DISTRICT GRANTEE ADDRESS 8380 OHERN RD SAGINAW, MI 48609 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WAYNE RESA GRANTEE ADDRESS 33500 VAN BORN RD WAYNE, MI 48184 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WAYNE-WESTLAND COMMUNITY SCHOOLS GRANTEE ADDRESS 36745 MARQUETTE ST WESTLAND, MI 48185 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME YALE PUBLIC SCHOOLS GRANTEE ADDRESS 198 SCHOOL DR YALE, MI 48097 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GENESEE EARLY COLLEGE GRANTEE ADDRESS 509 HARRISON ST #3102 FLINT TWP, MI 48502 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,200 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 36,045
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ACCOUNTING FEES AMOUNT 1,050 DESCRIPTION GENERAL INSURANCE AMOUNT 388 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 20 DESCRIPTION DONOR PERFECT SOFTWARE AMOUNT 1,932 DESCRIPTION INVESTMENT FEES AMOUNT 765 DESCRIPTION POSTAGE AMOUNT 198 DESCRIPTION MISCELLANEOUS FUNDRAISING AMOUNT 1,395 TOTAL TO FORM 990-EZ, LINE 16 5,748
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION NET UNREALIZED GAIN(LOSS) AMOUNT 10,022
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,650 END OF YEAR AMOUNT 6,865 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,560 END OF YEAR AMOUNT 1,587 DESCRIPTION OTHER INVESTMENTS BEG OF YEAR AMOUNT 151,530 END OF YEAR AMOUNT 165,676
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 90 END OF YEAR AMOUNT 0

TY 2013 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.