

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)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization VERMONT COUNCIL OF SPECIAL EDUCATION ADMINISTRATORS INC	D Employer identification number 03-0369452
Number and street (or P O box, if mail is not delivered to street address) 2 PROSPECT STREET STE 5	E Telephone number (802) 595-5799
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.VCSEA.NET**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ► (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 ► \$ 182,113**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	18,360
	2 Program service revenue including government fees and contracts	2	111,942
	3 Membership dues and assessments	3	51,660
	4 Investment income	4	1
	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	150
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	182,113
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	67,251
	13 Professional fees and other payments to independent contractors	13	11,190
	14 Occupancy, rent, utilities, and maintenance	14	6,633
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	66,566
	17 Total expenses. Add lines 10 through 16 ►	17	151,640
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,473
	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	80,686
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	111,159

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	37a	
b	37b	No
38a		No
b	38b	
39		
a	39a	
b	39b	
40a		
section 4911		
section 4912		
section 4955		
b	40b	No
c		
d		
e	40e	No
41		
42a		
Telephone no	(802) 595-5799	
Located at	2 PROSPECT ST SUITE 5 MONTPELIER, VT	ZIP + 4 05602
b		
If "Yes," enter the name of the foreign country		
42b		No
42c		No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c		
If "Yes," enter the name of the foreign country		
43		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a		
44b		No
44c		No
44d		
45a		No
45b		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

	Yes	No
46		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		
48		
49a		
49b		

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

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

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

b 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

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

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.

Sign Here	***** Signature of officer DONARAE DAWSON PRESIDENT Type or print name and title	2016-09-15 Date
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Paid Preparer Use Only	Print/Type preparer's name JEFFREY M MORIN CPA	Preparer's signature	Date 2016-10-20	Check <input type="checkbox"/> if self-employed	PTIN P00162147
	Firm's name ► JMM & ASSOCIATES PC			Firm's EIN ► 03-0280081	
	Firm's address ► 336 WATER TOWER CIR STE 801 COLCHESTER, VT 05446			Phone no (802) 655-5665	

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:
Software Version:

EIN: 03-0369452

Name: VERNMONT COUNCIL OF SPECIAL
EDUCATION ADMINISTRATORS INC

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DONARAE DAWSON PRESIDENT	2 00	0		
MEAGAN ROY PRESIDENT EL	2 00	0		
JULIE REGIMBAL TREASURER	2 00	0		
ANDREA WASSON SECRETARY	2 00	0		
ERIN MAGUIRE DIR /PAST PR	2 00	0		
MARY LUNDEEN DIRECTOR	2 00	0		
DEB MATTHEWS DIRECTOR	2 00	0		
MARY BARTON DIRECTOR	2 00	0		
SHIRLEY CARLSON DIRECTOR	2 00	0		
JOANNE GODEK DIRECTOR	2 00	0		
JESSICA LITTLE DIRECTOR	2 00	0		
VICKI WELLS DIRECTOR	2 00	0		
JO-ANNE UNRUH EXECUTIVE DI	40 00	41,562		

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.****2015****Open to Public
Inspection**Name of the organization
VERMONT COUNCIL OF SPECIAL
EDUCATION ADMINISTRATORS INC**Employer identification number**

03-0369452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	REFUNDS AND OTHER OVERPAYMENT 150 TOTAL 150
FORM 990-EZ, PART I, LINE 16	EXPENSES BOARD MEETING MEALS 1,412 BOARD MEETING MILEAGE 808 INSURANCE 4,019 AWARDS 448 CA SE EXPENSES 1,200 PROFESSIONAL DEVELOPMENT 210 CONFERENCE EXPENSES 50,309 GIFTS (SYMPATHY, GET WELL 64 OFFICE EXPENSES 3,580 SCHOLARSHIP FUND 3,862 MISCELLANEOUS EXPENSE 654 TOTAL 66,566
FORM 990-EZ, PART III	BUILD INFLUENCE IN EDUCATION POLICY ON INSTRUCTION AND PROGRAMMING TO IMPROVE OUTCOMES FOR STUDENTS WITH DISABILITIES BUILD VCSEA INFLUENCE IN EDUCATION POLICY FOCUSED ON SPECIAL EDUCATION FINANCE TO IMPROVE OUTCOMES FOR STUDENTS WITH DISABILITIES MAXIMIZE VCSEA SUPPO RT AND SUSTAINABILITY OF ITS MEMBERSHIP AND PROVIDE PROFESSIONAL DEVELOPMENT AND NETWORKIN G OPPORTUNITIES WHILE PROMOTING THE POSITIVE ASPECTS OF SPECIAL EDUCATION ADMINISTRATION