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Form 990-EZ

## 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 foundations)

2014

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization SET-SEG EDUCATIONAL FOUNDATION	D Employer identification number 20-2553272
Number and street (or P O box, if mail is not delivered to street address) 415 WEST KALAMAZOO ST	E Telephone number (800) 292-5421
City or town, state or province, country, and ZIP or foreign postal code LANSING, MI 48933	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](http://WWW.SETSEG.ORG)J Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527K 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 ► \$ 93,203

## 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 88,366
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 4,837
	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 93,203
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 61,125
	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 25,563
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 86,688
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 6,515
	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) . . . . .	19 225,702
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 -693
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 231,524

**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 . . . . .	51,574	22	59,370
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	174,128	24	172,154
<b>25 Total assets</b> . . . . .	225,702	<b>25</b>	231,524
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	225,702	<b>27</b>	231,524

**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 \$ 61,125)

If this amount includes foreign grants, check here **28a** 61,125**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** 61,125**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) ( <b>if not paid, enter -0-</b> )	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LISA TRUSCOTT EXECUTIVE DIRECTOR	2 00	0	0	0
JAN AMSTERBURG CHAIRMAN	1 00	0	0	0
JOHN RUDDELL 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
WENDY ZDEB-ROPER SECRETARY TREASURER	1 00	0	0	0
PETER SPADAFORE TRUSTEE	1 00	0	0	0

**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		No
34		No
35a		No
35b		
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		No
40c	0	
40d	0	
40e		No
41	MI	
42a	AMY MANEVAL	Telephone no (800) 292-5421
	Located at 415 WEST KALAMAZOO ST LANSING, MI	ZIP + 4 48933
42b		No
42c		No
43		<input checked="" type="checkbox"/>
43	43	
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

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)

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)?

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

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

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

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?

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?

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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 **42b** No

If "Yes," enter the name of the foreign country **42c** No

See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**

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 **43**

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**

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? If "Yes," Form 990 must be completed instead of Form 990-EZ **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? If "No," provide an explanation in Schedule O **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**

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b>		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

**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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>		No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>48</b>		No

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49a</b>		No

**b** If "Yes," was the related organization a section 527 organization?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>49b</b>		

**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

**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.

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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.

<b>Sign Here</b>	***** Signature of officer LISA TRUSCOTT EXECUTIVE DIRECTOR Type or print name and title	2015-05-13 Date
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<b>Paid Preparer Use Only</b>	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 <input type="checkbox"/> PLANTE & MORAN PLLC	Firm's EIN <input type="checkbox"/> 38-1357951			
	Firm's address <input type="checkbox"/> 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)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**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 33 1/3% 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 33 1/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s)

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	50,130	41,207	42,619	43,931	88,366	266,253
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 <b>Total.</b> Add lines 1 through 3	50,130	41,207	42,619	43,931	88,366	266,253
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)						122,620
6 <b>Public support.</b> Subtract line 5 from line 4						143,633

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	50,130	41,207	42,619	43,931	88,366	266,253
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,498	-352	1,513	4,677	4,837	13,173
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 VI )						
11 <b>Total support</b> Add lines 7 through 10						279,426
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	51 400 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	59 310 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support test—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

**Part III Support 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

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

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

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		
3b		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

**Section D - Distributions**

	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . .			
<b>b</b> From 2010. . . . .			
<b>c</b> From 2011. . . . .			
<b>d</b> From 2012. . . . .			
<b>e</b> From 2013. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . .			
<b>b</b> From 2011. . . . .			
<b>c</b> From 2012. . . . .			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

2014

Open to Public  
Inspection**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization SET-SEG EDUCATIONAL FOUNDATION	Employer identification number 20-2553272
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**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST ON SAVINGS AMOUNT 4,837
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME OVID-ELSIE HS GRANTEE AD DRESS 8989 E COLONY RD ELSIE, MI 48831 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTIO N SCHOLARSHIP AMOUNT GIVEN 1,125
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME THEODORE ROOSEVELT HS GR ANTEE ADDRESS 540 EUREKA ROAD WYANDOTTE, MI 48192 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SPRINGPORT HS GRANTEE AD DRESS 300 WEST MAIN ST SPRINGPORT, MI 49284 GRANTEE RELATIONSHIP MEMBER PROPERTY DESC RIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ITHACA HS GRANTEE ADDRES S 710 UNION ST ITHACA, MI 48847 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCH OLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME CHEBOYGAN HS GRANTEE ADD RESS 801 WEST LINCOLN AVENUE CHEBOYGAN, MI 49721 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME BUCHANAN HS GRANTEE ADDR ESS 401 WEST CHICAGO ST BUCHANAN, MI 49107 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ALLEN PARK HS GRANTEE AD DRESS 18401 CHAMPAIGN RD ALLEN PARK, MI 48101 GRANTEE RELATIONSHIP MEMBER PROPERTY DES CRIPTION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ATHENS HS GRANTEE ADDRES S 4333 JOHN RD TROY, MI 48085 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLA RSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME OWOSSO HS GRANTEE ADDRES S 765 EAST NORTH ST OWOSSO, MI 48867 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GROSS POINTE SOUTH HS GR ANTEE ADDRESS 11 GROSS POINTE BOULEVARD GROSSE POINTE FARMS, MI 48236 GRANTEE RELATIONSH IP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME OXFORD HS GRANTEE ADDRES S 745 NORTH OXFORD OXFORD, MI 48371 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME MILLINGTON HS GRANTEE AD DRESS 8780 DEAN DR MILLINGTON, MI 48746 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SOUTHFIELD LATHRUP HS GR ANTEE ADDRESS 19301 TWELVE MILE RD SOUTHFIELD, MI 48076 GRANTEE RELATIONSHIP MEMBER PRO PERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME YALE HS GRANTEE ADDRESS 247 SCHOOL DRIVE YALE, MI 48097 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCH OLARSHIP AMOUNT GIVEN 1,875
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME IMLAY CITY HS GRANTEE AD DRESS 1001 NORLIN DR IMLAY CITY, MI 48444 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
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 DETROIT, MI 48021 GRANTEE RELATIONSHIP MEMBER PROPERT Y DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME NORTH HURON HS GRANTEE A DDRESS 21 WEST KINDE ROAD KINDE, MI 48445 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME LIVONIA STEVENSON HS GRA NTEE ADDRESS 33500 SIX MILE ROAD LIVONIA, MI 48152 GRANTEE RELATIONSHIP MEMBER PROPERT Y DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,125
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME SOUTHFIELD HS GRANTEE AD DRESS 24675 LAHSER RD SOUTHFIELD, MI 48075 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME L'ANSE CREUSE HIGH SCHOOL GRANTEE ADDRESS 23700 21 MILE RD MACOMB, MI 48042 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME PINCKNEY HS GRANTEE ADDR ESS 10255 DEXTER-PINCKNEY RD PINCKNEY, MI 48169 GRANTEE RELATIONSHIP MEMBER PROPERTY D ESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ROSCOMMON HS GRANTEE ADD RESS 10600 OAKWOOD DR ROSCOMMON, MI 48653 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME STANDISH STERLING CENTRAL HS GRANTEE ADDRESS 2401 GROVE STREET RD STANDISH, MI 48658 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GRAND LEDGE HS GRANTEE A DDRESS 220 LAMSON ST GRAND LEDGE, MI 48837 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRI PTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HOLLY HS GRANTEE ADDRESS 6161 EAST HOLLY RD HOLLY, MI 48442 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,125
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME RIVERVIEW HS GRANTEE ADD RESS 13425 COLVIN ST RIVERVIEW, MI 48193 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME ALLENDALE PUBLIC SCHO OLS GRANTEE ADDRESS 10760 68TH AVENUE ALLENDALE, MI 49401 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME BLISSFIELD COMMUNITY SCHOOLS GRANTEE ADDRESS 630 SOUTH LANE ST BLISSFIELD, MI 49228 GRANTEE RELATIONSHIP ME MBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME BRANDON SCHOOL DISTRI CT GRANTEE ADDRESS 1025 SOUTH ORTONVILLE ROAD ORTONVILLE, MI 48462 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME CLARE PUBLIC SCHOOLS GRANTEE ADDRESS 306 SCHOOLCREST AVENUE CLARE, MI 48617 GRANTEE RELATIONSHIP MEMBER PR OPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME DEARBORN PUBLIC SCHOO LS GRANTEE ADDRESS 19501 W OUTER DR DEARBORN, MI 48124 GRANTEE RELATIONSHIP MEMBER P ROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME FARWELL AREA SCHOOLS GRANTEE ADDRESS 500 OHIO ST FARWELL, MI 48622 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME FRANKENMUTH SCHOOL DI STRICT GRANTEE ADDRESS 525 EAST GENESEE ST FRANKENMUTH, MI 48734 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME GRAND BLANC SCHOOLS GRANTEE ADDRESS 12500 HOLLY ROAD GRAND BLANC, MI 48439 GRANTEE RELATIONSHIP MEMBER PRO PERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME LAKE ORION COMMUNITY SCHOOLS GRANTEE ADDRESS 495 EAST SCRIPPS ROAD LAKE ORION, MI 48360 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 3,600
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME LAPEER COMMUNITY SCHO OLS GRANTEE ADDRESS 933 SOUTH SAGINAW ST LAPEER, MI 48446 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MACOMB ISD GRANTEE A DDRESS 44001 GARFIELD RD CHARTER TOWNSHIP OF CLINTON, MI 48038 GRANTEE RELATIONSHIP MEM BER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MARQUETTE AREA PUBLIC SCHOOLS GRANTEE ADDRESS 1203 WEST FAIR AVENUE MARQUETTE, MI 49855 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME MIDLAND PUBLIC SCHOOL S GRANTEE ADDRESS 1301 EASTLAWN DR MIDLAND, MI 48642 GRANTEE RELATIONSHIP MEMBER PROP ERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME NEW HAVEN COMMUNITY S CHOOLS GRANTEE ADDRESS 57700 GRATIOT AVE NEW HAVEN, MI 48048 GRANTEE RELATIONSHIP MEMB ER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME NOVI COMMUNITY SCHOOL S GRANTEE ADDRESS 25345 TAFT RD NOVI, MI 48374 GRANTEE RELATIONSHIP MEMBER PROPERTY D ESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME OXFORD COMMUNITY SCHO OLS GRANTEE ADDRESS 10 N WASHINGTON ST OXFORD, MI 48371 GRANTEE RELATIONSHIP MEMBER P ROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME PEWAMO-WESTPHALIA COM MUNITY SCHOOLS GRANTEE ADDRESS 5101 CLINTONIA RD WESTPHALIA, MI 48894 GRANTEE RELATIONS HIP MEMBER PROPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EDUCATION EXCELLENCE WINNERS GRANTEE NAME WARREN CONSOLIDATED S CHOOLS GRANTEE ADDRESS 31300 ANITA DR WARREN, MI 48093 GRANTEE RELATIONSHIP MEMBER PR OPERTY DESCRIPTION AWARD AMOUNT GIVEN 1,800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME BOYNE FALLS HS GRANTEE A DDRESS 01662 M-75 SOUTH BOYNE FALLS, MI 49713 GRANTEE RELATIONSHIP MEMBER PROPERTY DES CRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME JOHN GLENN HS GRANTEE AD DRESS 36105 MARQUETTE ST WESTLAND, MI 48185 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCR IPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME LAKE ORION HS GRANTEE AD DRESS 495 EAST SCRIPPS ROAD LAKE ORION, MI 48360 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME CANTON HS GRANTEE ADDRES S 8415 NORTH CANTON CENTER RD CANTON, MI 48187 GRANTEE RELATIONSHIP MEMBER PROPERTY DE SCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,125
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME TROY HS GRANTEE ADDRESS 4777 NORTHFIELD PARKWAY TROY, MI 48098 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTIO N SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME EATON RAPIDS HS GRANTEE ADDRESS 800 STATE ST EATON RAPIDS, MI 48827 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCR IPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME HOWELL HS GRANTEE ADDRES S 1200 WEST GRAND RIVER AVENUE HOWELL, MI 48843 GRANTEE RELATIONSHIP MEMBER PROPERTY D ESCRIPTION SCHOLARSHIP AMOUNT GIVEN 1,125
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME FRASER HS GRANTEE ADDRES S 34270 GARFIELD RD FRASER, MI 48026 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME LIVONIA FRANKLIN HS GRAN TEE ADDRESS 31000 JOY ROAD LIVONIA, MI 48150 GRANTEE RELATIONSHIP MEMBER PROPERTY DESC RIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME ROCHESTER HS GRANTEE ADD RESS 180 S LIVERNOIS RD ROCHESTER HILLS, MI 48307 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WHITEFORD AGRICULTURAL SC HOOL GRANTEE ADDRESS 6655 CONSEAR RD WHITEFORD, MI 24697 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WATERFORD KETTERING HS G RANTEE ADDRESS 2800 KETTERING DR WATER CHARTER TOWNSHIP, MI 48329 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME GREENVILLE HS GRANTEE AD DRESS 111 N HILLCREST ST GREENVILLE, MI 48838 GRANTEE RELATIONSHIP MEMBER PROPERTY DES CRIPTION SCHOLARSHIP AMOUNT GIVEN 375

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WARREN MOTT HS GRANTEE A ADDRESS 3131 12 MILE RD WARREN, MI 48092 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTI ON SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WEST BLOOMFIELD HS GRANT EE ADDRESS 4925 ORCHARD LAKE RD BLOOMFIELD TOWNSHIP, MI 48323 GRANTEE RELATIONSHIP MEMB ER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME WOLVERINE HS GRANTEE ADD RESS 5767 BALLARD ST WOLVERINE, MI 49799 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPT ION SCHOLARSHIP AMOUNT GIVEN 375
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MASSP LEADERSHIP PROGRAM GRANTEE NAME DAKOTA HS GRANTEE ADDRES S 21051 21 MILE RD MACOMB, MI 48044 GRANTEE RELATIONSHIP MEMBER PROPERTY DESCRIPTION SCHOLARSHIP AMOUNT GIVEN 375 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 61,125
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ACCOUNTING FEES AMOUNT 1,100 DESCRIPTION GENERAL INSURANCE AMOUNT 420 DESCRIPTION DONOR PERFECT SOFTWARE AMOUNT 1,932 DESCRIPTION INVESTMENT FEES AMOUNT 698 DESCRIPTION POSTAGE AMOUNT 221 DESCRIPTION EDUCATION EXCELLENCE PROGRAM AMOUNT 21,000 DESCRIPTION TRUSTEE EXPENSES AMOUNT 192 TOTAL TO FORM 990-EZ, LINE 16 25,563
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION NET UNREALIZED GAIN(LOSS) AMOUNT -693
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 6,865 END OF YEAR AMOUNT 1,300 D ESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,587 END OF YEAR AMOUNT 1,501 DESCRIPTI ON OTHER INVESTMENTS BEG OF YEAR AMOUNT 165,676 END OF YEAR AMOUNT 169,353

## TY 2014 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.