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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 black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☒ Application pending**C** Name of organizationVERMONT COUNCIL OF SPECIAL
EDUCATION ADMINISTRATORS, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

2 PROSPECT STREET

Room/suite

5

City or town, state or country, and ZIP + 4

MONTPELIER

VT 05602

D Employer identification number

03-0369452

E Telephone number

802-595-5799

F Group Exemption

Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► WWW.VCSEA.NET**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

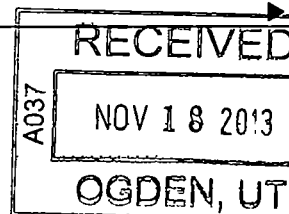
► \$ 98,968

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	
	2	Program service revenue including government fees and contracts	2	63,995
	3	Membership dues and assessments	3	33,258
	4	Investment income	4	5
	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	1,710
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	98,968
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	41,721
	13	Professional fees and other payments to independent contractors	13	7,609
	14	Occupancy, rent, utilities, and maintenance	14	5,655
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	53,684
	17	Total expenses. Add lines 10 through 16	17	108,669
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,701
	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	29,001
	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	19,300



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	29,001	22	19,300
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	29,001	25	19,300
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,001	27	19,300

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?

SEE SCHEDULE O

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 MEMBERSHIP AND PROFESSIONAL DEVELOPMENT.

 29 (Grants \$) If this amount includes foreign grants, check here ☐ 28a 108,669

 30 (Grants \$) If this amount includes foreign grants, check here ☐ 29a

 31 (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) ☐ 32 108,669
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
ERIN MAGUIRE PRESIDENT	2.00	0	0	0
KIM MAGNUSON DIRECTOR	2.00	0	0	0
DEB MATTHEWS DIRECTOR	2.00	0	0	0
VICKI WELLS DIRECTOR	2.00	0	0	0
JOANNE LEBLANC DIRECTOR	2.00	0	0	0
KELLY BUSHEY SECRETARY	2.00	0	0	0
BETH HEMINGWAY TREASURER	2.00	0	0	0
CAROL GEERY DIRECTOR	2.00	0	0	0
MARY BARTON DIRECTOR	2.00	0	0	0
JOANNE GODEK DIRECTOR	2.00	0	0	0
JO-ANNE UNRUH EXECUTIVE DIRECTOR	20.00	13,000	0	0
DONARAE DAWSON DIRECTOR	2.00	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 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		X
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)		X
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)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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		X
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 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>BETH HEMINGWAY</u> Telephone no ▶ <u>802-595-5799</u> 2 PROSPECT ST, SUITE 5 Located at ▶ <u>MONTPELIER</u> VT ZIP + 4 ▶ <u>05602</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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 ▶ _____		X
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 ▶ <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		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		X

- 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		X

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

	Yes	No
47		
48		
49a		
49b		

- 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 paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign
Here

Signature of officer

ERIN MAGUIRE

Type or print name and title

BOARD PRESIDENT

Date

11/14/13

Paid
Preparer
Use Only

Print/Type preparer's name

JEFFREY M. MORIN, CPA

Preparer's signature

Jeffrey M. Morin

Date

11/8/13

Check ☐ if self-employed

PTIN

P00162147

Firm's name ▶

JMM & ASSOCIATES, INC.

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 ▶ ☒ Yes ☐ No

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.

OMB No 1545-0047

2012**Open to Public
Inspection**

Name of the organization

VERMONT COUNCIL OF SPECIAL
EDUCATION ADMINISTRATORS, INC.

Employer identification number

03-0369452

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
MISCELLANEOUS REVENUE	\$ 1,710
TOTAL	\$ 1,710

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE EXPENSES	\$ 6,111
TRAVEL	\$ 354
CONFERENCE EXPENSES	\$ 33,758
INSURANCE	\$ 466
BOARD EXPENSES	\$ 9,504
MISCELLANEOUS EXPENSES	\$ 89
AWARDS	\$ 1,426
PROFESSIONAL DEVELOPMENT	\$ 1,976
TOTAL	\$ 53,684

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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 SUPPORT AND SUSTAINABILITY OF ITS MEMBERSHIP AND PROVIDE
PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES WHILE PROMOTING THE

Schedule O (Form 990 or 990-EZ) (2012)

Page **2**

Name of the organization

VERMONT COUNCIL OF SPECIAL

Employer identification number

03-0369452

POSITIVE ASPECTS OF SPECIAL EDUCATION ADMINISTRATION.