



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

OMB No 1545-0047

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning and ending

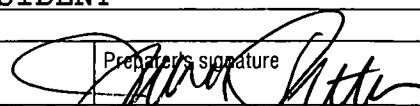
B Check if applicable	C Name of organization <b>THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.</b>		D Employer identification number <b>59-3705979</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>727-894-4489</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>7,497,358.</b>
<input type="checkbox"/> Initial return	4912 CREEKSIDE DRIVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	<b>CLEARWATER, FL 33760-4019</b>		If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending	F Name and address of principal officer. <b>TODD BELISLE</b> <b>SAME AS C ABOVE</b>		H(c) Group exemption number ►
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► <a href="http://WWW.SNTCENTER.ORG">WWW.SNTCENTER.ORG</a>	
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: <b>2000</b> M State of legal domicile: <b>FL</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC. (THE CENTER) PROVIDES SPECIALIZED</b>																																																											
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																											
Revenue	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																																																									
Expenses	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	52																																																									
	6 Total number of volunteers (estimate if necessary)	6	0																																																									
Net Assets or Fund Balances	7a Total 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.																																																									
<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>1,681,037.</td> <td>2,693,464.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>3,253,022.</td> <td>3,507,957.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>78,685.</td> <td>394,389.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>&lt;66,582.►</td> <td>54,449.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>4,946,162.</td> <td>6,650,259.</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-6)</td> <td>910,432.</td> <td>895,228.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>2,086,352.</td> <td>2,129,385.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ►</td> <td>0.</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td>3,145,606.</td> <td>3,391,709.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>6,142,390.</td> <td>6,416,322.</td> </tr> <tr> <td>19 Revenue less expenses Subtract line 18 from line 12</td> <td>&lt;1,196,228.►</td> <td>233,937.</td> </tr> <tr> <td colspan="4"> <table border="1"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>3,509,234.</td> <td>3,681,642.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>57,247.</td> <td>38,670.</td> </tr> <tr> <td>22 Net assets or fund balances Subtract line 21 from line 20</td> <td>3,451,987.</td> <td>3,642,972.</td> </tr> </tbody> </table> </td> </tr> </tbody></table>					Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,681,037.	2,693,464.	9 Program service revenue (Part VIII, line 2g)	3,253,022.	3,507,957.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,685.	394,389.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<66,582.►	54,449.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,946,162.	6,650,259.	13 Grants and similar amounts paid (Part IX, column (A), lines 1-6)	910,432.	895,228.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,086,352.	2,129,385.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ►	0.		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,145,606.	3,391,709.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,142,390.	6,416,322.	19 Revenue less expenses Subtract line 18 from line 12	<1,196,228.►	233,937.	<table border="1"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>3,509,234.</td> <td>3,681,642.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>57,247.</td> <td>38,670.</td> </tr> <tr> <td>22 Net assets or fund balances Subtract line 21 from line 20</td> <td>3,451,987.</td> <td>3,642,972.</td> </tr> </tbody> </table>				Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,509,234.	3,681,642.	21 Total liabilities (Part X, line 26)	57,247.	38,670.	22 Net assets or fund balances Subtract line 21 from line 20	3,451,987.	3,642,972.
	Prior Year	Current Year																																																										
8 Contributions and grants (Part VIII, line 1h)	1,681,037.	2,693,464.																																																										
9 Program service revenue (Part VIII, line 2g)	3,253,022.	3,507,957.																																																										
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,685.	394,389.																																																										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<66,582.►	54,449.																																																										
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,946,162.	6,650,259.																																																										
13 Grants and similar amounts paid (Part IX, column (A), lines 1-6)	910,432.	895,228.																																																										
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																																																										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,086,352.	2,129,385.																																																										
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																																																										
b Total fundraising expenses (Part IX, column (D), line 25) ►	0.																																																											
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,145,606.	3,391,709.																																																										
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,142,390.	6,416,322.																																																										
19 Revenue less expenses Subtract line 18 from line 12	<1,196,228.►	233,937.																																																										
<table border="1"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td>3,509,234.</td> <td>3,681,642.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td>57,247.</td> <td>38,670.</td> </tr> <tr> <td>22 Net assets or fund balances Subtract line 21 from line 20</td> <td>3,451,987.</td> <td>3,642,972.</td> </tr> </tbody> </table>				Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,509,234.	3,681,642.	21 Total liabilities (Part X, line 26)	57,247.	38,670.	22 Net assets or fund balances Subtract line 21 from line 20	3,451,987.	3,642,972.																																														
Beginning of Current Year	End of Year																																																											
20 Total assets (Part X, line 16)	3,509,234.	3,681,642.																																																										
21 Total liabilities (Part X, line 26)	57,247.	38,670.																																																										
22 Net assets or fund balances Subtract line 21 from line 20	3,451,987.	3,642,972.																																																										

## Part II Signature Block

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 <b>TODD BELISLE, PRESIDENT</b>	Date <b>11/12/12</b>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>JANICE A. RATICA</b>	Preparer's signature 	Date <b>11-8-12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>POO358837</b>
	Firm's name ► <b>CHERRY, BEKAERT &amp; HOLLAND, L.L.P.</b>	Firm's EIN ► <b>56-0574444</b>			
	Firm's address ► <b>401 EAST JACKSON STREET, SUITE 3400 TAMPA, FL 33602</b>	Phone no. <b>813.251.1010</b>			

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

 Yes  No

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Form 990 (2011)

59-3705979 Page 2

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 5,636,896. including grants of \$ 895,228. ) (Revenue \$ 3,562,406. )  
**PROVIDING SPECIALIZED ADMINISTRATIVE SERVICES FOR IMPOVERISHED PEOPLE  
WITH DISABILITIES WHO HAVE SPECIAL NEEDS TRUSTS FOR THE PURPOSE OF  
IMPROVING THEIR QUALITY OF LIFE. FOR 2011, THE CENTER ACCEPTED 215 NEW  
TRUSTS AND NOW HAS 1,726 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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 5,636,896.

Form 990 (2011)

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

Form 990 (2011)

59-3705979

Page 3

**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 <i>Schedule B, Schedule of Contributors</i> ?	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a 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></li> <li>b 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></li> <li>c 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></li> <li>d 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></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a X	
12a 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>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11e 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, Parts II and IV</i>	11f 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, Parts III and IV</i>	12a 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>	12b 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>	13 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>	14a X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14b X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b X	

Form 990 (2011)

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

Form 990 (2011)

59-3705979 Page 4

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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
b 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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," complete Schedule R, Part V, line 2	35b	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

Form 990 (2011)

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Form 990 (2011)

59-3705979 Page 5

**Part V: Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	798
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	52
b	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 (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	
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?	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>	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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

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

Form 990 (2011)

59-3705979 Page 6

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

1a	4	Yes	No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
1b			
1			
2			
3			
4			
5			
6			
7a			
7b			
8a			
8b			
9			

1a Enter the number of voting members of the governing body at the end of the tax year  
 1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

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

10a	X	Yes	No
10b			
11a			
12a			
12b			
12c			
13			
14			
15a			
15b			
16a			
16b			

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **TODD BELISLE - 727-894-4489**  
**4912 CREEKSIDE DRIVE, CLEARWATER, FL 33760**

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

**Form 990 (2011)**

59-3705979

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A)  $\frac{1}{2} \pi r^2$       (B)  $\pi r^2$       (C)  $\frac{1}{2} \pi r^2$       (D)  $\pi r^2$       (E)  $\frac{1}{2} \pi r^2$

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

## Form 990 (2011)

59-3705979 Page 8

Page 8

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

compensation from the organization		Yes	No
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

(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	834,566.
AUSTIN COLBY COMPANY, INC. 4912 CREEKSIDE DRIVE, CLEARWATER, FL 33760	LIFE PLANNING, ADMINISTRATIVE & ADV	794,064.

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

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Form 990 (2011)

59-3705979 Page 9

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 2,693,464. 381,603. ► 2,693,464.			
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	3,507,957.	3,507,957.	
Other Revenue	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 Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	(i) Real 584,356. 568,709. 15,647.  (ii) Personal 384,999. 278,390. 106,609.  a b  a b  a b  a b  Business Code 900099	272,133. ► 122,256.  ► 54,449.	272,133.  122,256.  54,449. ► 3,562,406.	

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

Form 990 (2011)

59-3705979 Page 10

**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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	895,228.	895,228.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	412,000.	412,000.		
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	1,509,497.	1,274,423.	235,074.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	51,727.	45,261.	6,466.	
10 Payroll taxes	156,161.	136,641.	19,520.	
11 Fees for services (non-employees):				
a Management	14,466.		14,466.	
b Legal	151,956.	111,466.	40,490.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,613,425.	1,602,051.	11,374.	
12 Advertising and promotion	176,904.	176,904.		
13 Office expenses	399,075.	328,609.	70,466.	
14 Information technology	194,089.	188,266.	5,823.	
15 Royalties				
16 Occupancy	212,891.		212,891.	
17 Travel	237,181.	237,181.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,936.	14,936.		
20 Interest	97.	97.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,033.	73,033.		
23 Insurance	38,297.		38,297.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONSULTING</b>	234,667.	140,800.	93,867.	
b <b>CONTINUING EDUCATION</b>	15,222.		15,222.	
c <b>DUES &amp; SUBSCRIPTIONS</b>	11,668.		11,668.	
d <b>MISCELLANEOUS</b>	3,802.		3,802.	
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	6,416,322.	5,636,896.	779,426.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Form 990 (2011)

59-3705979 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	41,646.	1	81,098.
	2 Savings and temporary cash investments	62,293.	2	41,741.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	142,799.	4	666,109.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	1,004,618.		
	b Less: accumulated depreciation	158,145.	10c	846,473.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,671,335.	12	1,579,850.
	13 Investments - program-related. See Part IV, line 11	426,489.	13	444,325.
	14 Intangible assets		14	
Liabilities	15 Other assets. See Part IV, line 11	29,433.	15	22,046.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,509,234.	16	3,681,642.
	17 Accounts payable and accrued expenses	52,065.	17	38,670.
	18 Grants payable		18	
	19 Deferred revenue	5,182.	19	
Liabilities	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	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	57,247.	26	38,670.
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	3,451,987.	32	3,642,972.
	33 Total net assets or fund balances	3,451,987.	33	3,642,972.
	34 Total liabilities and net assets/fund balances	3,509,234.	34	3,681,642.

Form 990 (2011)

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Form 990 (2011)

59-3705979 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,650,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,416,322.
3	Revenue less expenses Subtract line 2 from line 1	3	233,937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,451,987.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<42,952. >
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,642,972.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other SEE SCH O		
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	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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 separate basis, consolidated 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	<input checked="" type="checkbox"/>
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 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

# Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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 <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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 <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
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 <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (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 <b>section 509(a)(2)</b> . (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4)</b> .
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h
e	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b>
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
g	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
g	(ii) A family member of a person described in (i) above?
g	(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s)

Total

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

**Schedule A (Form 990 or 990-EZ) 2011**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					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** ►

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

**14** Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) **14** %

**15** Public support percentage from 2010 Schedule A, Part II, line 14 **15** %

**16a** **33 1/3% support test - 2011.** 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 ►

**b** **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**17a** **10% -facts-and-circumstances test - 2011.** 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 ►

**b** **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and **see instructions** ►

## THE CENTER FOR SPECIAL NEEDS TRUST

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1710747.	2590320.	1761517.	1681037.	2693464.	10437085.
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	3214104.	2848189.	3110839.	3253022.	3507957.	15934111.
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 <b>Total.</b> Add lines 1 through 5	4924851.	5438509.	4872356.	4934059.	6201421.	26371196.
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	18,945.	4,611.	36,227.			59,783.
c Add lines 7a and 7b	18,945.	4,611.	36,227.			59,783.
8 <b>Public support</b> (Subtract line 7c from line 6)						26311413.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	4924851.	5438509.	4872356.	4934059.	6201421.	26371196.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,741.	175,346.	240,117.	218,306.	272,133.	923,643.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17,741.	175,346.	240,117.	218,306.	272,133.	923,643.
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)				769.	54,449.	55,218.
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)	4942592.	5613855.	5112473.	5153134.	6528003.	27350057.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	96.20	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	94.45	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	3.38	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.07	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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 Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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 ► _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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) 2011

59-3705979 Page 3

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STOCK - SNAP FOR SENIORS	973,100.	COST
(B) STOCK - BEACON MTD	500,010.	COST
(C) OTHER SECURITIES	106,740.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>	<b>1,579,850.</b>	

**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
(1) LOANS	140,077.	COST
(2) VIALEGAL 2	48,406.	COST
(3) ANNUITIES	255,842.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b>	<b>444,325.</b>	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►</b>	

FIN 48 (ASC 740) 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  
2. FIN 48 (ASC 740)

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

Schedule D (Form 990) 2011

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" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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.

**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. Part II can be duplicated if additional space is needed

1 (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	(h) Purpose of grant or assistance
BEYOND THE BOROUGHS, INC. P. O. BOX 107 KATONAH, NY 10536	61-1542985	501(C)(3)		5,000.			GENERAL SUPPORT
COMMONWEALTH HEALTH FOUNDATION, INC. - 800 PARK STREET - BOWLING GREEN, KY 42102				5,000.			GENERAL SUPPORT
GULFOAST ONCOLOGY FOUNDATION 1201 5TH AVENUE N, STE. 505 ST. PETERSBURG, FL 33705	20-4616813	501(C)(3)		5,000.			GENERAL SUPPORT
HANNAH & FRIENDS, INC. 51250 HOLLYHOCK ROAD SOUTH BEND, IN 46637	30-0171137	501(C)(3)		75,000.			GENERAL SUPPORT
HILLSBOROUGH COUNTY BAR FOUNDATION, INC. - 1610 N. TAMPA STREET - TAMPA, FL 33602	59-3443939	501(C)(3)		131,985.			GENERAL SUPPORT
IMPACT FOUNDATION 4152 30TH AVENUE, SUITE 102 FARGO, ND 58104	20-0520386	501(C)(3)		100,000.			GENERAL SUPPORT
							19.
							0.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

**Schedule I (Form 990) (2011)**

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Schedule I (Form 990)

59-3705979 Page 1

Part II 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	(h) Purpose of grant or assistance
LAUREN'S FIRST AND GOAL FOUNDATION 689 GATES STREET EASTON, PA 18040	20-1556643	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MIKE PETERSON FOUNDATION, INC. 1320 FORESTEDGE BLVD. OLDSMAR, FL 34677	20-1663818	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ST. PETERSBURG BAR FOUNDATION, INC. - 4701 CENTRAL AVENUE, SUITE B - ST. PETERSBURG, FL 33713	22-3858256	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE CHAMIONS FUND, INC. 4401 W. KENNEDY BLVD., 3RD FLOOR TAMPA, FL 33609	59-3685490	501(C)(3)	75,000.	0.			GENERAL SUPPORT
THE CHAMIONS FUND, INC. DRAYTON FLORENCE FOUNDATION, INC. - 1320 FORESTEDGE BLVD. - OLDSMAR, FL 34677	59-3685490	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE CHAMIONS FUND, INC. OUR FUTURE STARS FOUNDATION - 4401 W. KENNEDY BLVD., 3RD FLOOR - TAMPA, FL 33609	59-3685490	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE CHAMIONS FUND, INC. THE VINNY LECAVALIER FOUNDATION - 1320 FORESTEDGE BLVD. - OLDSMAR, FL 34677	59-3685490	501(C)(3)	53,450.	0.			GENERAL SUPPORT
THERESA ALESSANDRA RUSSO FOUNDATION, INC. - 1600 STEWART AVENUE, SUITE 300 - WESTBURY, NY 11590	11-3126316	501(C)(3)	60,000.	0.			GENERAL SUPPORT
OHIO SPECIAL NEEDS TRUST COALITION 300 WEST WILSON BRIDGE ROAD, STE 25 WORTHINGTON, OH 43085	20-3999873	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION, INC.

Schedule I (Form 990)

## ADMINISTRATION, INC.

Page 1  
59-3705979

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

Part III can be duplicated if additional space is needed.

(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	4	12,792.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**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 L**  
(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

2011

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▼ 69

**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.

**Part III Grants or Assistance Benefiting Interested**

### **Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Schedule L (Form 990 or 990-EZ) 2011**

## THE CENTER FOR SPECIAL NEEDS TRUST

Schedule L (Form 990 or 990-EZ) 2011 ADMINISTRATION, INC.

59-3705979 Page 2

## Part IV Business Transactions Involving Interested Persons.

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

Part V | Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN STAUNTON, PRESIDENT THRU 12.1.09, IS 100% OWNER AND PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 834,566.

(D) DESCRIPTION OF TRANSACTION: JOHN STAUNTON, P.A. PROVIDED LEGAL

## COMPLIANCE AND CONSULTATION TO THE ORGANIZATION AS AN INDEPENDENT UNIT

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: AUSTIN COLBY COMPANY, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

GOVONI, VP THRU 5.20.09, & WALRATH, DIRECTOR THRU 5.20.09, ARE PART OWNERS

(C) AMOUNT OF TRANSACTION \$ 794,064.

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

THE CENTER FOR SPECIAL NEEDS TRUST  
ADMINISTRATION INC.

**Schedule L (Form 990 or 990-EZ) 2011 ADMINISTRATION, INC.**

59-3705979 Page 2

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

**SCHEDULE M**  
(Form 990)

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization 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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	14	381,603.	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 Acknowledgement		29		

	Yes	No
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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

## 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

**2011**

Open 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 WHO

HAVE SPECIAL NEEDS TRUSTS FOR THE PURPOSE OF IMPROVING THEIR QUALITY OF

LIFE. EVERY TRUST MUST BE APPROVED BY THE GOVERNMENT AGENCY

ADMINISTERING THE TRUST BENEFICIARY'S PUBLIC ASSISTANCE PROGRAM.

ALTHOUGH THESE AGENCIES OVERSEE SPECIAL NEEDS TRUSTS, THE CENTER

RELIEVES THEM OF THE BURDEN OF DAY-TO-DAY ADMINISTRATION OF THE TRUSTS'

FUNDING, COMPLIANCE AND OTHER REQUIREMENTS. THIS IS ACCOMPLISHED BY

ADMINISTERING THE TRUSTS ACCORDING TO THE STRICT GUIDELINES UNDER

MEDICAID LAW AND THE INVESTMENT OF TRUST ASSETS IN THE BEST INTEREST OF

THE TRUST BENEFICIARIES, WHILE DISBURSING FUNDS IN ACCORDANCE WITH

MEDICAID PROGRAMS AND RULES, WHICH CAN VARY CONSIDERABLY FROM

PROGRAM-TO-PROGRAM AND STATE-TO-STATE. DURING 2011, THE CENTER ACCEPTED

215 NEW TRUSTS AND HAD APPROXIMATELY 1,726 TRUSTS UNDER ADMINISTRATION

AT DECEMBER 31, 2011.

### FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH

AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY; THUS NO MEETINGS WERE HELD

FOR CONTEMPORANEOUS DOCUMENTATION.

### FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE PROVIDED

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

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

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 THE DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPANY HAS ESTABLISHED A  
POLICY OF REVIEW OF EXECUTIVE AND KEY EMPLOYEE COMPENSATION WHICH INCLUDES  
APPROVAL BY INDEPENDENT PERSONS AND USE OF DATA FROM PEER INSTITUTIONS. THE  
COMPANY'S BOARD OF DIRECTORS WILL ESTABLISH A "STANDING COMMITTEE" WHICH  
WILL BE RESPONSIBLE FOR PROVIDING RECOMMENDATIONS REGARDING COMPENSATION  
FOR ALL COMPANY EXECUTIVE AND KEY EMPLOYEES. THE STANDING COMMITTEE WILL  
KEEP A DETAILED RECORD OF THE MEETINGS AND DISCUSSIONS RELATIVE TO  
EXECUTIVE AND KEY EMPLOYEE COMPENSATIONS. THIS POLICY IS AVAILABLE UPON  
REQUEST.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -42,952.

FORM 990, PART XII

OTHER ACCOUNTING METHOD:

MODIFIED CASH BASIS

- 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).

**Enter filer's identifying number, see instructions**

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.</b>	Employer identification number (EIN) or <b><input checked="" type="checkbox"/> 59-3705979</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4912 CREEKSIDE DRIVE</b>	Social security number (SSN) <b><input type="checkbox"/></b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEARWATER, FL 33760-4019</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

TODD BELISLE

1. If it is part of the group, check this box  and attach a statement of the group's name and address to the back of this application.

4 I request an additional 3-month extension of time until  
5 For calendar year 2011, or other tax year beginning  
6 November 15, 2011, and ending

6 If the tax year entered in line 5 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.

---

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or [research@iastate.edu](mailto:research@iastate.edu).

<b>8a</b> 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.	<b>8a</b>	\$	0.
<b>b</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.			
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8b</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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 ► Elliana Brum Title ► Manager

Date ► 11/14/17

Form 8868 (Rev. 1-2012)