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Form 990

Department of the Treasury
Internal Revenue Service

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)

OMB No 1545-0047

2009

Open to Public
Inspection

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

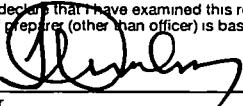
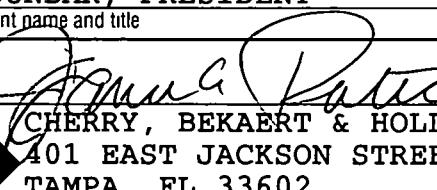
A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4912 CREEKSIDE DRIVE City or town, state or country, and ZIP + 4 CLEARWATER, FL 33760-4019	D Employer identification number 59-3705979
		E Telephone number 727-894-4489
		G Gross receipts \$ 5,116,184.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		H(c) Group exemption number ►
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► WWW.SNTCENTER.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: 2000 M State of legal domicile: FL

Part I Summary

Activities & Governance DEC 07 2010	1 Briefly describe the organization's mission or most significant activities: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC. (THE CENTER) PROVIDES SPECIALIZED
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 4
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1
	5 Total number of employees (Part V, line 2a) 5 49
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,590,320. 1,761,517.
	9 Program service revenue (Part VIII, line 2g) 2,848,629. 3,110,839.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 127,679. 189,225.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <12,092. 9,322.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,554,536. 5,070,903.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 771,910. 1,248,838.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 1,081,455. 1,322,423.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,081,455. 1,322,423.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 2,434,564. 2,511,239.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24) 4,287,929. 5,082,500.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,266,607. <11,597.
Expenses	19 Revenue less expenses Subtract line 18 from line 12 20 OGDEN, UT
	20 Total assets (Part X, line 16) 4,966,479. 4,592,649.
	21 Total liabilities (Part X, line 26) 29,086. 70,372.
	22 Net assets or fund balances Subtract line 21 from line 20 4,937,393. 4,522,277.
Net Assets or Fund Balances	Prior Year 20 Current Year OGDEN, UT
	Beginning of Current Year IRS-OSC End of Year

Part II Signature Block

Sign Here	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		
			
	Date 11/11/10		
► Signature of officer 11/11/10			
► TED DUNBAR, PRESIDENT			
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 11-11-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CHERRY, BEKAERT & HOLLAND, L.L.P. 401 EAST JACKSON STREET, SUITE 3400 TAMPA, FL 33602	EIN ►	Preparer's identifying number (see instructions)
		Phone no. ► 813.251.1010	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

TO OFFER SPECIALIZED ADMINISTRATIVE SERVICES FOR IMPOVERISHED PEOPLE
WITH DISABILITIES WHO HAVE SPECIAL NEEDS TRUSTS FOR THE PURPOSE OF
IMPROVING THEIR QUALITY OF LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,641,587. including grants of \$ 1,248,838.) (Revenue \$ 3,114,550.)
PROVIDING SPECIALIZED ADMINISTRATIVE SERVICES FOR IMPOVERISHED PEOPLE
WITH DISABILITIES WHO HAVE SPECIAL NEEDS TRUSTS FOR THE PURPOSE OF
IMPROVING THEIR QUALITY OF LIFE. FOR 2009, THE CENTER ACCEPTED 226 NEW
TRUSTS AND NOW HAS APPROXIMATELY 1,700 TRUSTS UNDER ADMINISTRATION.

4b (Code: _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,641,587 including grants of \$ 0) (Revenue \$ 0)

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ADMINISTRATION, INC.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
● Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
● Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
● Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
24b		24b	
24c		24c	
24d		24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	X
28b		28b	X
28c		28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	243
1b		1b	0
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	
4a	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)?	4a	X
b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	4
1b	Enter the number of voting members that are independent	1b	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► <u>TED DUNBAR - 727-894-4489</u>
	<u>4912 CREEKSIDE DRIVE, CLEARWATER, FL 33760</u>

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) **1** (B) **2** (C) **3** (D) **4** (E) **5**

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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

303,956.

0

0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

4 x

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

5 x

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
JOHN STAUNTON, P.A., 3000 GULF TO BAY BLVD, STE 102, CLEARWATER, FL 33759	LEGAL COMPLIANCE & CONSULTATION	999,071.
AUSTIN COLBY COMPANY, INC. 4912 CREEKSIDE DRIVE, CLEARWATER, FL 33760	LIFE PLANNING, ADMINISTRATIVE & ADV	433,139.

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 1,761,517. 1,761,517. ► 1,761,517.			
Program Service Revenue	2 a TRUST ADMINISTRATION b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 900099 3,110,839. 3,110,839. ► 3,110,839.			
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► 11 a MISCELLANEOUS REVENUE b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	(i) Real 47,509. 41,898. 5,611. ► 5,611. (i) Securities 3,383. <3,383.> ► <3,383.> ► <3,383.>	192,608. 192,608. 5,611. 5,611. ► <3,383.> <3,383.>		
Other Revenue		Miscellaneous Revenue Business Code 900099 3,711. 3,711. ► 3,711. ► 3,711. 5,070,903. 3,114,550. 0. 194,836.			

**THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.**

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,227,185.	1,227,185.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,653.	21,653.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,180,211.	1,032,685.	147,526.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	56,234.	49,205.	7,029.	
10 Payroll taxes	85,978.	75,231.	10,747.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,609.		48,609.	
g Other	1,606,431.	1,589,538.	16,893.	
12 Advertising and promotion	140,647.	140,647.		
13 Office expenses	294,575.	241,061.	53,514.	
14 Information technology	4,654.	4,654.		
15 Royalties				
16 Occupancy	105,698.		105,698.	
17 Travel	207,607.	207,607.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,269.	23,269.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,014.			
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEMBERSHIPS, DUES & SUB	26,190.	7,685.	18,505.	
b CONSULTING	19,775.	11,865.	7,910.	
c BAD DEBTS	4,935.		4,935.	
d BENEFICIARY SPECIAL SER	2,284.	2,284.		
e EDUCATION	1,281.		1,281.	
f All other expenses	11,270.	7,018.	4,252.	
25 Total functional expenses. Add lines 1 through 24f	5,082,500.	4,641,587.	426,899.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	66,121.	1	56,857.
	2 Savings and temporary cash investments	220,687.	2	239,004.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	61,674.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,483,219.		
	b Less: accumulated depreciation	10b 131,825.	10c 2,328,657.	1,351,394.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,670,010.	12	2,218,365.
	13 Investments - program-related. See Part IV, line 11	681,004.	13	665,355.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,966,479.	16	4,592,649.
Liabilities	17 Accounts payable and accrued expenses		17	40,372.
	18 Grants payable		18	
	19 Deferred revenue		19	30,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22 29,086.		
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	26 29,086.		70,372.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	4,937,393.	32	4,522,277.
	33 Total net assets or fund balances	4,937,393.	33	4,522,277.
	34 Total liabilities and net assets/fund balances	4,966,479.	34	4,592,649.

Form 990 (2009)

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

Form 990 (2009)

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Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

Name of the organization	THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.	Employer identification number
		59-3705979

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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> 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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

I HAVE

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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 section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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	►	<input type="checkbox"/>
b 33 1/3% support test - 2008. 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	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. 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	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

THE CENTER FOR SPECIAL NEEDS TRUST

Schedule A (Form 990 or 990-EZ) 2009 **ADMINISTRATION, INC.**

59-3705979 Page 3

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1426789.	1248663.	1710747.	2590320.	1761517.	8738036.
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	1280972.	1766725.	3214104.	2848189.	3110839.	12220829.
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	2707761.	3015388.	4924851.	5438509.	4872356.	20958865.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	1080716.	533,044.	18,945.	4,611.		1637316.
c Add lines 7a and 7b	1080716.	533,044.	18,945.	4,611.		1637316.
8 Public support (Subtract line 7c from line 6)						19321549.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2707761.	3015388.	4924851.	5438509.	4872356.	20958865.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,808.	83,384.	17,741.	175,346.	240,117.	527,396.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,808.	83,384.	17,741.	175,346.	240,117.	527,396.
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)	2718569.	3098772.	4942592.	5613855.	5112473.	21486261.

14 First five years. 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 **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.93	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	88.63	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.45	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.61	%
19a 33 1/3% support tests - 2009. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support tests - 2008. 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			► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

Schedule D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.** Employer identification number
59-3705979**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

**THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.**

Schedule D (Form 990) 2009

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

	Amount
1c	85,600,491.
1d	24,249,623.
1e	21,551,284.
1f	88,298,830.

Yes No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by

(i) unrelated organizations
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	
3b	

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	681,944.			681,944.
b Buildings	689,000.		83,796.	605,204.
c Leasehold improvements				
d Equipment		112,275.	48,029.	64,246.
e Other				0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				► 1,351,394.

Schedule D (Form 990) 2009

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

Schedule D (Form 990) 2009

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Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
STOCK - SNAP FOR SENIORS	660,000.	COST
STOCK - AMWEST ENTERTAINMENT	657,383.	COST
STOCK - BEACON MTD	500,010.	COST
STOCK - GATOR MEZZANINE FUND	100,305.	COST
METAVATION	23,000.	COST
OTHER SECURITIES	277,667.	COST
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	2,218,365.	
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
LOANS	123,556.	COST
VIALEGAL	304,461.	COST
ANNUITIES	237,338.	COST
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►	665,355.	

Part IX Other Assets. See Form 990 Part X line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

THE CENTER FOR SPECIAL NEEDS TRUST

Schedule D (Form 990) 2009

ADMINISTRATION, INC.

59-3705979 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net). Add lines 4 through 8	9
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: THE ORGANIZATION PROVIDES SPECIAL ADMINISTRATIVE

SERVICES FOR IMPOVERISHED PEOPLE WITH DISABILITIES WHO HAVE SPECIAL NEEDS
TRUSTS FOR THE PURPOSE OF IMPROVING THEIR QUALITY OF LIFE. THESE TRUSTS
ARE ADMINISTERED ACCORDING TO STRICT GUIDELINES UNDER MEDICAID LAW. THE
ORGANIZATION ALSO ADMINISTERS THE INVESTMENT OF THE TRUSTS IN THE BEST
INTERESTS OF THE TRUST BENEFICIARIES.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2009

Open to Public
Inspection

OMB No 1545-0047

Name of the organization **THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Yes

No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			(h) Purpose of grant or assistance
					(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BLVD. ST. LOUIS, MO 63108	23-7102928	501(C)(3)	100,000	0				GENERAL SUPPORT
CEDAR LAKES FOUNDATION 7984 NEW LAGRANGE ROAD LOUISVILLE, KY 40222	61-1093278	501(C)(3)	55,000	0				GENERAL SUPPORT
CENTER FOR GUARDIAN ADVOCACY 309 N PARSONS AVENUE BRANDON, FL 33510	26-1087259	501(C)(3)	10,000	0				GENERAL SUPPORT
COLUMBIA THEOLOGICAL SEMINARY 701 S. COLUMBIA DR. DECATUR, GA 30030	58-0566165	501(C)(3)	15,000	0				GENERAL SUPPORT
COUNCIL ON MENTAL RETARDATION (KY) 1151 SOUTH FOURTH STREET LOUISVILLE, KY 40203	61-0476686	501(C)(3)	50,000	0				GENERAL SUPPORT
COUNTRYSIDE TOUCHDOWN CLUB PO BOX 15225 CLEARWATER, FL 33776	59-2991942	501(C)(3)	15,000	0				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

Part IV, line 22
Yes to Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DISABLED INDIGENT PERSON	1	21,653.	0.		

Comments should be submitted to the information manager.

SCHEDULE I PART I LINE 2: THE ORGANIZATION MONITORS THE USE OF THE FUNDS

IT DONATES TO OTHERS ON AN INFORMAL BASIS. THE LARGER THE DONATION, THE MORE ATTENTION IS GIVEN TO THAT RECIPIENT. THE REVIEWS PERFORMED IN THE PAST HAVE PROVIDED THE ORGANIZATION WITH VALUABLE INFORMATION REGARDING THE NEEDS OF THE RECIPIENTS AND HAD AN IMPACT ON FUTURE PLANNED GIFTS.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

OMB No 1545-0047
2009
 Open to Public
 Inspection

Continuation Sheet for Schedule I (Form 990)
 ▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization **THE CENTER FOR SPECIAL NEEDS TRUST
 ADMINISTRATION, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance or assistance
FLORIDA JUSTICE ASSOCIATION 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-1291221	501(C)(6)	5,000.	0.		GENERAL SUPPORT
GULFCOAST ONCOLOGY FOUNDATION 1201 5TH AVENUE N, STE. 505 ST. PETERSBURG, FL 33705	20-4616813	501(C)(3)	5,000.	0.		GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER MIAMI - 3800 NW 22ND AVENUE - MIAMI, FL 33142	61-0841501	501(C)(3)	5,000.	0.		GENERAL SUPPORT
LAUREN'S FIRST AND GOAL FOUNDATION 689 GATES STREET EASTON, PA 18040	20-1556643	501(C)(3)	152,737.	0.		GENERAL SUPPORT
MISSISSIPPI COLLEGE 200 S. CAPITOL STREET CLINTON, MS 39058	64-0303086	501(C)(3)	17,000.	0.		GENERAL SUPPORT
NATIONAL COLLEGE OF PROBATE JUDGES 300 NEWPORT AVENUE WILLIAMSBURG, VA 23185	36-2856777	501(C)(3)	5,750.	0.		GENERAL SUPPORT
NEW HORIZON ACADEMY 3035 NE JACKSONVILLE ROAD OCALA, FL 34479-3311	01-0706544	501(C)(3)	25,000.	0.		GENERAL SUPPORT
OFFICE OF PUBLIC GUARDIAN INC 2 PILLSBURY STREET, STE 400 CONCORD, NH 3301	16-1652866	501(C)(3)	35,000.	0.		GENERAL SUPPORT

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization **THE CENTER FOR SPECIAL NEEDS TRUST**

ADMINISTRATION, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IFC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED RIVER HUMAN SERVICES FOUNDATION - 2506 35TH AVENUE S. - FARGO, ND 58103	45-0353814	501(C)(3)	8,951.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS ND 2616 SOUTH 26TH STREET GRAND FORKS, ND 58201	45-0355704	501(C)(3)	8,951.	0.			GENERAL SUPPORT
STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST STREET S GULFPORT, FL 33707	59-6135559	501(C)(3)	124,500.	0.			GENERAL SUPPORT
THE FLORIDA BAR FOUNDATION PO BOX 1553 ORLANDO, FL 32802-1553	59-1004604	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE RON CLARK ACADEMY 228 MARGARET ST. ATLANTA, GA 30315	20-3028755	501(C)(3)	9,249.	0.			GENERAL SUPPORT
THERESA ALESSANDRA RUSSO FOUNDATION, INC. - 1600 STEWART AVENUE, SUITE 300 - WESTBURY, NY 11590	11-3126316	501(C)(3)	75,000.	0.			GENERAL SUPPORT
VINNY LECAVALLIER FOUNDATION 1320 FORESTEDGE BLVD OLDSMAR, FL 34677	59-3685490	501(C)(3)	40,000.	0.			GENERAL SUPPORT
SCHIZOPHRENIA FOUNDATION OF KENTUCKY - PO BOX 1927 - LOUISVILLE, KY 40201-1927	31-1020023	501(C)(3)	50,000.	0.			GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

Employer identification number
59-3705979

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$ _____
► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ► \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN STAUNTON, P.A.	PRES (THRU 12.1.09)	999,071.	JOHN STAUNTON		X
BOSTON ASSET MANAGEMENT	VP (THRU 5.20.09),	14,432.	MR. GOVONI,		X
AUSTIN COLBY COMPANY, INC.	VP (THRU 5.20.09),	433,139.	MR. GOVONI,		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2009

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Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization **THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.** Employer identification number **59-3705979**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	266,961.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.Employer identification number
59-3705979**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**ADMINISTRATIVE SERVICES FOR IMPOVERISHED PEOPLE WITH DISABILITIES WHOHAVE SPECIAL NEEDS TRUSTS FOR THE PURPOSE OF IMPROVING THEIR QUALITY OFLIFE. EVERY TRUST MUST BE APPROVED BY THE GOVERNMENT AGENCYADMINISTERING THE TRUST BENEFICIARY'S PUBLIC ASSISTANCE PROGRAM.ALTHOUGH THESE AGENCIES OVERSEE SPECIAL NEEDS TRUSTS, THE CENTERRELIEVES THEM OF THE BURDEN OF DAY-TO-DAY ADMINISTRATION OF THE TRUSTS'FUNDING, COMPLIANCE AND OTHER REQUIREMENTS. THIS IS ACCOMPLISHED BYADMINISTERING THE TRUSTS ACCORDING TO THE STRICT GUIDELINES UNDERMEDICAID LAW AND THE INVESTMENT OF TRUST ASSETS IN THE BEST INTEREST OFTHE TRUST BENEFICIARIES, WHILE DISBURSING FUNDS IN ACCORDANCE WITHMEDICAID PROGRAMS AND RULES, WHICH CAN VARY CONSIDERABLY FROMPROGRAM-TO-PROGRAM AND STATE-TO-STATE. DURING 2009, THE CENTER ACCEPTED226 NEW TRUSTS AND HAD APPROXIMATELY 1,700 TRUSTS UNDER ADMINISTRATIONAT DECEMBER 31, 2009.**FORM 990, PART VI, SECTION A, LINE 2: AS DISCLOSED ON SCHEDULE L, LEO**GOVONI AND BRETT WALRATH ARE OWNERS AND OFFICERS OF BOSTON ASSET MANAGEMENTAND AUSTIN COLBY COMPANY, INC. BOTH OF THESE ORGANIZATIONS PROVIDEDSERVICES TO THE ORGANIZATIONS.**FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH**AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY; THUS NO MEETINGS HELD FORCONTEMPORANEOUS DOCUMENTATION.**FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE PROVIDED**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.

Employer identification number
59-3705979

TO THE BOARD OF DIRECTORS PRIOR TO FILING.

**FORM 990, PART VI, SECTION B, LINE 12C: THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION INC. ("THE CENTER") TAKES ITS RESPONSIBILITY IN THE AREA OF
CONFLICT OF INTEREST SERIOUSLY AND HAS ALWAYS HAD A CONFLICT OF INTEREST
POLICY. THE CORE OF THIS LONG STANDING POLICY, AS WELL AS THE WRITTEN
CONFLICT OF INTEREST POLICY DOCUMENT ("POLICY"), PROVIDES THAT TRANSACTIONS
WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY
IF FULLY DISCLOSED, ARE IN THE BEST INTERESTS OF THE CENTER, AND DONE AT
FAIR MARKET VALUE. IN THE EVENT OF A POTENTIAL CONFLICT, THAT PERSON SHALL
RECUSE THEMSELVES FROM DISCUSSION AND VOTE.**

**FORM 990, PART VI, SECTION B, LINE 15: THE CENTER HAS NOT FORMALIZED OR
DOCUMENTED THE PROCESS. THE BOARD DOES SEEK TO PAY EMPLOYEES COMPETITIVE
WAGES OR THE GOING RATE FOR COMPENSATION BY MAKING COMPARISONS TO WHAT IS
BEING PAID FOR SIMILAR POSITIONS IN ORGANIZATIONS OF SIMILAR SIZE. THE
CENTER IS CURRENTLY DOCUMENTING IN WRITING ITS POLICIES AND PROCEDURES FOR
SETTING COMPENSATION AND EXPECTS TO HAVE IT COMPLETED BY THE END OF
CALENDAR YEAR 2010.**

**FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FINANCIAL
STATEMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.**

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN STAUNTON, P.A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.Employer identification number
59-3705979

PRES (THRU 12.1.09), STAUNTON, IS 100% OWNER AND PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 999071.

(D) DESCRIPTION OF TRANSACTION: JOHN STAUNTON, P.A. PROVIDED LEGAL
COMPLIANCE AND CONSULTATION TO THE ORGANIZATION AS AN INDEPENDENT
CONTRACTOR. ALL TRANSACTIONS WERE CONDUCTED AT ARM'S LENGTH AND VALUED
AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BOSTON ASSET MANAGEMENT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP (THRU 5.20.09), GOVONI AND DIR (THRU 5.20.09), WALRATH ARE PART OWNERS

(C) AMOUNT OF TRANSACTION \$ 14432.

(D) DESCRIPTION OF TRANSACTION: MR. GOVONI, VICE PRESIDENT THROUGH MAY
2009 AND CO-FOUNDER OF THE ORGANIZATION IS PRESIDENT AND 60% OWNER OF
BOSTON ASSET MANAGEMENT, INC. BOSTON ASSET MANAGEMENT PROVIDED INVESTMENT
ADVISORY SERVICES TO THE ORGANIZATION AS AN INDEPENDENT CONTRACTOR. MR.
WALRATH, DIRECTOR OF THE ORGANIZATION THROUGH MAY 2009, IS VICE PRESIDENT
AND 20% OWNER OF BOSTON ASSET MANAGEMENT, INC. ALL TRANSACTIONS WERE
CONDUCTED AT ARM'S LENGTH AND VALUED AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: AUSTIN COLBY COMPANY, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP (THRU 5.20.09), GOVONI AND DIR (THRU 5.20.09), WALRATH ARE PART OWNERS

(C) AMOUNT OF TRANSACTION \$ 433139.

(D) DESCRIPTION OF TRANSACTION: MR. GOVONI, VICE PRESIDENT OF THE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

THE CENTER FOR SPECIAL NEEDS TRUST
ADMINISTRATION, INC.Employer identification number
59-3705979

ORGANIZATION THROUGH MAY 2009, IS VICE PRESIDENT AND 50% OWNER OF AUSTIN COLBY COMPANY. MR. WALRATH, DIRECTOR OF THE ORGANIZATION THROUGH MAY 2009, IS PRESIDENT AND 50% OWNER OF AUSTIN COLBY COMPANY, INC. AUSTIN COLBY COMPANY PROVIDED LIFE PLANNING, ADMINISTRATIVE AND ADVISORY SERVICES TO THE ORGANIZATION AS AN INDEPENDENT CONTRACTOR. ALL TRANSACTIONS WERE CONDUCTED AT ARM'S LENGTH AND VALUED AT FAIR MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART XI, LINE 2A

REVIEW OF FINANCIAL STATEMENTS BY INDEPENDENT ACCOUNTANT
THE ORGANIZATION HAS ENGAGED AN INDEPENDENT ACCOUNTANT TO PERFORM A REVIEW OF THE FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2010. THIS WILL BE PERFORMED CONCURRENTLY WITH THE 990 PREPARATION. HOWEVER, THE REVIEW IS NOT LIKELY TO BE COMPLETED BY THE FILING DATE.

FORM 990, PART I, LINE 4

NUMBER OF INDEPENDENT BOARD MEMBERS

THE CENTER EXPECTS TO ADD ANOTHER INDEPENDENT DIRECTOR BY DECEMBER 31, 2010.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

►

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization THE CENTER FOR SPECIAL NEEDS TRUST	Employer identification number 59-3705979
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 3000 GULF TO BAY BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEARWATER, FL 33759	

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

TED DUNBAR

- The books are in the care of ► **3000 GULF TO BAY BLVD - CLEARWATER, FL 33759**
Telephone No ► **727-797-4000** FAX No ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

►

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year **2009** or

► tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization THE CENTER FOR SPECIAL NEEDS TRUST		Employer identification number 59-3705979
	Number, street, and room or suite no. If a P O box, see instructions 3000 GULF TO BAY BLVD		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEARWATER, FL 33759		

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

TED DUNBAR

- The books are in the care of ► **3000 GULF TO BAY BLVD - CLEARWATER, FL 33759**

Telephone No ► **727-797-4000** FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **November 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Sophia Gutica Title ► **Accountant**

Date ► **8-12-10**

Form 8868 (Rev. 4-2009)